



**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 BOLNIČKI LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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Minutes of the 60th AEMH-Plenary Meeting, Vienna 20-21 April 2007

Participants: see list of attendance
Chair: Dr Raymond Lies, AEMH-President
Minutes: Brigitte Jencik, AEMH Secretary General

1. Addresses of Welcome

The President opened the session by thanking the Austrian hosts for the successful organization of the AEMH Conference 2007 “European Hospital evolving into Centres of Excellence?” on Thursday and this 60th AEMH Plenary Meeting. Referring to the conference he evoked the evolution in Europe to create centres of excellence, but the right definition still needed to be found. Excellence of health care has to be in the interest of both the patients and the hospital physicians.

2. Approval of the Agenda

Document AEMH 04/005 REV7 was approved without comments.

3. Roll Call of Heads of Delegations

The President proceeded to the roll call of the 17 AEMH delegations, which were all represented. Austria - Prof. Spath, Belgium - Dr. Bertrand, Bulgaria - Dr. Sakakushev, Croatia - Dr. Sobat, Denmark - Dr. Obel, France - Prof. Degos, Germany - Prof. Nolte, Greece - Dr. Antypas, Italy - Dr. Morresi, Luxembourg - Dr. Lies, Norway - Dr. Ursin, Portugal - Dr. De Deus, Slovakia - Dr. Buzgo, Slovenia - Dr. Ferk, Spain - Dr. Sanchez-Garcia, Sweden - Dr. Wedin, Switzerland - Dr. Guisan. All 17 member delegations were present.

4. Approval of the Minutes of the 59th Plenary Meeting in Bratislava

Document AEMH 06/054 was approved without changes.

5. President’s Report

AEMH 06-056 + AEMH 07/006 REV2, AEMH 07/031

The president highlighted the essential parts of his different reports. He insisted on the pro-active participation of the delegates and the lack of feed-back on the numerous information sent out by the secretary general. The financial situation is a big cause of concern and must be taken up seriously this year to ensure serenity.

The collaboration with the CPME and the other European Medical Organisations within the Presidents Committee is satisfactory and common positions have been drafted for instance for the health service directive.

The AEMH must participate more actively in the CPME sub-committees and insist together with FEMS to include the hospital aspects into the topics.

He insisted on the key role physicians have to play in means of information to patients.

Health care of the elderly causes concerns as the length of stay in hospitals is reduced, which compromises the health of this category of patients.

He ended the presentation with the four points important for this last term of his presidency, i.e.

1. Stabilize and improve the financial situation of the AEMH
2. Reinforce the links with CPME, the FEMS and the other EMO’S in order to highlight the problems in the EU hospital sector (participation in work-groups of the CPME f.ex.)

3. Elaboration of an action plan together with the board and the Plenary to assure this for the mandate 2007-2009

The President opened the floor for comments and discussion on his report.

- Dr Antypas reminded the proposal of the Greek delegation about the establishment of a European disciplinary council.
- The President replied that this matter is not to be answered in the context of his report and that he would reflect on this with Dr Antypas at another occasion.
- Dr de Deus congratulated for the activities reflected in the report. He reinforced the request of the president for greater involvement of the delegates also for the work of the working groups, which need more feed-back and contributions from all delegations in order to progress.
- Dr Obel confirmed the necessity to draft documents and agreed that the delegates have to become more active. It would be helpful if the voluminous documents could be summarized and thus easier to read and to answer. Concerning patient safety he pinpointed the situation of patients often having many diseases and the doctors' specialty becoming so narrow, which results that it needs many doctors to treat the same patient.
- The president agreed that the problem to synthesize the patients' condition is a task which the AEMH should tackle. Concerning the volume of documents, he argued that not the length of the documents is to be put in question, but the interest and commitment of the readers. Nevertheless, he did not want the plenary to get lost in too much self-criticism.
- Dr Obel stated all the same that all delegates have a responsibility to carry the messages and works from this meeting home to the national organization, otherwise there is no reason of existence for this organization.
- Dr Kirschner agreed and advised to promote the AEMH website to diffuse the message to the national delegations.
- The President underlined the importance of the last interventions as it is a fact that most hospital physicians do not even know about the existence of European Medical Organizations and that they are represented at European level.

