



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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**

<b>Document :</b>	<b>AEMH 05/053</b>
<b>Title:</b>	<b>Minutes of 58<sup>th</sup> AEMH-Plenary Meeting, Athens, 13-14 May 2005</b>
<b>Author :</b>	<b>AEMH-European Secretariat</b>
<b>Purpose :</b>	<b>Approval</b>
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## Minutes of the 58<sup>th</sup> AEMH-Plenary Meeting, Athens 13-14 May 2005

Venue : Holiday Inn Hotel, 50, Michalakopoulou str. 11528 Athens/ Greece

Chairman : Dr. Raymond Lies, President  
 Participants : see list of attendance  
 Minutes : Brigitte Jencik, Secretary General

Opening : Friday, 13<sup>th</sup> May 2005 at 9:00  
 Saturday, 14<sup>th</sup> May 2005 at 9:00

Adjourned : Friday, 13<sup>th</sup> May 2005 at 17:00  
 Saturday, 14<sup>th</sup> May 2005 at 13:15

### 1. Addresses of Welcome by Dr Kalokerinos, President of the Panhellenic Medical Association and the AEMH-President, Dr. Lies.

In his welcome speech Dr Kalokerinos evoked the ancient gods of the Greek mythology and fundamental values and ethics, which are still shared by all. He thanked Dr Lies for the leadership he had taken, making the AEMH play a central role and ensured the full support of the Greek in his task.

Dr Lies thanked Dr Kalikerinos and the Greek delegation for their hospitality and expressed his confidence in a fruitful meeting, given the presence, besides all AEMH delegations of the Presidents of the CPME, UEMS and FEMS and the liaison officers of UEMO and PWG.

### 2. Approval of the Agenda AEMH 05/012REV3

The Agenda was approved unanimously.

### 3. Roll Call of Heads of Delegations

The President proceeded with the call of heads of delegation as to document AEMH 05/031. Dr Morresi forwarded the apologies of Dr Righetti who was prevented and announced himself as head of the Italian delegation.

Austria	– Prof. Spath	Luxembourg	– Dr. Lies
Belgium	– Dr. Bertrand	Norway	– Dr. Eikvar
Croatia	– Dr. Sobat	Portugal	– Dr. De Deus
Denmark	– Dr. Aggernaes	Slovakia	– Dr. Buzgo
France	– Prof. Degos	Slovenia	– Dr. Bitenc
Germany	– Prof. Nolte	Spain	– Dr. Lopez Peña
Greece	– Dr. Antypas	Sweden	– Dr. Wedin
Italy	– Dr. Morresi	Switzerland	– Dr. Guisan

All delegations being represented, the assembly has thus the quorum.

### 4. Approval of the Minutes of the 57th Plenary Meeting in Madrid AEMH 04/052 FIN

Dr Bertrand asked for a change in the minutes, point 3 “Roll Call of Heads of Delegations” :

Belgium – delete Dr Godts, insert Dr Bertrand.

Dr De Deus commended the reporting of the National Report, highlighting the main topic of concerns.

The Minutes were approved with the requested change.

## 5. President's Report

**AEMH 05/001 + AEMH 05/037**

The President referred to his written reports and mentioned the financial problems of the AEMH, which cannot be solved without finding of substantial funds. Financial concerns have also been one of the activators for favouring membership in a single organisation, which has been the major debate in the European Medical Organisation.

The last months have been marked by the excellent relations with other stakeholders in the health sector, especially at the occasion of the Patient Safety Conference.

Furthermore, he expressed his own surprise having counted 12-14 AEMH delegates at the last CPME meeting, which should be an enormous potential to enhance the collaboration in the CPME Subcommittees.

The President opened the floor for questions.

➤ Dr Aggernaes complimented the President on his activity report and took up the personal opinion of the president expressed in the report on the change of statutes concerning the elections. Last minutes candidates should not be accepted. Furthermore, she advocated that elections for President for a mandate which is to start in 1 <sup>3</sup>/<sub>4</sub> years from the date of the elections were not defensible. Therefore the Danish Delegation asked for a change of the Statutes on the relevant paragraph 13.

