



**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 ZDRAVNIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA  
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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**AEMH Conference 2011 “Skill Mix in Hospitals” 26 May 2011, Montreux/ Switzerland**

9 high-level speakers covered the following topics:

- Skill-mix matters: what next towards sustainable hospital management?
- Teamwork and Collaborative Care
- Hospital Staff Assessment
- Recognition of qualification of hospital doctors
- Shortage of hospital doctors
- Task Shifting
- Task shifting and liability

[\*\*AEMH Conference Programme and presentation Speakers' list\*\*](#)

**64<sup>th</sup> AEMH Plenary meeting , 27-28 May 2011, Montreux/ Switzerland**

### 1. European Affairs

The delegates discussed the following topics currently high on the European agenda:

- **EWTD** (European Working Time Directive) state of affairs, Briefing [\*\*AEMH 11-061\*\*](#)
- **RPQ** (Recognition of Professional Qualification) state of affairs, Briefing [\*\*AEMH 11-062\*\*](#)
- **European Health Workforce**, Briefing [\*\*AEMH 11-063\*\*](#)
- **European Directive on Cross-border Healthcare**, Briefing [\*\*AEMH 11-064\*\*](#)

### 2. External affairs

- a) AEMH is a member in **EPHA** (European Public Health Alliance), which is Europe's leading NGO advocating for better health. EPHA is a dynamic member-led organisation, made up of public health NGOs, patient groups, health professionals, and disease groups working together to improve health and strengthen the voice of public health in Europe.

EPHA drafted a **European Charter for Health Equity** [\*\*AEMH 11-048\*\*](#)  
which received the full support of the AEMH plenary.

- b) AEMH co-signed the **Declaration of Health Professionals towards non-discriminatory access to health care**, initiated by Doctors of the World and handed over on 22 March 2011 to MEPs in the European Parliament [\*\*AEMH 10-035\*\*](#)

### 3. EMOs

AEMH and FEMS collaborate closely since 2005 within a common secretariat. Both organisations initiated the EMO Alliance collaboration agreement, which they have further elaborated by drafting Rules of procedures and methods on the management of documents which both have been submitted at the EMO President Committee in Warsaw end of November 2011.

The AEMH plenary reinforced its good-will for collaboration and mandated the board for

taking up negotiations to integrate a European Domus Medica, while stressing that collaboration is a prerequisite for this project. In this respect, AEMH and FEMS will submit a proposal for sharing staff.

#### 4. Internal affairs

The **financial situation** of AEMH is very positive and we reached for the first time in 2010 the recommendations of our external auditors, i.e. the reserved savings amounting one year operational budget. This avoided the time and energy consuming debates of the past years and the plenary could fully concentrate on AEMH's core values, aims and means, and achieve significant advances in our works.

The plenary divided in three working groups, which met simultaneously. The outcome is resumed hereafter.

#### **AEMH Working Group "Skill Mix"**

Report of the working group

[AEMH 11-076](#)

The working group concluded on the definitions of task shifting and skill mix:

"**Task shifting**" is a task normally performed by a health professional, which is transferred "**vertically**" to a health professional with a lower or limited level of education and training. "**Skill-mix**" is the combination of activities or of various skill levels of peer health professionals shared in a "**horizontal**" way with the aim to provide effective care, either within a particular discipline or of total staff within a health organization.

The working group expects that **new competencies and tasks will lead to individual achievement, recognition and job satisfaction** and ensure that personnel work to their full potential.

#### **AEMH Working Group Training**

**AEMH Policy Document on Learning Needs Assessment**  
(adopted unanimously)

[AEMH 11-075](#)

The document defines the different expressions:

- Learning needs is the gap between current and desired knowledge.
- Perceived needs are stated by the individual doctor. Unperceived and misperceived needs are only detected in peer dialog
- Assessment means the measurement of the performance.
- The assessment of learning needs is the key for CPD to focus more on quality improvement and quality assurance than on quality control.

#### **Working Group on Recognition of Professional Qualifications**

Report from the WG

[AEMH 11-077](#)

The working group commented on the Public Consultation on the Modernisation of the Directive 2005/36/EF.

The group favours **simplification of the existing system of recognition of professional qualifications** rather than by establishing new regimes. A further development of the IMI (internal Market Information) system is important.

The working group supports that **family medicine** is a **medical speciality** on equal terms with all other professional medical specialities.

The working group is sceptical to the idea of a **European Professional Card**.

**Adaption and modernisation of the training requirements should be the responsibility of the Member State.**

**The system must react faster** and more flexibly to changes at a national level when it comes to **notifying new diplomas**.

Regarding an **early warning system**, it should be strongly emphasised that personal data protection issues must be taken fully account of. **It is important that warnings are not given until final decisions are made.**

**The working group emphasises the importance of physicians' knowledge of the national language.**

### AEMH Supports

The AEMH co-signed the **European Charter for Health Equity** initiated by the European Public Health Alliance, which reaffirms the commitment to the values of wellbeing, solidarity, social justice, promotion of fundamental human rights and gender equity. Furthermore, it reaffirms the commitment to the principle enunciated in the constitution of the WHO that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

The AEMH, alerted on developments in the public healthcare sector in the Czech Republic and in Slovakia gave full support to the [Czech Medical Chamber](#) and the [Slovak Medical Chamber](#) in their claim to perform their tasks in full respect of International Labour Laws and the European Working Time Directive, as being a prerequisite to good quality healthcare and patients' safety.

The AEMH called Bulgarian authorities to give all necessary support to the [Bulgarian Medical Association](#) to perform its duties as professional organisation in the most efficient manner from a well-equipped adequate headquarter.

### Public Event

#### [1<sup>st</sup> European Hospital Conference](#)

In the context of the MEDICA – the world's biggest healthcare exhibition, took place on Friday, 18th November 2011 the **1st EUROPEAN HOSPITAL CONFERENCE**, co-organised by **AEMH**, **HOPE** (European Hospital and Healthcare Federation) and **EAHM** (European Association of Hospital Managers).

The **EUROPEAN HOSPITAL CONFERENCE** tackled „**Current European Hospital Policy**“and the „**Impact of the European Patients Rights Directive on Hospitals in Europe**“

The Health Minister of Luxembourg, **Mars Di Bartelemeo** gave the keynote speech on the current European health policy. The Presidents of **EAHM**, **HOPE** und **AEMH** expressed the view of their organisations.

[The presentation of AEMH-President Dr Joao de Deus](#) focused on the concerns of hospital physicians and exposed the policies of the AEMH on different topics. He demonstrated the link of patients' safety and quality of care to risk management, training and CPD, to doctors' working conditions and advocated hospital management based on quality and safety and an increased involvement of doctors in hospital management.

[Vice-President Dr Thomas Zilling](#) presented the position of Sweden regarding the Crossborder Directive.

[Prof. Nicodème](#) from the French Medical Order (AEMH-member) focused in his presentation on medical competence and centres of excellence.

[Dr Raymond Lies](#) concluded the debate on the European Directive on Crossborder Healthcare by reminding its three objectives: enable patients to receive high quality treatment abroad; facilitate the reimbursement; initiate incentives for crossborder cooperation in centres of excellence. In this respect, he expressed hope that the directive will allow best treatment to all patients, regardless their social status, and on the other hand improve doctors and nurses working conditions without affecting the budgets of hospitals and health insurances.