6. Financial Reports

a+b)Accounts and Treasurer's Report of Year 2006 by the AEMH-treasurer Dr Kirschner.

Dr Kirschner reminded the minutes of the 59th AEMH Plenary meeting, point 6 “ The president concluded the debate by asking all delegations to send their ideas and proposals to the treasurer via the secretariat.”. He regretted that none were ever received. He insisted on the fact that the Board at all its past meetings discussed the financial situation and at the last meeting a specific proposal from the treasurer on different strategies and potential outcomes was thoroughly examined. Concerning sponsorship he added if each delegation would come forward with one sponsor the problem would be solved.

Dr. Kirschner then presented and commented the external auditor's report:

The income increased thanks to the collaboration fee of FEMS, the expenditures are below budget except for interpretation, conference expenses and the salary are above, the latter due to increased working hours. The result was a deficit of € 5 220.

The treasurer read his report AEMH 07-007 and stated that the wording might be different, but that the content was quite the same the last years, warning on the depletion of the funds since the VLK stopped the financial support. He also stressed that criticism of delegations on the fact that

the financial situation was not sufficiently discussed was not founded. Finding additional incomes was not easy and would create in any case a give-and-take situation, meaning the AEMH would need to provide a work or a service in exchange.

➤ The President reinforced the saying of Dr Kirschner and took the example of the international auditing company PricewaterhouseCoopers, which invited him to an internal conference in May in Prague to give a presentation of the AEMH showing their interest in a collaboration agreement for an expertise in the hospital sector which might need the involvement of all delegations. Anyway, additional income of €15000 is needed for the activities of the organization.

He opened the floor for discussions on the treasurer's report.

➤ Dr Sanchez-Garcia reminded his more than 25 years' experience within the AEMH and that the deficit could be avoided by employing only local interpreters or by finding local sponsors for interpretation.

➤ Dr Kirschner reminded that interpretation will end in 2009.

➤ Dr Wedin complimented Dr Kirschner on his report and supported the proposal of a 5 % increase for the coming 5 years, but furthermore suggested an extra contribution for the old countries. Concerning interpretation she questioned whether one could end interpretation as from the next meeting. Concerning sponsorship the organizations are bound to the EFPIA/CPME agreement, but the Swedish delegation has concerns with attending meetings sponsored by companies. She also proposed a one-time payment of an extra 5 % contribution for member delegations which are able to afford.

➤ Prof. Degos commended Dr Kirschner on the explanations of the financial problems. Interpretation remains important. He suggested to reflect on the reasons of the difficulties to find sponsors. The topics of the working groups should be chosen in a way to meet the interest of companies.

➤ Dr Obel agreed with the increase of membership fees but requested to integrate this measure in a framework to be elaborated for the coming three years.

c. Internal Auditor's Report on accounts 2006

Dr Morresi started his report by stating that the function of the internal auditor is to verify whether the actions taken are in agreement with the statutes. He acknowledged that he did not have any objections on this and that the expenditures of the last years have been rather stable, which proofs the efficiency of the allocation of funds. Furthermore he supported the suggestions of the treasurer and the president to avoid future deficits.

d. Discharge on Annual Report 2006

Having heard all detailed information concerning the accounts 2006, the plenary **voted unanimously the discharge of the Board on the accounts 2006.**

e. Draft Budget Year 2008 AEMH 07/008 REV1

The budget was made up with a deficit. To cover this gradually the treasurer proposed in accordance with the Board to increase the yearly contribution to 5 % during the coming 5 years as a long-term strategy instead of the commonly accepted 3 % inflation rate.

➤ Dr Guisan questioned when one could under these circumstances expect to reach a balanced budget.

- The reply of Dr Kirschner was that in 2009 this should be the case because interpretation costs will be saved and the additional contribution fee will increase the income.
- Dr Sanchez-Garcia stressed that the Spanish delegation had always favoured the maintain of interpretation. The countries relying on interpretation pay the highest contribution. Local interpreters must be preferred to save costs. He questioned whether the 2008 hosts had investigated this.
- Dr Sobat replied that they have not good experience with the local interpreters. More generally he stated if bigger countries pay higher contributions, they get more services and smaller countries pay for services they do not need and use.
- The President asked to vote on the proposal increase of contribution: **5 % for the coming 5 years.**

The result of the vote: 3 abstentions, 14 in favour, the proposal is adopted.