➤ Dr Wedin proposed to postpone the election until Spring next year and the President-elect should take up his function in Spring next year, which is complying with the current statutes, but simply a different interpretation.

➤ The President agreed that the assembly when changing the time schedule for plenary meeting from autumn to spring did not bear in mind the consequences on the elections.

➤ Dr Sanchez-Garcia reminded the assembly of the lengthy discussion needed to draft the current statutes and one should undergo such time-consuming procedures only when a real change of the organisation is envisaged.

➤ Dr Antypas argued that even if the statutes might need to be updated, it is obvious that this year's elections had to follow the procedure.

➤ Mrs Blindheim confirmed this from the legal point of view.

➤ Dr Kirschner proposed to set up an election committee taking care of the preparation of elections. This and the other proposals should be looked at by a working group on the revision of the statutes.

➤ Mrs Blindheim agreed to take the lead of this working group.

With regard to this global review of the statutes, the Danish Medical Association withdrew the proposal for change of statutes from the agenda.

With respect to the elections and the announcement of candidatures, the President, Dr Lies announced that despite his former declarations he is inclined to continue his mandate for another term. This change of position is due to the current situation with the ongoing discussion about the future of the European Medical Organisations in which he has been considerably involved. Furthermore there are new perspectives of collaboration with the President-elect of the CPME, Dr Mart from Luxembourg. In this aspect his national delegation has requested him to pursue his activities in the AEMH. Dr Lies pointed out that if he should be re-elected, he would establish new working methods.

## 6. The Future of European Medical Organisations

- Report from the Conference in Brussels 7 April 2005

**AEMH 05/035**

-The view of the AEMH on the Future of the EMOs

**AEMH 04/055**

➤ The President thanked the CPME President, Dr Grewin for having initiated the conference and the CPME member delegations, as their contributions pay the activities of the CPME, thus also this conference. He furthermore resumed the speech he gave during the meeting with three highlights: 1. evaluation of the office within the CPME premises, 2. initiate a treasurer's meeting of all AOs, 3. establish a road map for further process, otherwise the organisations will be paralyzed with ongoing debates in the future.

He informed of his impression that there was a strong will to speak with one voice from a majority of the participants.

➤ Dr Grewin expressed his satisfaction on the broad attendance comprising NMAs, AOs and also members of these AOs, who participated in the plenary session and in an open-space method discussion group. He summed up the outcome as follows:

-all parties involved gave a clear message that the medical profession has to speak with one voice;  
- many CPME members aim for a single organisation, but the majority had not expressed their opinion;

-one single organisation can only be successful if all views are equally represented and changes have to be implemented gradually.

In any case the CPME has a key responsibility in the process. An informative documentation will be available for the CPME September meeting. A survey reporting on the changes this meeting has generated is planned for the beginning of 2006 with a presentation of the outcome in the Board meeting spring 2006.

➤ UEMS-President Dr Halila, gave his point of view. He agreed that it was a good meeting, although it was not a decision making meeting. He regretted that only the organizations in favour of the "one voice" took the floor. One should bear in mind the diversity of the national situations when analyzing the standpoints of some NMAs. The UEMS believes that the President's Committee is a good development and should there be a single organization one day, it can only be achieved in a very slow process of 10 – 20 years.

➤ FEMS-President Dr Bertrand remarked that many organizations are not at all represented on European level. Although the majority of doctors are hospital doctors, they are minority in the CPME. He commended the profitable collaboration with the CPME in the lobbying process on the WTD.

➤ Prof Nolte took up the point of non-representation by agreeing and informing that his organisation, the VLK is totally independent from the Bundesärztekammer and thus on the European level solely represented by the AEMH.

➤ Dr Kirschner considered this topic as the most important one on the agenda as it involves the future of the organization. He expressed his fear that if the compilation into one organization is not successful, the whole might split into even more voices, which would be easy to attack by other interest groups.

➤ Dr Sanchez-Garcia reiterated his appeal for the re-installment of a hospital sub-committee within in the CPME. Only then the one-voice organization could be approved.

