



**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
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΪΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΪΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Domus Medica

FEMS and AEMH are strong believers in collaborative work and pioneers in sharing office space and human resources. Building on this experience, we know that the only fact to bring organisations under one roof is not a synonym for cohesion.

Collaboration comes first, which, if successful, will naturally generate the need for a common structure and only then a Domus Medica makes sense. The Domus Medica should be the platform to implement the objectives of the Alliance of EMOs, which are:

- to enhance collaboration,
 - to avoid duplication of work,
 - to monitor synergies,
 - to use complementary skills and expertises,
- and last not least
- to rationalize costs.

To achieve this, the EMOs should contribute to a common office with a secretary, whose task should be to centralize information on activities of all participating organisations.

All organisations strive to disseminate up-to-date information on health related European policies to their members and their staffs spend much time on this. This task could be fulfilled by a common information officer who gathers and synthesizes news for all EMOs.

Besides these two common jobs, each participating EMO could have own employees within the Domus Medica (e.g. secretary, EU Policy Advisors, ...) working in close collaboration with the common secretariat to avoid overlapping activities.

Nevertheless, the day-to-day management of the common staff should be conducted separately and independently.

If one of the EMOs proposes to host a Domus Medica with a common secretariat under these conditions, FEMS and AEMH are prepared to participate. The AEMH-FEMS common secretariat is operated from a virtual office, which requires no further individual office space.

In the event that no EMO wants to host a Domus Medica, AEMH-FEMS propose to investigate on the feasibility to set-up a common structure as described, which requires 20-30 m² office space in Brussels with two employees and a supervisor. It goes without saying that the costs are only payable if several EMOs participate.

Brussels, April 2010