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
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA
ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ

Document :	**AEMH 08-055 REV**
Title:	**AEMH Activity Report 2008**
Author :	**Brigitte Jencik**
Purpose :	**Information to the PWG General Assembly 7-8 Nov 2008**
Distribution :	**CPME, AEMH Member Delegations,**
Date :	**7 october 2008**

AEMH ACTIVITY REPORT
PWG Meeting, Tallinn 7-8 November 2008

AEMH-Conference 2008

The AEMH organizes once a year a conference in the context of its Plenary meeting. Launched 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"
2008 in Zagreb "Healthcare across Borders".
This event has become if not more than at least as important as the AEMH plenary meeting and is an excellent showcase for the organisation.

This year's conference was organized 1 May 2008 in Zagreb in collaboration with the Croatian Medical Chamber. A summary is here attached, the presentations can be retrieved from the AEMH website http://www.aemh.org/pages/events_conf_08.html

AEMH Plenary Meeting

The AEMH held its 61st Plenary Meeting 2-3 May 2008 in Zagreb/ Croatia. The general assembly elected a
1st Vice-President Dr Joao de Deus Portugal), term 2009-2011;
2nd Vice-President Dr Thomas Zilling (Sweden), term 2009-2010;
3rd Vice-President Dr Rolf Kirschner (Norway) term 2009-2010.

The plenary assembly adopted two resolutions, which were presented to the CPME Board for information at its June meeting.
CPME 2008/114 – AEMH 07-062 "Nordic Resolution on Working Conditions in Hospitals",
CPME 2008/113 – AEMH 08-023 "European Hospitals evolving into Centres of Excellence"

Furthermore the AEMH reconsidered its motivation and objectives in order to adapt to the current situation and be in line with the concerns and interests of a new generation of senior hospital physicians.
CPME 2008/110 – AEMH 08-004 "AEMH Core values, means, targets and action plan".

The four AEMH working groups met in parallel session, the reports are resumed hereafter.

Hospital Accreditation, chair Dr Joao de Deus
The working group based its discussion on a background document from last year, taking into account migration of doctors, hospital accreditation based on quality and safety, hospital development, centres of excellence and hospital organizational standards.
Dr de Deus proposed a document to the plenary, which concluded that the AEMH states that in the future, accreditation and re-accreditation processes (internal and external), promotion of continuous quality improvement, high qualified staff and international partnerships should create a Centers-of-Excellence-network within the European health structure.The statement AEMH 08-023 FIN was approved unanimously.

Risk Management/Patient Safety, including Healthcare across Borders, Chair: Dr Hrvoje Sobat
The basis of discussion was on one side the input from the national delegations related in the national reports and the outcome of the AEMH Conference 2008. The discussion of the group was to define goals and aims and present recommendations to reflect the concerns of hospital physicians.
The conclusion was that migration of healthcare professionals does not necessarily mean a danger, the positive and negative aspects were discussed. The group listed the problems, which may occur, such as language problems, recognition of diplomas, harmonization of training systems and curricula of schools, active recruitment, liability insurance, etc.

Training, - The Bologna Process- chair Dr Thomas Zilling
Dr Zilling reminded that the Bologna process tries to harmonize higher education in Europe but poses problems for medical education. By 2010 the Bologna Process should be implemented and so far 14 nations in Europe have adopted it. An inquiry circulated amongst AEMH members and other organization was the basis of the work of the group.The conclusions of the working group have been resumed in four bullet points.
- The national delegations have, in the name of the AEMH, to inform national authorities on the specific problems the Bologna Process means for medical education.
- The national delegations have to convince national authorities that exceptions have to be made regarding the Bologna process for medical education. The Bachelor examination has to be abolished. Medical studies shall be a one string finalized with the Degree of Master of Science in Medicine.
- The board has to lobby in Brussels for the creation of an Advisory Committee on medical studies and training which should be organized and financed by the European Commission.
- The board has to convince the European Commission that the medical profession needs their own Bologna process created for the special needs of the medical profession.

Collaboration with other EMOs

The first joint meeting in June 2009 will hopefully be the launch of a routine of fruitful collaboration.

Besides this, as part of its newly adopted "Core values, means, targets and action plan", the plenary assembly decided in its last meeting to enhance collaboration with other EMOs at executive level.

The excellent relationship between the Presidents of AEMH and FEMS enhances the good collaboration with our sister organization. Nevertheless, topics and situations are approached from a different angle and exchange of views are frequent and fruitful.