➤ Prof. Degos although in favour of a medical profession speaking with one voice, advocated that the hospital doctors must have the possibility to make their voice heard and the AEMH should have the exclusivity on hospital concerns.

➤ Dr Eikvar expressed his point of view in favour of a closer integration, provided an active participation in the sub-committees of the CPME in order to influence the daily work and the agendas of the umbrella organization. The AEMH has the responsibility to bring hospital problems forward.

- Dr Aggernaes contested the AEMH document on the view of the future of EMOs. The DMA wants the CPME on the top of the chart and the Presidents' Committee as an advisory body.
- Dr Bitenc stated that although his organization is a member in most European Medical Organisations, they are in favor of a single organization but under the condition that autonomous representation must be guaranteed. This cannot be achieved by the CPME as it stands now. In most countries the medical profession is represented by several organizations, such as chambers, medical societies, trade unions etc. He concluded by stating that the concerns of hospital physicians were topics, which were only on the agenda of the AEMH.
- Dr Guisan warned from the political point of view from executives preferring to have to address only one organization, but this limits the perspectives. It is not sufficient to discuss the structure but one should define the work methods, which are more important. He proposed a working group to work out concrete proposals for the September meeting of the CPME.
- Dr Santoro reminded the assembly that all Medical Organisations were established 50 years ago in a very different political situation, making them obsolete now. The European Institutions have changed, but the Medical Organisations did not follow the move. He questioned whether the CPME has the political support of its national delegations, whereas the AEMH crisis is more limited as hospital doctors don't need a political representation, but should concentrate on fundamental hospital topics as stipulated in its statutes.
- Prof Nolte although in favour of an umbrella organization, pointed out that in Germany politicians address different organisations according to the topic, as it is not possible to have all expertises in one organisation. Therefore, in his opinion there is a need to keep all different organizations and stick to the current situation.
- Dr Thors expressed the position of the UEMO, which favours a single organization as member delegations cannot afford to be member in all organizations. The Presidents' Committee should play the role to take up the topics of all organizations.
- Dr Klausen from the PWG reflected on problems of representation as even within NMAs the opinions sometimes differ in some countries. In general, Junior Doctors do not feel well represented within the CPME-delegations and thus fear that the PWG would not be well represented in a single organization. Nevertheless, PWG recognizes that the medical profession's concerns would be more effectively defended if it speaks with one voice. He reminded that the majority of the PWG doctors were also hospital doctors, thus the group of hospital doctors is a quite large one.
- Dr Antypas advocated in favour of a Pan-European body in which all organizations should be represented through specific committees, where their topics would be discussed.
- Dr de Deus explained the position of the Portuguese delegation, who thinks that to speak with one voice is important. Despite this, Portugal is member in all different organizations because they do not believe in a sufficient representation of all bodies in one organization and doubt that even a sub-committee would be sufficient. Therefore, one should keep the different organizations, but this should not exclude to speak with one voice.
- Dr Guisan stressed that the definition "to speak with one voice" needed clarification. It should not mean disappearance of the other voices. One should use the appropriate structure and spokesman according to the topic and competence.
- The President concluded the topic by thanking the delegates for the lively debate and stated the discussion showed that the AEMH statement needed to be revised. He proposed to launch a reference group of delegates, in which all point of views should be represented, to work out a new document. This new statement has to include concrete proposals. Nobody should fear the "one-voice", because it should be made clear that the outcome will not be that the other voices are not heard anymore. The CPME must make clear that the effectiveness of all bodies will be preserved. The assembly approved the constitution of a reference group to define "The view of the AEMH on the future of the EMOs".