- Dr Antypas explained the abstention of the Greek delegation : the proposal must first be submitted to the National Plenary.
- Dr Ursin read a proposal from the Norwegian delegation that established member delegations should pay a once-off contribution of 1000 € and the new countries a 500 € this year in order to cover the existing deficit and to avoid future deficits.
- Dr Kirschner thanked for this proposal in the name of the board and calculated that this would mean a 15000 € one-time contribution but he recognized the difficulty for some countries to decide on this at this time.
- Dr Guisan agreed on this remark and explained that he cannot take a stand without referring to his organization.
- Dr Wedin agreed on the proposal of the Norwegian delegation and feared that it might be difficult to find a new treasurer with an unsolved financial problem.
- Prof Degos stated that this new proposal was not on the agenda and therefore it cannot be put to vote.
- Dr Sanchez-Garcia calmed the debate by stating that the AEMH does not face a desperate situation, which needed to be solved on the spot, it should nevertheless be put on the agenda of the next meeting. Concerning sponsorship he insisted on a prior approval by the plenary before any decision.
- The President stated that the discussion is on the table since last year, but no proposals were put forward. The plenary taking place once a year, decisions can only be taken once a year, which make the management of an organization merely impossible.
- Dr Kirschner recognized the difficulty for the delegations and requested to vote on a budget with a deficit and asked for voluntary “other income” from delegations, which think to be able to make an extra contribution.
- Dr de Deus disapproved this voluntary basis, but rather favoured an extraordinary contribution for all to be put on the agenda of the next meeting for decision.
- The President made the proposal that a balanced budget could be reached by reducing travel costs, meaning he would attend less meetings in the future. This was vigorously rejected by all delegations as this would reduce the influence of the organization.

The plenary voted the budget as to document AEMH 07/008 REV1 with a deficit of -2956 Euros. The result: 12 votes in favour, 3 against and 2 abstentions. It's carried with majority. The Norwegian proposal for an additional contribution will be put on the agenda of the next meeting and be put to vote to the next plenary.

- Dr Guisan requested a vote on the possibility of sponsorship as some delegations seem to be reluctant.

- Prof Degos reminded that it is about ethical principals and supported the idea of a vote.
- Dr Sanchez-Garcia doubted that the board or the President could make any decision without consulting the plenary. A vote of confidence should nevertheless give authority to the Board to proceed to negotiations.
- Dr Wedin reminded the CPME/ EFPIA guidelines, which set the frame for possible sponsorship.
- Dr Bertrand supported the request for a vote made by Dr Guisan and Prof Degos.

The President requested **a vote of confidence for contacting sponsors or partners** for negotiating long term arrangements in line with the existing ethical rules. All relevant information will be forwarded to the plenary.

The result of the vote: **one abstention, 16 votes in favour.**

The President thanked the plenary for its confidence.

7. National Reports

Austria -AEMH 07-026

Prof Spath reported that Austria held elections in fall, which had brought political actions to a standstill for months. The new minister of health is a medical doctor, who intends to reorganize the health structure plan. He reported that hospital physicians are now in majority within the medical chamber. The e-card is now in circulation everywhere and will be introduced also in the hospital and contain in the future more medical data.

Belgium - AEMH 07-021

Dr Bertrand also started his report informing on the elections in his country, but this will not affect the medical profession. The health budget was increased by only 1.65 % , which is less than the inflation rate (1.92%). The union elections in 2006 were won by the ABSyM, the AEMH member organization, against the cartel of the GPs, which is important to have a say in political matters. In Belgium patients need now to go through a GP before going to a specialist. A no-fault liability draft law was voted in parliament. The steering committee for accreditation will automatically accredit the conferences homologated by the UEMS.

Bulgaria - AEMH 07-039

Dr Sakakushev reminded that healthcare in Bulgaria is insufficiently funded, 4.3% of the GDP. The Bulgarian Medical Association organized a protest demonstration together with the nurses in February in Sofia. The main demands were the immediate restoration of the contractual principle; the restoration of the public nature of the National Health Insurance Fund and lifting of the political and governmental control over the Fund; adequate funding of the health system to not less than 6% of the GDP. The Bulgarian Medical Association counts on active support of the European professional organizations in order to defend its positions.

