



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
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ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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Author :	Dr Raymond Lies
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AEMH-President's Report 2007 – 2 -

In my report of last year I have accentuated the two main problems our organisation has to face, which I have endeavoured to solve in the course of 2007.

1. How to improve the activity of the members?
2. How to secure the financial situation?

Starting by point 2

The 2009 budget drafted by the AEMH treasurer will for the first time since the end of financial aid from the German member VLK end with a slight surplus. This is of course due to the decision taken in Copenhagen to end interpretation in 2009. I very much believe that we can solve our financial problems by entering a collaboration with a renown organisation or firm. Our discussions with PricewaterhouseCoopers are well ahead and I hope that the collaboration model, which will be finalized and submitted at this meeting, will find your approval and support. And I expect not only a moral support but your active assistance in order to come to a “win-win” situation between PricewaterhouseCoopers and AEMH.

I also expect this new collaboration to inspire new ideas and perspectives to the AEMH delegates, who wait for fresh impetus, which answers automatically questions nr 1.

Furthermore, redefining the core values and targets of our organization in this meeting and decide on an action plan will certainly inspire new ways

AEMH Conferences

Launched as part of my **Action Plan for the President's Term 2004 – 2006** in **2004 in Madrid with “Risk Management”**, continued **2005 in Athens with “CPD of Doctors”**, **2006 in Bratislava “Hospital Management based on Quality and Safety”**, **2007 in Vienna “European Hospitals evolving into Centres of Excellence”** and of course **2008 in Zagreb “Healthcare across Borders”**, this event has become if not more than at least as important as our plenary meeting and is an excellent showcase for our organisation, the level is raising from year to year. That this could be achieved despite our financial difficulties is the merit of the hosting delegations, which put even more efforts and financial means in the organisation of our meetings, which demonstrates the faith in the “raison d'être” of our organisation. I take this opportunity to express my special thanks to them.

Other Meetings

EHIPO (European Health Institutions and Professionals Organisations)

13 February 2008

The meetings were initiated by HOPE and is attended by the Presidents and/or SG of the Nurses, the Hospital Pharmacists, and EMOs.

The only topic of this meeting was the expected Health Services Directive.

Brian Edwards (President HOPE) confronted the group with the question whether there is at all a need for it, as it concerns finally only a small number of persons. Do we want and need a health Services Directive ?

CPME SG Lisette Tiddens-Engwirda firmly answered YES and informed on the press release drafted in common with the European Patients Forum on 8 February, which is an appeal in favour of a directive. I totally agree that a directive is needed in order to stop depending from the decisions of the ECJ. The costs of treatments differ too much in the member states. Border countries to Luxembourg are not happy to reimburse at the Luxembourg rates, which are much higher.

The group discussed the political reasons for the delay of the publication.

FEMS President Dr Claude Wetzel informed that not only the Socialists MEPs opposed the directive but also the PPE. The reason is that the Commission tries to become a regulatory body competing with the Parliament.

The group questioned on common actions and discussed the elements to be picked up:
-mobility of health professionals, rare disease centres, emergencies, ambulatory care, e-health, liability in case of complications, transferability of prescription, continuity of care, waiting lists.

The next meeting will be hosted by the EAHP (European Association of Hospital Pharmacists), date and venue to be confirmed.

European patients Rights Day

18 April 2008

At the plenary meeting 2006 the AEMH delegations were informed about a project of the “Active Citizenship Europe”, which approached the AEMH to participate in the dissemination of information and implementation of patients rights in European hospitals. The delegates approved unanimously this participation.

Although the European Commission did not retain the project for funding, the Active Citizenship Europe pursued the project with the support of several MEPs and launched in 2007 the European Patients' Day. This year's Patients Day (18 April 2008) was celebrated with a Conference in Gorizia in Italy to which the AEMH has been invited as partner organisation. This conference is the main event of the European Day, celebrated on the same date in the 27 Member States. This conference was an important opportunity to present and discuss the actual situation of Patients' Rights in Europe, especially in their cross-border dimension.

I accepted the invitation to participated in the Conference in Gorizia/ Italy , in order to represent the medical profession and express the doctors' rights in this environment dominated by patients groups.

The travel and accommodation costs were covered by the organizers.

Political Review of 2007

The EWTD

You have all followed the evolution on this topic. The implementation of the directive and the related court cases confirming the revendication of doctors for decent working hours and working conditions to the benefit of their own health and the safety of their patients, have nevertheless shown the financial and organizational difficulties, which have finally led member states to call for a revision, which is in process for more than two years. The 4 subjects of political tensions are **the opt-out** (possibility for the employee of exceeding the 48h weekly work in additional time, on the basis of voluntary service), **the reference period** (currently the four-monthly period), **the time of recovery** (currently immediate) and a new proposal of the Commission: the definition of **"inactive periods" during resident on-call duty at the hospital**, not counted in the working time. The Council of the European Union failed in December for the 4th time to reach a qualified majority on the revision. The hot topic is not on the agenda of the current EU presidency but is supposed to be brought up by the French, which is to follow. Lobbying to the national ministers of health and social and labour affairs must thus continue. The medical profession is unanimously fighting for the maintain of on-call duties being considered as active working time, the drop of the opt-out clause and the retain of the reference period..

The Nordic delegations have adopted a resolution, which is on the agenda of the AEMH plenary meeting for endorsement .

Recognition of professional qualifications:

The European Directive 2005/36/EC must have been implemented into national law since November 2007.

A working group of the CPME including the other EMOs (Dr de Deus for the AEMH) collaborated actively on a pilot project Internal Market Information System (IMI), which started in January 2008. This has been recognized as an important information exchange tool by the platform of healthcare regulators "Healthcare professionals crossing borders" notably in the Portugal Agreement adopted in October 2007.

Project for a Health Services Directive

Health services have been excluded from the services directive, so called « Bolkestein », leaving a legal vacuity especially in means of free movement of patients, which is a fundamental right but opens the debate on the reimbursement of costs evidencing the complexity of the different European healthcare systems., which are of national competence (subsidiarity principal). The commission was supposed to draft a Health Services Directive taking into account the results of the public consultation. At least 6 different drafts circulated more or less unofficially. The new health commissioner Mrs Vassilou promised now a new version to come out in June/ July. She revealed that the proposal would focus on patients' rights and increased access to health care. It will be part of a "social package" to be launched in cooperation with Social Affairs Commissioner Vladimír Špidla to promote access, opportunities and solidarity for all EU citizens.

We will have to wait for the publication of this draft directive before further comments. The change of the commission and parliament in 2009 is of course not an appropriate moment to launch controversial initiatives.