## 7. Reports of the Liaison Officers to the Associated Organisations and Comments of the Representatives of the Associated Organisations

The President referred to his written report AEMH 05/034 and gave the floor to

- Dr Grewin, the **CPME**-President who highlighted from the broad frame of activities the commitment in policy making and lobbying on the currently revised three major directives on mutual recognition, working time and services. He also mentioned the major role the CPME plays in health professionals and patients mobility within the High Level Group of the European Commission. CPME is also very active in the Health Policy Forum. Thanks to the CPME the health professionals got involved in patient safety and were the main stakeholders of the Patient Safety Conference. The CPME will hold a conference on CPD in 2006. All 25 EU member states are now member in the CPME except Lithuania. Internally the CPME has succeeded to approve a new contribution key which will be revised every two years and leaves interpretations out of the general key. The full membership of Switzerland is currently discussed; it needs changes to the statutes, which is in process.
- The President thanked Dr Grewin for the tremendous work he is doing and thanked for the involvement of the Associated Organisations in most of the activities.
- Prof. Nolte commented his written report (AEMH 05/042) of the last **EFMA/ WHO** meeting in Oslo, where 52 delegates from 29 countries gathered as the meeting is open to all European countries. The assembly adopted two statements on Tobacco Control and the Bologna Process and Prof. Nolte proposed the AEMH assembly should draft own resolutions on both subjects.
- Dr Klausen, Liaison officer of the **PWG** reported that his organisation counts 22 members. On the agenda are topics such as post-graduate training, working conditions, and CPD. They look into the possibility of having a permanent secretariat in Brussels, as now the secretariat is rotating with the presidency. The next meeting will be held in Finland at the end of May, the PWG holds two annual meetings. At the fall meeting a new president will be elected, for the time being there is a candidate from Portugal.
- Dr Thors, Liaison officer of **UEMO** expressed the satisfaction of his organisation that the CPME has adopted their document on family medicine as specialty. 7 EU countries consider already general practice as a specialty. Unfortunately their goal to include family medicine in the professional recognition directive could not be reached. UEMO has a cooperation agreement with the CPME, which assures them to receive important strategic information at the right time. Internally the financial situation of the UEMO has improved compared to the past years. They aim to become mono-lingual organisation in the near future. UEMO will hold their next meeting in June in London.
- **UEMS**-President Dr Halila explained that the essential work of the UEMS is done in the sections. Besides UEMS holds 2 Management Councils per year. The main topics are professional recognition, the working time directive and the service directive. In their last meeting they adopted a new simplified contribution key based 3 factors instead of 7 before, i.e. for 50% on the Nr of specialists, 25 % Nr of inhabitants, 25% on the GDP per inhabitant. UEMS has to review the statutes to comply with Belgian law. Furthermore, Dr Halila announced a UEMS Yearbook on CME/CPD. EACCME. The European Accreditation Council on CME is one of their most important activities, more than 400 events have been gone through. At their next meeting election are due for the President, the Executive Committee and Vice-President.

➤ Dr de Deus, new liaison officer to the **FEMS** reported from the last meeting in Strasbourg where the relationship with AEMH has been discussed. He pointed on the similar approaches of both organisation to tackle topics such as risk management, quality management, and the WTD, which is looked at from the angle of patient safety as it might affect the Doctors' performances.

The President took the opportunity to introduce the next point on the agenda

**8. Relation with FEMS** and stressed that AEMH and FEMS are and remain two independent organisation and that there are no plans of merge.

➤ Dr Aggernaes pointed out that the statutes of both organisations differ in some important points. The FEMS mainly defends doctors' interests, whereas the AEMH has a broader frame.

➤ Dr Bertrand confirmed the differences, but reminded that both organisation collaborate successfully on common topics and that the activities of FEMS are not restricted on their own interests.

➤ Dr Wetzel added that FEMS and AEMH have gathered expertise on hospital problems and that the close cooperation should also include the PWG, to bring in the experiences from young hospital doctors.

➤ Dr Morresi, as former liaison officer of FEMS and initiator of the Varese meeting, which was the starting point for the future collaboration, pointed out that the differences of members of both organisations enrich the collaboration and can be an example for other organisation.

➤ Dr Sanchez-Garcia reminded that the collaboration had started already in the 90s when a joint statement on working conditions had been drafted.

➤ Dr Wedin worried nevertheless how far collaboration is planned and if there is more to be seen than a common secretariat. She was joined by Dr Aggernaes who expressed concerns about lobbying activities.

➤ Dr Bertrand reassured both by affirming that FEMS needs only a permanent secretariat. The AEMH proposed to provide these secretarial services, which is at the same time a further step to achieve a Domus Medica. The FEMS will have its own phone and fax numbers to differentiate clearly both organisations.

