



**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  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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<b>Author :</b>	<b>Dr. Raymond Lies</b>
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## **AEMH-President's Report**

**Sept 2003 – March 2004**

With the change of AEMH plenary meeting from September to Spring, this activity report is consequently shortened. I will nevertheless keep the same structure, i.e.

### **1. Meetings**

- AEMH
- with the CPME and the Associated Organisations
- with others

### **2. Communication**

- Website
- Newsletter
- World Market Research Center

### **3. AEMH-European Secretariat**

- EU Institutions

### **4. Working Groups**

- New Strategy

### **1. Meetings**

#### **-AEMH**

Looking back to the plenary meeting in Copenhagen I regret that too much time had been spent on the discussion that the interpretation costs had not been included in the budget and the inherent problems. The topic is on the agenda of the 58<sup>th</sup> AEMH Plenary meeting and I sincerely hope that we will come to a conclusion that is acceptable for all delegations and will nevertheless not affect the currently sane financial situation and not be a danger for the functioning and consequently the future of the AEMH. In this respect we should be grateful to the AEMH-Treasurer Dr Kirschner for being both vigilant in administrating the assets and inventive by bringing solutions to financial difficulties.

During the Copenhagen meeting another regrettable discord arose from the communiqué voted at the end of the meeting. The Danish Medical Association, protested against the fourth bullet point concerning the EWTD, which in their opinion expresses problems for the functioning of health care systems due to the EWTD. This is in my opinion actually just an ambiguous wording which could not be corrected due to a lack of time as the communiqué had been brought forward only at the end of the meeting.

This should not happen as the AEMH is a well structured organization and in an arguable situation we should refer to our fundament, which are the AEMH-statutes. These statutes stipulate that documents submitted to the Plenary Assembly for approval have to be distributed at least 4 weeks before the meeting. On the other hand a plenary assembly should resume its work at the end of the meeting. The members of the AEMH-Board have therefore decided the following:

- Statements, resolutions and all other documents committing the national delegations must respect Article 8.4 of the statutes and be distributed 4 weeks in advance.
- The work of the AEMH should be reflected by the working groups, and after their presentation to the Plenary Assembly each group should draft a short conclusion which they submit to the approval of the Assembly. These conclusions should be highlighted in the minutes.

Besides these procedures the Board should be able to issue documents on its own behalf and as President I should be able at any time to speak in the name of the AEMH.

#### **- Steering Committee**

The Steering Committee had been initiated by the Past-President of the CPME Dr Brettenthaler and comprises the President and Secretary General of the CPME and the Presidents of the Independent European Medical Organisations (new term replacing “Associated Organisations”) who meet now regularly 4 times per year. The chair of these meetings is rotating and I have been elected chairman of the last meeting that took place 14<sup>th</sup> January 2004. the last meeting took place 25<sup>th</sup> March 2004.

An important topic on the agenda of the Steering committee was the redraft of document CPME 2000/075 concerning the management of documents submitted by the EMOs to the CPME. The changes have been implemented in Document CPME 2004/003. This document has been approved unanimously by the Members of the Board at the 38<sup>th</sup> AEMH-Board meeting on 23<sup>rd</sup> January 2004 and forwarded to the AEMH National delegations, requesting their approval by e-mail as the following steering committee meeting has been scheduled at 25<sup>th</sup> March prior to the AEMH- plenary meeting. According to the statutes this decision has to be confirmed during this meeting.

The UK delegations to the CPME, the PWG, the UEMO and the UEMS has presented for the second time a draft integration plan for the future of the European Medical Organisations. The document CPME 2004/016 has been distributed to the AEMH delegations and we will discuss the impact for the AEMH during the plenary meeting in Madrid.

The CPME plans to organize a conference on Patient safety in December 2004. I have been asked to chair the workshop “Patient Safety at the Hospital Level”. I

trust in the working group on Risk Management to give an input on behalf of the AEMH.

#### **-EAHM**

I met the General Secretary of the EAHM – European Association of Hospital Managers - Mr Heuschen. The organization publishes every two months a very professional journal in three languages English, German and French. It is called HOSPITAL and seems to be their main activity. In means of meetings, they are scheduled every two years. For the time being I do not see much synergy between the AEMH and the EAHM and no opportunity of collaboration in the near future.