Moreover, the common secretariat tightens the links between our organizations and the experience of the last two years has shown the efficiency of pooling activities and consolidating financial and professional interests.

European Patients Rights Day

The AEMH has been invited to participate in the dissemination of information and implementation of patients rights in European hospitals. The organisation "Active Citizenship Europe" launched in 2007 with the support of several MEPs the European Patients' Day. This year's Patients Day (18 April 2008) was celebrated at a Conference in Gorizia in Italy, and on the same date in the 27 Member States. AEMH-President, Dr Raymond Lies participated in the Conference in Gorizia/ Italy, as only representative of the medical profession and advocated that the adopted 14 rights of the Patients' Rights Chart should be completed by obligations of for instance lifestyle changes.

The next meetings of the AEMH :

15 Nov. 2008 – Hamburg/ Germany	AEMH Board Meeting
January 2009 – Brussels/ Belgium	AEMH Board Meeting
7st May 2009 – Sofia/ Bulgaria	AEMH Conference "organized in collaboration with the Bulgarian Medical Association
8-9 May 2009 – Sofia/ Bulgaria	62nd AEMH Plenary Meeting

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS

HRVATSKA LIJEČNIČKA KOMORA
CROATIAN MEDICAL CHAMBER

AEMH Conference 2008
"Healthcare across Borders"
1 May 2008 in Zagreb/ Croatia

organized in connection with the 61st AEMH Plenary Meeting and in collaboration with the Croatian Medical Chamber.

Background information and setting the scene

The free movement of people, goods and services is enshrined in the European Treaties.
A key priority of the European Union is achievable and effective mobility for EU citizens and to the benefit of European integration and the European Single Market.

The main responsibilities in healthcare lay in the hands of national authorities according to the principle of subsidiarity. Nevertheless, a concerted European strategy is being developed to facilitate the movement of patients and professionals, simplify procedures and increase the quality of and access to cross-border care. The increased interconnections raised information requirements for patients, health professionals and policy-makers how to reconcile national policies with European obligations in general.

Patient mobility

In 2002, with the Charter of Fundamental Rights, the Member States reached a general consensus on a right to health care, established in Article 35, which provides the "right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices".
Social security is a key issue for persons exercising their fundamental right to free movement. But without coordination at European level, national social security legislations may lead to disadvantages in the field of social security for European citizens and their families, who move within the European Union. True free movement therefore needs protection of these rights.

The Court rulings

The Council Regulation (EC) No. 1408/71 of 14 June 1971 on the application of social security schemes to employed persons, to self-employed persons and to members of their families moving within the Community established a series of mechanisms by which individuals could obtain health care in another Member State.
In 1998 the European Court of Justice applied the fundamental principles of free movement to health care in the *Kohll* and *Decker* case. Since then several other cases followed and the European Commission has been urged to reflect on how EU Community law interacts with the management of national health systems.

The draft Health Services Directive

Healthcare having been excluded from the Services directive, the responsibility shifted from DG Internal Market to DG SANCO for drafting a new directive, which should clarify the means by which patients can access cross-border healthcare. The draft was initially scheduled for publication in December 2007 but has since then faced a number of delays and has only recently been published as a proposal for a "Directive on the application of patients' rights in cross-border healthcare".

Health Professional Mobility

The EU promotes and supports the mobility of physicians through mutual recognition of professional qualifications. The recognition of professional qualifications is regulated as of 20 October 2007 by the new EU directive 2005/36/EC. It is the decisive directive for the migration of physicians in the European economic area and provides for the automatic recognition of formal qualifications in general and formal qualifications of specialised physicians in EU member states.
To migrate to another country health professionals will need to meet statutory requirements in relation to their level of qualifications/diplomas; professional experience; proven clean professional track record as regards any misconduct/malpractice and/or criminal activities/convictions.
In addition, the migrating health professional should meet requirements in relation to the ability to communicate effectively in the language of the host country.

OPENING and WELCOME

***Dr Hrvoje Minigo**, President of the Croatian Medical Chamber*
Dr Minigo gave a short presentation of the Croatian Medical Chamber, which was established in 1903, abolished in 1945 and re-established in 1995. With a number of 16568 registered physicians Croatia has a shortage of physicians, which is hoped to regulate with the accession to the EU.