➤ Dr Kirschner expressed his trust in the sensibility of the SG Brigitte Jencik to act according to the circumstances in the best interest of the AEMH.

➤ Dr Poilleux nevertheless claimed for a clear distinction by dissemination of information and circulation of documents.

➤ The President asked to vote on the agreement for a common secretariat AF 05-001. The assembly approved the document unanimously.

## **9. Financial Reports**

➤ AEMH-treasurer Dr. Kirschner presented his report for the Year 2004 (AEMH 05/008) and explained in detail the External Auditor's Report/ Closing of accounts 2004 (AEMH 05/018). He commented that the income on interests were not up to the expectation. He furthermore explained the deficit by the increase of working hours and salary increase not budgeted for the secretary general.

➤ Dr Kirschner reminded the delegations that since Dr Godts is not present in the meetings, there has not been an internal auditor and he asked for candidates.

➤ Dr Morresi volunteered for the post of internal auditor and the assembly voted unanimously in favour of his candidature. Dr Morresi agreed to take up his mandate immediately and to audit the accounts before the next day, which postponed the Discharge of the Board on the Annual Report 2004.

➤ Dr Kirschner proceeded by showing diagrams on the evolution of incomes and expenditures of the past five years, showing that since the VLK has stopped the financial support of the AEMH

secretariat and despite economical operating, expenditures increase more than incomes, reducing the assets year after year.

➤ Dr. Kirschner presented the alternative 4 of the Budget Year 2006 as decided at the Board meeting, i.e. income from membership fees increased by 3% and an additional item of 10000 Euros titled “other income”, which raised the debate of what these other incomes could be, the most probable being a contribution from FEMS. Nevertheless, it was decided that the designation “other income” should be kept and detailed in total transparency at the appropriate time.

## 10. Working groups

The President enumerating the reports on the agenda, he first congratulated Dr Zilling on the organisation of the Conference on CPD which took place the previous day.

### Reports from the coordinators

Due to actuality of the vote on the **EWTD**, which took place the 12<sup>th</sup> May in the European Parliament in Strasbourg,

➤ Dr Wetzel, Secretary General of the FEMS, who attended the plenary session of the EP gave a presentation on the outcome. See document **AEMH 05/054**.

➤ Dr Guisan gave a presentation on the outcome of the questionnaire **Management and Budgetisation** (AEMH 05-043 REV) distributed one year ago, which had turned out “to be a very difficult task” as he mentioned. He complained on the late answers on his questionnaire, but he agreed that it was a rather complex matter and not easy to answer, which also made the interpretation very difficult. The plenary applauded Dr Guisan for the tremendous work and the President recognized that despite the great differences in the countries there is a general tendency to implicate doctors or medical organisation more than in the past in the management and budgetisation.

➤ Dr Kirschner commended Dr Guisan for having been able to draw the presented conclusions. He questioned how this valuable work could be used by the AEMH.

➤ Dr Guisan warned not to let politicians make the decisions, which Doctors have to apply and for which they have to take the responsibility. He furthermore expressed his belief that the economic influence of Doctors should be central in the organisation.

➤ Dr Bitenc proposed to include the topic on the labour status and legal position of Senior Hospital Physicians in the EU in public hospitals.

➤ Dr Sanchez-Garcia reminded that some of this work has been drafted in a precedent questionnaire, which he had drafted almost 10 years ago with the latest update in 2001 and which could be again updated. He asked for the publication of the relevant report on the AEMH website.

➤ Dr Guisan thanked all delegates for their input and assured that he will pursue his work.

### Enlargement

➤ Prof Nolte reported that he makes efforts at each EFMA meeting to interest organisations from the new member states in becoming member of the AEMH, which failed again due to financial reasons.

### Report from the Patient Safety Conference in Luxembourg 4-5 April 2005: **AEMH 05/036**

The President pointed out the important role of the CPME in this conference and expressed his satisfaction on the input of the AEMH. Although the Luxembourg declaration might not be the perfect statement for doctors, it is a compromise of all stakeholders involved. The most important

outcome in his opinion is that the conference made clear, that doctors are not alone to bear the responsibility for Patients Safety.

