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ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

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## **AEMH President's Report**

### **Review 2008**

The last months of the year were orchestrated by the political agenda and the turmoil within the CPME.

### **EWTD**

According to the co-decision procedure of the European institutions, the revision proposal of the European working time directive had come to the step of the 2<sup>nd</sup> reading in European Parliament. The stake for European doctors was the danger of the introduction of “inactive” working time during on-call.

FEMS-President Claude Wetzel organised a meeting with MEPs and Presidents of European Medical Organisations in Strasbourg on 29 November, i.e. two weeks before the vote of EP, scheduled for 17 December, with the objective to expose the standpoint and the motivations of physicians.

The MEPs were Joseph Daul, leader of the biggest political group in Parliament, Alejandro Cercas, rapporteur on the EWTD (PES) who drafted the “Cercas Report”, submitted for vote, José Silva Peneda, (EPP-ED) shadow rapporteur, Bernard Lehideux (ALDE) and Bernadette Vergnault (PES). They were confident that EP would reinforce its compromise position of the 1<sup>st</sup> reading in 2005 and the rulings of the European Court of Justice to account on-call as working time. By this they would oppose member states which expressed via the EPSCO Council of Ministers in June in favour of “inactive” on-call periods.

Nevertheless, FEMS decided to maintain their call for demonstration in front of parliament in Strasbourg the 15 December. 400 delegates from Poland, Bulgaria, Czech Republic, Slovakia, Slovenia, Austria, France, Spain, Italy and Portugal gathered with representatives of all EMOs (except CPME) in front of European parliament to meet MEPs and distribute the Joint Declaration of EMOs.

AEMH was represented by Manuel Sanchez-Garcia, whom I hereby thank for his commitment. All united under a banner with logos of the EMOs having signed the statement, plus UEMS.

The result of the vote was a relief for the medical profession as the report of Alejandro Cercas was adopted with a majority, which was larger than expected, meaning that MEPs voted according to their own conviction, not withstanding the consigns of their political group.

### **Next steps:**

According to the codecision procedure of the European institutions, no changes can be made to the existing Working Time Directive unless there is an agreement between the European Parliament and the Council.

It is now up to the Council to respond to the vote. It is expected that it comes to the final stage of negotiation – the conciliation committee – where the Commission has to act as mediator between European Parliament and the Council. In no case this conciliation period between the second reading by the European Parliament and the outcome of the Conciliation Committee should exceed nine months.

### **EMOs**

At the occasion of the vote in Parliament on the revision of the working time directive the CPME published a press release in its name with no mention of any other medical organisation. This of course was in total contradiction with the joint declaration and the common aim to speak with “one

voice” and was considered insulting to FEMS-President Claude Wetzel, who had made all efforts at the demonstration to represent “European Medical Organisations” in its whole. I supported his reaction and we decided to draft our own press release, in which UEMS, UEMO, EMSA and PWG joined.

AEMH and FEMS also joined their voices by sending a common proposal to the CPME strategy working group in response to a questionnaire launched by the coordinator Dr Radziwill. This proposal goes beyond internal problems of the CPME and is a proposal for the establishment of a Confederation of European Doctors uniting the EMOs of the current Presidents’ Committee, by evolving this committee from a simple advisory role to a decision-making body. It also promotes the establishment of a real Domus Medica with a common Secretariat based on the example of the collaboration model AEMH-FEMS.

Concerning the internal problems, which the CPME is facing, I will not comment but just state the facts. In June last year France, Italy and Spain resigned due mainly to unanswered requests for weighted voting. Portugal followed after the autumn meeting by doubting the “value for money” of the organisation, placing the problem at a different level. Belgium and Slovenia also notified their resigning by the end of 2009 if no satisfactory solution for the crises and a reintegration of the outgoing countries will be found. The financial consequences are of course huge.

## **PREVISION 2009**

### **EMOs**

I believe that the AEMH-FEMS proposal to establish a Confederation of European Doctors is realistic and achievable in a quite short period of time. A confederation seems to me the only body, which legitimately can pretend to represent all European doctors. CPME should recognize that it cannot continue to impose its rules and dominate other independent organisations.

The CPME strategy working group will meet 20 January 2009 and I will promote this proposal. A common meeting of boards/ executive committees will take place 11 June 2009 in the afternoon. A dinner will also be organized for Friday evening the 12<sup>th</sup> June. Proposed topics are the EWTD, medical manpower, cross border health and health professionals’ migration, postgraduate training, Domus Medica, disaster management.

### **FEMS**

The past events have tightened the links with our closest sister organisation and the common board meeting in January will set a cornerstone for coordinated actions.

### **AEMH Internal**

#### **Board**

We learned with regret the resignation of Rolf Kirschner from his post as 3<sup>rd</sup> Vice-President, which restricts the board to only 4 members for at least 5 months.

At the next plenary meeting we will thus have election for President and 3<sup>rd</sup> Vice-president.

#### **PricewaterhouseCoopers**

I met the new president of the EMEA Health Research Institute, who confirmed the possibilities for future collaboration on their current research studies on new ways of financing of healthcare. PwC is also interested in the subject of the AEMH Conference 2009 on privatization of hospitals and will deputate a speaker to witness on their experience.

## **Political issues**

2009 elections will see the election of a new European Parliament, and the nomination of a new European Commission.

**The European Parliament** is the only EU institution directly elected on a strictly European mandate.

**The European Commission** is appointed for a period of five years, coinciding with the period for which the European Parliament is elected. The next Commission will be appointed 1<sup>st</sup> November 2009. Discussions on the potential EU Commissioners, as well as on the potential names for the President of the Commission are on-going. José Manuel Barroso might run for a second term. The European Commission consists currently of 27 commissioners - one from each EU country - each of them has responsibility for a particular EU policy area. Continuity of actions is assured by the about 24 000 civil servants working for the Commission.

### **European Directive on the Application of Patients' Rights in crossborder healthcare.**

The Commission's draft directive did not receive a warm welcome by number of member states, which feared movement of patients to or from their country, which could weaken their healthcare system and interfere with national competencies.

CPME drafted comments on behalf of doctors. One of the points on which AEMH should take a stand is the **definition of hospital care and hospital related services.**

The draft directive will be likely discussed by ministers at the Employment, Social Affairs, Health and Consumer Affairs Council of 8-9 June 2009, after the European Parliament has issued its own opinion in spring 2009.

### **Green paper on European Workforce for Health**

The commission launched 10<sup>th</sup> December 2008 the Green Paper, which will start a debate on the availability, mobility, financing and maximising the potential of the health workforce in Europe. Through the Green Paper, the Commission is asking stakeholders for their opinions and views on how to address the issues around European health workforce as well as posing the question, is European level intervention needed?

If the health workforce does not answer this call, we should not complain if constraints are the outcome. The closing date for submission is 31 March 2009.