Croatia - AEMH 07-027

Dr Sobat gave some complementary explanation to the written report. Croatia has a unique health system for EU with no co-payment by patient. Drugs are divided into two lists: the A –list with 900.000 essential drugs, and the B-list with 200 original drugs, where co-payment is asked for the difference to generic drugs. These lists do not apply to hospitals.

The union obtained a 6 % salary increase for three consecutive years. The EWTD will come into force in 4 years. There is a lack of physicians, especially in rural areas. In the future no specialists training will be shorter than 5 years.

Denmark - AEMH 07-019

Dr Obel announced the 150th anniversary of the Danish Medical Association. The hospital system is aiming to get more and more centralized, small hospitals are closed down. The financing is 80 % by state, 20% by municipalities. Patients need to see a GP before getting treated in hospital. The demand for quality and safety is growing.

France -

Prof. Degos apologized for not having sent a written report. He reported on the working conditions of hospital physicians in France and the new organization implemented in hospitals. The executive boards are equally composed by administrators and physicians, which should ensure a stronger influence of physicians. He furthermore reported on the end of the first rehabilitation plan launched in 2002 which ended this year and has been reconducted for the same amount of 7 bn € for the coming 5 years to allow to finish hospital reconstruction. France has established two years ago the High Health Authority (HAS), which makes evaluations in all fields of health and drugs. Some 200 drugs are likely to disappear due to not proven efficiency and thus will no longer be reimbursed. A highly topical issue is the non-acceptance by two unions of the unique remuneration status of hospital doctors. His union has collaborated on a reform of this system and included an additional remuneration. The variable part was first only granted to surgeons and should be extended to other categories of hospital physicians.

Germany - AEMH 07-033

Prof. Nolte summarized the written report by mentioning first of all the strikes of 2006 for remuneration and better working conditions led by the Marburger Bund. Furthermore he reported on the reform of the healthcare system, funded besides contributions from employers and employees for the first time with tax money. His organization firmly opposes this reform.

Greece - AEMH 07-034

Dr Antypas reported on the efforts of the Panhellenic Medical Association to improve the specialist training vacancies for young doctors, but also CME. They also acted to improve the regional access to emergency services and specialist treatment. The recruitment of 5.000 doctors and 2.000 nurses and paramedical staff will ensure better working conditions and improve healthcare for Greek citizens.

Italy - AEMH 07-028

Dr Morresi reported on the finally signed employment contract for the *past* years. The FNOMCEO and its President Dr Bianco, a former AEMH delegate and thus a hospital doctor, work closely with the Ministry of Health on patient safety and listed the most frequent adverse events. 360,000 physicians and 360,000 nurses benefited from e-training on risk management. Other highlight was the update of the Ethical Code of the Medical Profession.

Luxembourg AEMH 07-030

Dr Lies reported on the on-going reform of the hospital sector and the restructuring into 4 main hospitals. The ministry, keen on limiting the costs, initiated a purchase center for all the hospital sector, the evaluation of this measure is not finished. The quality system EFQM, although efficient and remunerated by the health insurance, is nevertheless very time-consuming.

Norway -AEMH 07-016

Dr Ursin reported on the government's new National health plan, focusing on productivity and effectiveness and not enough on quality and patient safety. Hospital Management is one of the

major concerns of the Norwegian association of senior hospital physicians and they have achieved to put this topic on the agenda of the Norwegian Medical Association. Salary negotiations failed and ended in a strike, which strengthened the position of the NMA.

Portugal - AEMH 07-036

Dr de Deus highlighted the budget restrictions resulting amongst others in a restructuring of emergency services, ending with the shut-down of permanent care services. Economical restrictions led to emergency schedules below the recommended minimum level to ensure patient safety.

Slovakia - AEMH 07-037

Dr Buzgo reminded last year's strike which ended with a satisfactory increase of doctors salaries. The government intends to reduce the number of acute beds, with a trend to favour big state hospitals. There is lack of specialists in Slovakia, greatly caused by migration.