- Dr Wedin considered the Conference from the aspect of the AEMH and the working group on risk management and questioned how to proceed further. She proposed to include a new aspect of quality control systems with respect to patient safety.
- Dr Grewin intervened and stressed that the conference had been organized with the cooperation of the Luxembourg Presidency and the European Commission, putting Patient Safety on the agendas of the UK Presidency and the European Commission.
- Dr Guisan commented the Luxembourg Declaration as a political move but it needs further development.
- Dr Kirschner noticed that between the Luxembourg declaration and the speech of Dr Wedin there are big differences of approach and of mentalities. The Luxembourg declaration make doctors the scapegoat whereas in modern patient safety there should be no scapegoat. He therefore encouraged Dr Wedin to pursue the work and to analyze modern patient safety methods.

## **Working Groups**

The President introduced the CPD conference organized by Dr Zilling, which had been held the 12<sup>th</sup> May and has been very successful.

In the start of his report Dr Zilling showed the announcement of the conference in a Brussels Newsletter. The conference covered many different aspects of CPD. All the speakers gave abstracts which will be published on the website. Dr de Deus will get them published on the website of his organisation. Dr Zilling furthermore informed of the intention to compile the presentations in a booklet.

He then presented the statement the AEMH adopted in Madrid by the AEMH Assembly but had not been endorsed by the CPME. He therefore proposed changes to this document. Several attendees gave their input: Dr Bitenc, Dr De Deus, Dr Grewin, Dr Halila, Dr Kirschner contributed in the draft of a new document.

Dr Zilling thanked SG Brigitte Jencik for her assistance in the organisation of the conference.

## **Creation of new working groups**

### **“The Labour Status of Hospital Physicians in the EU”**

- Dr Bitenc proposed to include the topic he had proposed, i.e. in the working group of Dr Guisan, in which he volunteered to participate, so did Dr Reginato, Dr Sanchez Garcia, and Dr Aggernaes.
- Dr Reginato and Dr Eikvar proposed the FEMS to join this working group, which received the approval of Dr Bertrand.
- Dr De Deus proposed the topic for the next conference in Bratislava.
- Dr Kirschner pleaded to include CPD and patients safety.
- Dr Aggernaes agreed and stressed that the circle of attendees should not only be doctors but include nurses, directors and patients organisations.
- The President proposed Dr De Deus to coordinate the conference together with Dr Buzgo

### **“Quality Programmes in Hospitals”**

- Dr Lies referred to the presentation, which had been distributed on EFQM (European Foundation for Quality Management), which is an example of quality programmes in hospitals. It was agreed to start a working group on this topic.

- Dr Bertrand mentioned the experience of Dr Chauvot of the FEMS in Lyon, who gave a presentation at the Patient Safety Conference on the programme running in his hospital, where not less than 11 people are employed with the set up and carry out.
- Dr Kirschner replied out of his own experience of setting up quality programmes, that the problem is not the set up but the internalizing of the programme by everybody in the hospital.
- Prof Degos and Dr Guisan showed interest in joining a working group on the subject or to depute work force.
- Dr Wedin proposed Dr Dahlvist also to join the working group.

### General

- Dr Kirschner drawing the experience from the past, the electronic working groups are not sufficiently productive, he proposed that the participants in the working groups should meet once. The costs for this meeting should be paid for by the respective national member organisation.