#### **-HEALLO**

We had received and invitation from the Standing Committee of European Hospitals – HOPE - to attend a meeting which united different health related organisations to an informal exchange of information. The meeting is called HEALLO which stands for **HEAL**th **LO**bbing and takes place every 6 months. During the October meeting in Brussels the participants gave an overview of their activities and exchanged information. Guest speaker was Mr Nick Fahy, from the EU Commission, Public Health Unit, who gave a lecture on the works of the High Level Reflection group and the topic of patient's mobility. On my question whether there is a chance for a special legislation for border countries he answered negatively.

The next HEALLO meeting will take place in May 2004 in the CPME premises.

#### **-European Commission, DG SANCO**

The Commission has established the “EU Health Forum” as an information and consultation mechanism to ensure that the aims of the Community's health strategy are made clear to the public and respond to their needs. A key element of the EU Health Forum is the “Open Forum” as an annual conference and exhibition event. The objective of the Open Forum is to provide a platform for networking and exchange of ideas and views of different stakeholders of the European health community (health professionals' organizations, public health NGOs, patient groups, and service providers and funders).

The AEMH has received an invitation to European Commissions' first “Open Forum” conference for health stakeholders, which I will attend 17 May 2004.

## **2. Communication**

### **- The website [aemh.org](http://aemh.org)**

The AEMH website had become somehow obsolete. We have therefore decided to get it redesigned and restructured by a professional in a much simpler but more flexible configuration, making up-dates easier. I invite you all to make unlimited use of this important communication tool.

**- The AEMH Newsletter.**

This project could not be prolonged due to a lack of finance. Even if this obstacle can be overcome, looking back to the experience of the achieved two numbers, problems also occurred to obtain editorial contributions. An alternative solution could be an electronic Newsletter, which reports from the activities of the AEMH-Board and offer editorial space alternatively to the National delegations.

**-The World Market Research Centre**

The proposal of the WMRC for a one page advertising in their edition "European Pharmacotherapy" has been re-conducted in 2003, but did not result in any contact. We also obtained editorial space of 3 pages, which I shared with the Vice-President of EFPIA on the subject "Cross-border healthcare – Inequitable Access to Medicines in Europe".

**3. AEMH-European Secretariat**

The members of the AEMH-Board agreed to the secretary's request to increase her external activities making her job a less sedentary one by getting more involved in public affairs. The AEMH has started to put its name on the Brussels map and receives invitations to meetings and conferences.

It is understood that Brigitte Jencik will attend meetings for informative reasons and in a passive manner, meaning she will not take any position or speak in the name of the AEMH. Nevertheless, this can lay bridges for the officers entitled to do so.

**-EU Parliament**

We have applied for accreditation of a permanent pass at the European Parliament and the secretary has now obtained the access pass to attend committee meetings. This will allow a closer follow-up of EU affairs and further improve our information level. From the view of the Parliament this status is "Lobbyist accredited to the European Parliament".

In this way we have laid a further milestone for international recognition and have the tools to make hear our voice.

**4. Working groups**

During the plenary meeting in 2001 in Oslo, the AEMH had constituted 8 different Working groups. The outcome was one statement in 2002 in Berlin, none in 2003 in Copenhagen and I do not expect much for this year. Maybe we wanted to be too ambitious and by dispersing our energies we finally weakened our total strength.

Anyway, this is disappointing and frustrating for everybody and we should question our working methods and find new ways.

In this respect I propose to change our strategy and submit the following proposal.

This year the delegations were requested to present their National Reports with a highlight of 3 main concerns per country. My suggestion is to pick out of these one sole topic that we should all concentrate on and work out during the whole year. The ideal thing would be to organise a symposium on the same topic in connexion with the following plenary meeting.

If we retain this strategy, it would be wise to nominate the country organising the next plenary meeting as coordinator of the working group, in close collaboration with the Board and the secretariat. I am aware that this puts more responsibility on the hosting country, but on the other hand, by putting the AEMH meetings in the light of global interest we increase our influence and therefore our opportunities of funding.