***Dr Raymond Lies,** President of the AEMH- European Association of Senior Hospital Physicians*

***Dr Hrvoje Sobat,** President of the Croatian Medical Association, AEMH Board Member*

PART I : Healthcare Professionals crossing Borders

KEYNOTE LECTURE
HPCB – Healthcare Professionals crossing Borders
A European Partnership of healthcare regulators

- **Developing regulatory cooperation**

Claire Herbert exposed the collaborative framework of regulatory authorities of all regulated health professions from across the EEA. The voluntary and informal HPCB partnership has been in place since the UK Presidency of the EU in 2005. Participation by competent authorities in the initiative has grown overtime and the partnership is increasingly becoming recognised as a forum for action and discussion on European professional health regulation issues. She informed the audience of the aim of this project, which is to facilitate professionals mobility and should contribute to patient safety. Health regulators throughout Europe have signed two commitments, in 2005 the Edinburgh agreement and in 2007 the Portugal agreement, which Claire Herbert promoted and explained.

The Edinburgh Agreement : The HPCB Edinburgh Agreement provided some high level principles for sharing information between regulators in difficult cases, in addition to the Certificate of Current Professional Status/Certificate of Good Standing. On this basis, regulators signed a Memorandum of Understanding (MoU), that sets out how and when information could be shared on a proactive or case-by-case basis inorder to communicate to others in the public interest, without waiting to be asked.

The Portugal Agreement*:* The HPCB Portugal Agreement contains three main strands of collaborative activity for European healthcare regulators to work together on over the next two years. Similar to the 2005 Edinburgh Agreement, it is a voluntary and flexible package of actions that regulators can adopt as they are practically and legally able. The document focuses on 3 main strands of activity : I*dentifying shared principles of regulation; Transparent and Accessible Healthcare Regulation; Competence Assurance of European Healthcare Professionals.*

Claire Herbert concluded on referring to the website of HPCB www.hccb.eu and to forthcoming meetings .

Claire Herbert
General Medical Council UK and Project Lead of the cooperation project HPCB-Healthcare Professionals Crossing Borders
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www.hpcb.eu

The Health Services Directive

- **The Future of Health Services in Europe**

Dr Michael Wilks exposed the sensitive issue of the long awaited and at the time of the conference not yet released legal framework, which should clarify the Court of Justice principles stating that the patients have the right to be reimbursed for healthcare received in another Member State up to the level that they would have been for healthcare received in their own Member State. The health services directive should also statue on a European cooperation on the recognition of prescriptions issued in other countries, the establishment of European reference networks, health technology assessment, data collection and quality and safety of care.

Dr Wilks concluded by underlining the focuses of CPME, which are to define in particular the difference between "organised" (authorised) care and non-urgent but requested care, undue delay, hospital vs non-hospital care, the clinical responsibility and especially the information to patients on clear processes to make informed decisions.

Dr Michael Wilks
President of the CPME

Hospitals and Crossborder Cooperation

- **What works best: Cross border Networks, Government agreements, EU Directives, Professional collaboration ?**

Prof Brian Edwards invited the audience to reflect on the existing crossborder collaboration and the regional partnerships, which work with EU funding and questioned how to transpose these experiences to a EU scale. As to EU regulations he welcomed the directive ensuring professional recognition., initiatives on infection surveillance, emergency coordination and centres for rare diseases.
But he seriously doubted the need for a health services directives, which would mean bureaucratic costs and unnecessary unless health moves from a publicly managed service to an industry that indeed needs regulating
Prof. Edwards concluded that the EU can add value to cross border service development and improvement by further developing the good progress which has been reported from past initiatives.

Prof Brian Edwards
President of HOPE
(European Hospital and Healthcare Federations)

Migration of health workers in Europe

- **Health Professional Mobility in Europe- Problem or Solution?**

Prof James Buchan reflected on the migration of health professionals from accession countries with relatively low wages who outflow to establish in "richer" EU countries, but also on the trend of "active recruitment" of these countries.
He evoked the opportunities and challenges mobility brings for all parties involved. Nevertheless, ethical rules and policies need to be implementing in order to monitor flows, regulate recruitment, ensure equal opportunities and treatment for migrant health workers and encourage bilateral agreements.

He called on the "destination countries" to take their responsibility to solve staff shortage by self sufficiency; and called on the "source countries" to improve measures of retention.

Prof James Buchan,
Professor School of Health Sciences, Queen Margaret University, Edinburgh,

Germany: an importer and exporter of physicians: a contradiction?