## 11. National Reports

-Presentation resumed by each National delegation

<b>Country</b>	<b>Highlights</b>
Austria - <b>AEMH 05/ 026</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Health care reform (funding)</li> <li>3. Introduction of e-health card</li> <li>4. EWTD</li> </ol>
Belgium - <b>AEMH 05/032</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Deficit of health budget</li> <li>3. Prescription instructions</li> <li>4. Working conditions of non-medical professionals</li> </ol>
Croatia - <b>AEMH 05/030</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Salary Negotiation Medical profession and state</li> <li>3. National Health care reform</li> <li>4. Working Conditions</li> </ol>
Denmark - <b>AEMH 05/025</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Administration reform</li> <li>3. Salaries</li> <li>4. Training programme in management and attitude</li> </ol>
France - <b>AEMH 05/029</b>	<ol style="list-style-type: none"> <li>1. Financing of hospitals, cutting down costs</li> <li>2. New status of hospital physicians</li> <li>3. Reform of health insurance <ul style="list-style-type: none"> <li>-Medical Card</li> <li>-Patients registration at their family doctors</li> <li>-HAS – accreditation body for hospitals, doctors</li> <li>-Relaunch of CME programmes</li> <li>-Accreditation of professional practice</li> </ul> </li> </ol>
Germany - <b>AEMH 05/028</b>	<ol style="list-style-type: none"> <li>1. New remuneration for in-patient services</li> <li>2. Evaluation of health insurance reform</li> <li>3. Integration of hospitals in out-patients care</li> <li>4. WTD</li> </ol>
Greece - <b>AEMH 05/</b>	<ol style="list-style-type: none"> <li>1. Reform National Health System</li> <li>2. Involvement in hospital management</li> <li>3. Modifications and improvements on medical ethics</li> </ol>

Italy - <b>AEMH 05/027</b>	<ol style="list-style-type: none"> <li>1. Employment contracts:</li> <li>2. Remuneration</li> <li>3. Involvement in Hospital management</li> <li>4. CME funded by doctors</li> </ol>
<p>➤ Dr Reginato presented the document on “Postgraduate medical education, continuous professional development and conflicting Member State laws: The Italian peculiarity” and asked the assembly for assistance in his fight for the right of professional recognition in member states, as the Italian situation is controversial to the European legislation.</p>	
Luxembourg - <b>AEMH 05/039</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Status of hospital physicians (contract)</li> <li>3. Involvement in quality management</li> <li>4. Financial situation of health care insurance</li> </ol>
Norway - <b>AEMH 05/021</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Hospital reorganization</li> <li>3. Hospital management</li> <li>4. Remuneration and working conditions</li> </ol>
Portugal - <b>AEMH 05/038</b>	<ol style="list-style-type: none"> <li>1. Change of Legal status of Public Hospitals</li> <li>2. Liberation of drug sales</li> <li>3. Promotion of the Medical Act (see correction of the written report here below)</li> </ol>
Amendment to AEMH 05/038:	
<p>The last sentence of the National Report should read: “The PMA will try once more to persuade the new Health Ministry to publish the Medical Act, a tool considered essential for the regulation of medical practice as it avoids other professionals to perform medical acts exclusive to doctors.”</p>	
Slovakia - <b>AEMH 05/033</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. New Health legislation concerning <ul style="list-style-type: none"> <li>-health insurance,</li> <li>-health professionals,</li> <li>-status of hospitals</li> </ul> </li> </ol>
Slovenia - <b>AEMH 05/</b>	<ol style="list-style-type: none"> <li>1. Shortfall of physicians</li> <li>2. health programme financing reform</li> <li>3. WTD</li> <li>4. Waiting lists</li> </ol>
Spain - <b>AEMH 05/</b>	<ol style="list-style-type: none"> <li>1. Implementation of new health legislation</li> <li>2. Labour conditions (retirement)</li> <li>3. Professional Development</li> </ol>
Sweden - <b>AEMH 05/022</b>	<ol style="list-style-type: none"> <li>1. Organisation of the Medical Profession</li> <li>2. Labour conditions (equal opportunities male-female)</li> <li>3. Promotion and development of medical ethics</li> <li>4. Review of the medical specialities</li> <li>5. CPD</li> </ol>
Switzerland – <b>AEMH 05/041</b>	<ol style="list-style-type: none"> <li>1. Health insurance reform</li> <li>2. Patients health e-card</li> <li>3. Financing of hospitals</li> <li>4. Responsibility shift from medical association to state</li> </ol>

➤ Dr Kirschner stressed the National Delegations to send their national reports and other documents in the future in due course to the secretariat as technical devices on the spot are expensive.