Slovenia

Dr Ferk apologized for not having sent the written report. He explained the organization of health care in Slovenia. There are 3 Associations: the Medical Chamber, responsible for specialisation, licensing and postgraduate training, the Medical Association, responsible for medical guidelines and the syndicate FIDES, responsible for working conditions and salaries. Slovenia has a great lack of doctors. All hospitals are active with quality systems and patients safety to obtain their accreditation. 2 years ago Slovenia implemented the DRG system. The Ministry of Health launched 2 laws, the first on the regulations of the privatization of the medical sector, the second concerns a huge project in the general healthcare insurance sector and electronic health-card, e-prescription and IT infrastructures. End of this project 2009.

Spain - AEMH 07-035

Dr Sanchez-Garcia started his report by stating from a situation of 25 % unemployed doctors, there is now a lack of doctors due to imposed retirement at 65 years and emigration. He then gave a detailed explanation of the new e-card presented in March, which intends to certify the doctors' identity, based on the electronic signature technology and the digital certification systems. It still needs to be improved to comply with international standards and EU-directives. It is also a tool for the free circulation of health professionals

Sweden - AEMH 07-020

Dr Wedin highlighted out of the written report only the implementation of the working time directive into the Swedish law, thus 48 hours per week. There was a possibility to negotiate local adaptations, but the employers simply applied strictly the working hours and considered the disturbances during on-call as "force majeure", which was unfortunately supported also by some colleagues. The Association of Swedish Hospital Physicians fights against this. The conflict might negatively influence the upcoming salary negotiations.

Switzerland - AEMH 07-038

Dr Guisan reported on the revision of the social insurance system in Switzerland concerning hospital financing, which is now based on DRGs, including all costs of the care and necessary investments. Quality and result indicator have also been linked. A restructuring of the hospital network is implemented, hospital are under regional governance but underlay federal criteria. A big change is that now patient have free choice of the hospital, which will increase competition and create centers of excellence.

The President expressed his appreciation on the presentation of the national report by Dr Guisan with some slides, which he recommended to all delegations.

Furthermore, he stated that many national delegations reported on strikes, social conflicts, reforms etc. concerning the hospital sector, which is alarming.

He proposed for the next plenary meeting to combine the reporting with an analysis on the evolution of the situation in hospitals in Europe. In this case the national reports would be needed at least one month earlier. The Board will then analyze the reports and present the outcome at the next plenary.

9. Reports of the Liaison Officers to the Associated Organisations and comments of the representatives of the Associated Organisations

Reports of the AO

-CPME: AEMH-Liaison officer Dr. Lies

AEMH 07/032

Dr Lies reported on the CPME reply to the consultation of the European Commission on the health services directive, to which all Associated Organisations, including the AEMH collaborated. It has to be understood that this reply is only one out of hundreds others from all kind of national as well as international institutions and organizations.

He insisted also on the CPD conference in Luxembourg and the active participation of Dr Zilling. Concerning the Presidents' Committee he clarified that the role of this body is rather a coordination committee, than a decision committee. It serves exchanges, tries to avoid collision of meetings, and finds consensus for problems of cohesion to speak with one voice.

Dr Lies furthermore commented the election of the new president from the UK, a non member of the AEMH, as a possible opportunity for the AEMH.

-FEMS: President Dr Wetzel

Dr Wetzel reinforced the decision of 2005 of his organisation to focus its activities and future actions on the defence of the legitimate interests of European doctors in the following fields: working conditions, wages, medical liability, medical education, participation in clinical governance, health management and policy. To comply with this trend, new statutes were adopted. FEMS constituted working groups: EWTD and labour law, profession recognition, health service directive. FEMS took several actions for the defence of the colleagues in the central and Eastern European countries.

-UEMO: Dr Wedin attended the Uppsala Meeting in autumn 2006, which was the last under the Swedish UEMO presidency. This presidency had to cope with big financial problems which were solved by cutting the interpretation costs and social events, which now have to be paid for by the delegates. They hold their spring meeting at the same time as the AEMH and will celebrate their 40th anniversary. The main concern of the UEMO is to make general practice become a specialty.

-UEMS: AEMH-Liaison officer Dr Ciro Costa who attended the spring meeting in Brussels, where the working groups met in parallel sessions. New presidents were elected for CME/CPD, post-graduate training, the quality in practice, the structure of the UEMS, and specialists training in current healthcare systems. There was a discussion about an internal document on UEMS' mid-term strategy. Bulgaria and Rumania became full member of the UEMS. The European Accreditation Council for CME has renewed the agreement with the American Accreditation Council for mutual recognition of credit points.