Armin Ehl lectured on the situation in Germany, where a surplus of doctors rapidly changed into a shortage. He denounced the political ignorance of the situation which even increased by German doctors leaving the country due to bad working conditions and research facilities. This brain drain was followed by a brain gain, especially from Easter European countries.
Armin Ehl nevertheless welcomed freedom of movement as a valuable asset, but reminded that the goal is to create best possible health care for all European countries. The key issues to achieve this goal are to improve working conditions for physicians, to allow professional autonomy, to give fair payment – including incentives for certain areas, to allow reasonable work/life balance and to reduce bureaucracy. As an example of bilateral cooperation he presented the cooperation agreement his organization signed with the Slovak Medical Chamber.

Armin Ehl, Director of the Marburger Bund (Doctors' Trade Union), Germany

Consequences in Central and East European Countries

- **Migration of Polish healthcare professionals after the accession to the European Union**

Marek Szewczyński provided the audience with datas on migration of Polish healthcare professional and reported on the impact of migration on the National healthcare system.
The main reasons of migration of Polish healthcare professionals are the working conditions, the low remuneration of healthcare staff, the difficulties with specialist training, the costs related with obligatory CPD
The impact of migration on the Polish healthcare system is very negative and leads to a large loss of highly qualified staff. The majority of migrating physicians are specialists, which leads to a deficit of specialists.
Marek Szewczyński urged the authorities to limit the migration of Polish healthcare professionals by improving the conditions of the national healthcare system, especially by increasing significantly the public expenditure on healthcare and the remuneration of healthcare professionals.

Marek Szewczyński, Head of Centre of Recognition of Qualifications at the Polish Chamber of Physicians and Dentists

○ The situation in the Czech Republic

Dr Tomáš Šindler reported on the Czech health system, which is financed by 7% of N.I. compared to the EU average of 8.7% of N.I. and provides high level of medical care, very similar to other EU countries.
The financial consequences are that in hospitals doctors' salaries are too low and reach for a fulltime job only the average wage rate in CZ. Doctors therefore work in emergencies to improve their salaries, which is incompatable with the the EWTD, full time job + emergency = 2 jobs.
The personal consequences are the escape of doctors to a private practice or to non-medical employment or even migration, leading to a shortage of doctors, which is difficult to fill in by foreigners (Slovakia, Ukraine). CZ is not a target country for doctors moving from East to West but only a transit. This results in a regression of the traditional level of medicine.
Dr Tomáš Šindler reminded that the role of the Czech medical Chamber is to protect not only doctors, but also the level of medical care.

Dr Tomáš Šindler, Member of the Board of the Czech Medical Chamber

Medical Education across Borders

○ The Croatian Experience

Prof Nada Cikes presented te Medical Scholl of Zagreb, which target is to raise the standards of medical education at all levels and to achieve integration into the international community, but also to preserve and maintain specific traditional components in education.
In her opinion the application of the Bologna process is indispensable to compare quality education. The programme objectives are to combine practical skills, theoretical knowledge and professional attitute to achieve clinical competence.
She reported on a conference, which took place in Zagreb in 2004 and where participants from 33 universities and institutions, from 21 countries took the initiatives for a European harmonization in doctoral studies and adopted the Declaration on Harmonisation of PhD Programmes in Medicine and Health Sciences referred to as the «Zagreb Declaration».
Prof Cikes concluded that Croatian physians are prepared for these European requirements.

Prof Nada Cikes ,Dean, Medical School Zagreb, University of Zagreb

PART II : Presentation of a Global Research Study

Financing Quality and Demand: Emerging Reimbursement Models
The Global Reimbursement Report in the Healthcare sector

Wim Oosterom gave a presentation of the Global Health Network of his company, which provides a full and integrated range of advisory services to leading global, national and local healthcare organisations, and public institutions including governments, industry regulators and international agencies. He gave an overview of the financial concerns of providers from an economical angle.
PwC published a Global Payment Report: You Get What You Pay For, in which it took up the challenge of balancing demand, quality, and efficiency in Healthcare Payment Reforms.
Wim Oosterom highlighted that cost control ranks as the most important factor in developing payment systems of the future and that rising healthcare costs threaten sustainability of health systems. To be sustainable, it needs to link quality, efficiency and demand management among its key players. The survey results show that better informed patients are the most effective tool in managing demand
He concluded that health systems are dependent on their payment system. Payers, governments, and providers can move toward the payment model of the future by changes through people, structure, and technology.

Wim Oosterom, EMEA Healthcare leader- PricewaterhouseCoopers