



**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 ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
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EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

<b>Document :</b>	<b>AEMH 05/061 REV1</b>
<b>Title:</b>	<b>Draft “The Future of the AEMH in the new environment of the European Medical Organisations”</b>
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<b>Purpose :</b>	<b>For discussion</b>
<b>Distribution :</b>	<b>Members of the AEMH-Board</b>
<b>Date :</b>	<b>19 October 2005</b>

**Document for Discussion**  
**“The Future of the AEMH**  
**in the new environment of the European Medical Organisations”**

**RELATION AEMH – CPME**

The AEMH acknowledges the CPME as the consultative body representing the medical profession to the European Institutions, where its renown and reputation enhances the global role of the European Medical Organisations.

Nevertheless, the AEMH considers that the hospital physicians and their specific matters of concerns are not sufficiently evoked and developed within the CPME, therefore AEMH expects the CPME to involve the AEMH whenever hospital expertise is required. The AEMH reserves itself the right to take own initiatives if its interest are not taken into consideration.

Hospital Doctors representing a large percentage of all physicians in Europe, the AEMH believes that it is legitimate to discuss hospital problems in a broader scale within the Standing Committee of European Doctors, the representative body of all European Doctors, and therefore calls for the re-establishment of a sub-committee on Hospitals.

**AEMH ACTIVITIES**

The activities and actions of the AEMH should focus on professional issues, i.e. to promote public health care in Europe in the field of hospitals, as stipulated in its statutes.

For this purpose, the AEMH is studying *inter alia* the conditions in which the medical profession is practised in hospitals, the systems by which the hospitals are organised in the various countries, cooperation procedures with other members of the hospital environment, possibilities to improve and supplement in the area of assistance and care of hospital patients.

The AEMH shall act as a reciprocal information resource for all issues concerning hospital life in Europe and draft proposals for improvements in this field at a European level.

## **DOMUS MEDICA**

The AEMH has been the first Associated Organisation to integrate the CPME premises in 2001 by renting office space and facilities. The CPME charges the AEMH pro rata for all incurred fees.

In 2005 the AEMH invited the FEMS to share office space and secretarial services in order to rationalize costs and enhance collaboration.

Without having a permanent office, the UEMO benefits from the CPME premises and the lobbying expertise of the CPME against an annual contribution since 2004.

The European Medical Students Association (EMSA) has made the address of the CPME its domicile in exchange of workforce on a traineeship basis, thus another form of cooperation with the CPME.

These different kinds of cooperation show the flexibility of the CPME to foster cooperation in respect of the specific needs of the different organisations.

Anyhow, all these quests are first steps of consolidation by sharing office space and facilities but keeping total independency. Although very different, all these experiences have been successful and beneficial in financial, professional and inter-personal means.

This project should be further developed to achieve a Domus Medica, with the objective not only to bring different organisations under one roof, but to monitor synergies and use the complimentary skills and expertises.

## **RELATION CPME - EMOs**

The AEMH recognizes that the general trend of the European Medical Organisations and their members is to speak with one voice. This voice should be expressed by the organisation with the most expertise in the specific matter, so that no organisation should fear that its voice will not be heard. Speaking with one voice should not necessarily mean one single organisation.

The co-existence of all different European Medical Organisation is necessary as it is the only way of representation for many national medical organisations on European level, as membership in the CPME is restricted to one national member association per country. Through the EMOs and their members the CPME enjoys a broader influence for the application of its policy.

The strategy developed here is an evolution of the “Co-operation model (B)” such as operated by the current Presidents Committee and does in the case of the AEMH need no changes to the statutes. It can also be the threshold to a further “Concern-model

(A)”, which integrates all European Medical Organisations in a new structure with linked consultative, advisory and even voting rights.

## **ROAD MAP**

These “Cooperation and Concern Models” have been elaborated in 2002 and need clarification and up-date. The Presidents Committee should be entrusted with this task.

The AEMH furthermore urges the CPME to consult all its member delegations to express their position in order to enable the CPME President and Secretary General to actively promote this position.

Before envisaging any changes of structure towards an integration process, the AEMH proposes to study thoroughly all the consequences, especially the financial implications. This task should be evoked by the treasurers of all EMOs feeling concerned by the project.