A sensitive point was the claim for voting rights of sections in the Management Council.

The financial situation of the UEMS is excellent. In 2008 UEMS will celebrate its 50th anniversary.

10. Reports from the parallel sessions

WG 1) **Pre- per- und Postgraduate Medical Training**

Chair: Dr Thomas Zilling, members: Mrs Burenus, Dr Bertrand, Dr Buzgo, Dr Christopoulos, Prof Degos.

Dr Zilling qualified the activity of the group as a brainstorming meeting, as the CPD Conference in Luxembourg had finalized a lot of the work by adopting the Consensus Declaration which opposes credit points systems. He then presented the results of the inquiry 07-003 and made the following conclusion. (see also AEMH07-061).

Pre-graduate training: the working group recommends to revise the AEMH view on the Bologna process and will propose a statement at the next plenary meeting to evolve from the officially opposing standpoint to a more positive.

Specialist Training: this is a too complex matter for the AEMH and will be left to other medical organizations.

Post-graduate training: Dr Zilling pleaded to promote the CPD Consensus declaration and evolve from mandatory CME to CPD, which is now also the trend in America.

WG 2) **Accreditation of Hospitals and Centres of Excellence**

Chair: Dr Joao de Deus, Rapporteur: Prof Spath, members: Dr Guisan, Dr Sanchez-Garcia, Prof Stolpmann, Dr Ferk, Mr Archini.

The work of the group consisted in compiling the document of last year's conference on hospital management and the proposed document of the Scandinavian delegation on accreditation, which gives the background information for the final document.

Three parts:

- 1- Hospital accreditation based on quality and safety (2006 Conference)
- 2- Hospital development and centres of excellence (2007 Conference)
- 3- Hospital organizational standards

The motivation is that now hospital accreditation is seen as an organizational standards and not taking into account the quality and safety of patients. This year's conference will be incorporated in the statement.

The point will be discussed under the submission of documents.

WG 3) **Risk Management and Patient Safety, the perspective of hospital physicians**

Chair: Dr Raymond Lies, members: Dr Wedin, Dr Obel, Dr Ursin, Dr Sobat, Dr Esteves, Dr Morresi

The group had a brainstorming with a focus on three topics

1. No-blame reporting culture

The group agreed that there is a positive evolution toward a no-blame reporting culture in the whole hospital sector. The reporting system should ideally be voluntary, but in case of serious mistakes there should be a reporting obligation to the hospital management. Therefore, the natures of serious events need to be defined and listed.

2. European Institute for Patient Safety

The WG is not against a European Institute, but this institute should only be an advisory body and run by health professionals and not only by administrators.

3. The economic value of Patient Safety activities

We should attempt to evaluate the financial consequences of Patient Safety activities for the patient, for the health insurance and for the hospital to leave no doubt that quality of health care has a positive economic impact.

The conclusion of the working group: A systematic approach of quality at all levels within the hospital is the most effective preventive measure for a good risk management and for patient safety.

The working group will continue its work by e-mail with the objective to draft a position paper in line with statements expressed in other AEMH documents in order to demonstrate a coherent standpoint and to balance the numerous lobbying efforts of patients' organizations.

WG 4) The European Working Time Directive

Chair: Dr Rolf Kirschner / Prof. Nolte, members: Dr Wetzel, FEMS, Dr Flemming Jensen, Dr. Antypas, Dr. Ciro Costa, Mrs Blindheim

Dr Kirschner gave the report of the group, which was given a very thorough background review including the present situation by the president of FEMS, Dr Claude Wetzel, who also reiterated the history of the Directive including the recent lobbying process that had taken place.

National experiences on the application of the Directive were exchanged. The working group concluded that

1. the EWTD is valuable for both for doctors and patients.
2. Patient safety will improve by implementation of the Directive
3. to implement the directive efficiently, a re-organisation of the hospital work-schedule is necessary with modern procedures and reporting systems and an increased number junior and senior hospital doctors.
4. the loss of income must be compensated, graded according to competence and seniority.
5. the specialist training has possibly to be increased, the efficiency improved and new technologies (web-based/virtual models/animal models) used.

The question of Dr Kirschner whether these conclusions should be finalized in a document opened a vivid discussion especially on the opt-out clause, where the opinions diverged.