## 12. Submission of Documents for adoption by the Plenary Assembly, issued by

### AEMH-Board 2004

“The view of the AEMH on the future of the EMOs” (AEMH 04/055)

It was agreed that after the discussions of Friday the document had become obsolete and a working group should revise it, a first draft should be available for the September meeting of the CPME.

### National Delegations

- Greek Delegation – Resolution against Act of Violence (AEMH 04/054) had been sent by e-mail and thus needed to be confirmed. It was adopted by 14 votes in favour, 2 abstentions. The document was thus adopted.

- Danish Medical Association – Proposal for an Addendum to the AEMH- Statutes (AEMH 05/015) Dr Aggernaes confirmed the withdrawal of the document in view of the establishment of a working group to revise the statutes.

➤ Mrs Blindheim proposed that the working group should not only look into the article ruling the elections, but also other points which might need updates. She asked all national delegations to send their proposals.

This proposal was approved unanimously.

The working group was composed by Mrs Blindheim, Dr Aggernaes, Dr Lies.

### Working groups

CME/CPD : The outcome of the AEMH Conference 2005 (AEMH 05/049)

➤ Dr Zilling presented the **Declaration on Quality Assurance**, which was based on the AEMH statement of 2004, which did not reach the approval of the CPME Board and therefore needed to be revised. After improvement of the text, the Plenary Assembly approved the document unanimously.

### Financial Reports

➤ Dr Morresi, the newly elected internal auditor, gave a review of his experience in this function that he officiated also in his national delegation. He explained the procedure employed to verify the accounts and declared himself satisfied. Dr Morresi then read the Internal Auditor’s Report.

➤ Dr Kirschner asked the delegations to discharge the Board on the Accounts 2004.

The plenary assembly discharged the Board unanimously.

### Resolutions

➤ Prof. Nolte presented a statement pleading for the exclusion of the medical education from the **Bologna process**. The statement was adopted with 13 votes in favour, one against and two abstentions.

➤ Prof. Nolte furthermore presented a short resolution on **tobacco control**, pleading for smoke free hospitals, which was adopted by the plenary with 15 votes in favour, one abstention.

The President presented the documents on the agenda for endorsement by the Plenary Assembly, issued by external sources.

The **Joint Declaration of CPME and EFPIA** (CPME 2005/021) was approved unanimously.

The **WMA Statement** concerning the relationship between Physicians and Commercial Enterprises was adopted with 14 votes in favour, 2 abstentions.

The **UEMS** document UEMS D 0349 - Promoting Good Medical Care- raised some controversial reactions and was therefore received for information.

Also received for information was the document from ENSH (European Network of Smoke-Free Hospitals) on Smoke free hospitals.

### **13. Elections**

**Elections of Members of the AEMH-Board** as to Article 13.2 of the AEMH Statutes in secret ballot and individually

- a. President for the term 2007-2009  
Dr Lies was the only candidate for this election. He was elected unanimously.
- b. 1st Vice-President for the term 2006-2008  
Prof Nolte declared himself candidate. He was elected unanimously.
- c. Internal Auditor  
Dr Morresi was unanimously confirmed in his mandate as internal auditor

### **14. Dates and Venues of the next Plenary meetings**

- Plenary meeting 2006 in Bratislava/ Slovakia, dates to be confirmed. Dr Buzgo transmitted the invitation for the conference and the plenary meeting from the Slovak Medical Chamber in 2006 in Bratislava/ Slovakia.
- Prof Spath delivered the invitation of the Austrian delegation and its President Prof Waneck for the plenary meeting 2007. The invitation was received with applause by the delegations.

### **15. Miscellaneous**

No other business was brought forward.

The President thanked the interpreters and the Greek secretaries and especially the Secretary General for the preparation of the meeting. He furthermore thanked the Associated Organisations and the observer, the Bulgarian Medical Association for their attendance.

Dr Kalikerinos, the President of the Panhellenic Medical Association congratulated Dr Antypas for the organisation of the meeting and expressed his best wishes to Dr Lies for his re-election as President of the AEMH.

The President closed the 58<sup>th</sup> AEMH Plenary Meeting.