- Dr Guisan expressed his concerns from a surgeon's point of view in case of abolishment of the opt-out, young surgeons could not fulfill their operating catalogue and lack sufficient training.
- Dr Bertrand agreed; in Belgium surgical training raised from 6 to 7/8 years due to insufficient interventions.
- Dr Zilling totally disagreed with this analysis, lack of training is an organisational matter.
- Prof Waneck quoted that in Austria senior hospital physicians are not included in the national implementation of the EWTD.
- Prof Nolte confirmed the same is the case in Germany.
- Dr Sanchez-Garcia defending the standpoint that action need to be taken now together with FEMS and other organisations to form a common front.
- Dr Kirschner reminded that our statutes do not allow to vote on a statement which has not been sent out beforehand but he agrees that the working group has to prepare one for next year taking into consideration that the medical professions needs to speak with one voice.
- Dr Wetzel stressed out that all European Medical Organisation fight for the abolishment of opt-out, and disapproval of the notion of inactive working time.

The President resumed that a compromise has to be found as soon as possible in the respect of all national specificities.

11. Submission of Documents

- a) **for adoption and decision** by the Plenary Assembly,

-Change of Article 12 of the AEMH-Statutes (AEMH 07-017)

The proposal to reduce re-election of members of the board was submitted by the Scandinavian delegations, which motivated their action.

- Dr Wedin argued that a modern and productive organization needs to maximize the number of delegates becoming members of the Board for their own interest and the one of the organization.
- Dr Obel supported this idea: too long mandates risk to create a gap between the board and the delegates. New members are joining and must get the opportunity to be part of the governing body.
- Dr Guisan expressed his disapproval to the proposal, which in his opinion is too rigid, exceptions must be allowed.

The Plenary assembly voted with 6 in favour, 8 against, 3 abstentions. **The proposal was rejected.**

-Hospital management based on CPD and patient's safety AEMH 07-015

-Accreditation of Hospitals in Europe, AEMH 07-018

- Dr de Deus explained that both documents have been compiled in a new document. All proposals of the Nordic countries have been integrated and give a synthesis of both former documents. He thanked for their contribution and the flexibility.
- Dr de Deus furthermore declared that this is only the first part of the reflection on accreditation and will be completed with this year's outcome of the conference.

The document was unanimously adopted by the plenary.

12. Elections

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

- Treasurer for the term 2008-2010

The AEMH-Treasurer Dr Kirschner had expressed his decision not to run for another term. The president thanked and congratulated him on the work accomplished during his mandate. He called for candidates for the election.

- Dr Buzgo proposed the candidature of Dr Hrvoje Sobat for the post.
- Dr Sanchez-Garcia proposed Dr Pier Maria Morresi.

The result of the election: Dr Hrvoje Sobat: 10 votes, Dr Pier Maria Morresi: 7 votes.

Dr Sobat accepted the election and thanked for the support.

13. Dates and Venues of the next Plenary meetings

- 61st AEMH Plenary meeting in Zagreb/ Croatia. First proposed date 10-12th April 2006. (Changed after the meeting into 1-3 May 2008). The topic of the conference, which will be held before the plenary meeting: Healthcare crossing borders.

- Dr Guisan commented that it would be of interest to invite the coordinator for crossborder care Claire Herbert from the UK General Medical Council.
- Dr Sakakushev confirmed the candidature, already expressed last year by the Bulgarian Medical Association, to host the AEMH meeting in Bulgaria in 2009.
- Sweden also proposed to host the meeting, but withdrew after confirmation of Bulgaria.

Proposed common meeting of all EMOs by UEMO in spring 2009 in Brussels.

- Dr Zilling opposed to hold a common meeting.
- Dr de Deus suggested to make a compromise and to keep the schedule of the AEMH plenary meetings. The members of the AEMH Board would hold their board meeting and attend the common EMO meeting.

14. Miscellaneous

The president gave a decision of the members of the board concerning organizational matters of the AEMH. In the future the national flags will not be displayed anymore.

He expressed thanks to the Secretary General for the preparation of the meeting.

The President expressed cordial thanks the Austrian hosts for the organization of the Vienna meeting.

He thanked the interpreters and the technician for their job and closed the 60th AEMH-Plenary Meeting