



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROÆISKE 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 ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΨΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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67th AEMH-Plenary Meeting, Stockholm/ Sweden

Venue : Hotel Scandic Hasselbacken, Hazeliusbacken 20, 100 55 Stockholm

A G E N D A

Friday 30 May 2014 9:00 -17:00

Opening of the 67th AEMH Plenary Meeting

Dr Joao de Deus opened the session by thanking the Swedish Medical Association for hosting the AEMH General Assembly.

1. Honour the Memory of Dr Mikulas Buzgo

Dr De Deus recalled memories with Dr Mikulas Buzgo, as Vice President of AEMH, and as a remarkable figure. He invited Dr Josef Weber to speak in the memory of Dr Buzgo. Dr Weber read a letter in which Dr Buzgo's family thanked AEMH for their support and thoughts on this sad occasion. Dr De Deus handed over to Dr Weber an AEMH memorial medal to be brought to Dr Buzgo's family, as a token of the association's deep appreciation.

2. Addresses of Welcome, introduction of Diana Voicu, Executive Secretary/ Office Manager

Dr De Deus introduced Diana Voicu, the new executive secretary of AEMH, replacing Brigitte Jencik as of May 2014. He further thanked the representatives of the EMOs for participating in the AEMH GA (Dr Katrin Fjeldsted – CPME, Dr Enrico Reginato – FEMS, Dr Hans Hjelmqvist – UEMS).

He further thanked the new delegates for attending (Prof Hartmut Pelinka (Austria), Dr Anja Mitchell (Denmark), Dr Charalambos Koulas, Dr Constantinos Koumakis and Dr Constantinos Livadas (Greece), Lene Brandt Nutsen (Norway), Dr José Santos and Dr Pedro Migueis (Portugal); he also thanked Dr Tatjana Radosavljevic (Serbia) for coming as an observer to the AEMH GA.

Two delegations were not present: Slovenia and Spain.

3. Roll Call of Heads of Delegations

[Participants List](#)

The president proceeded with the roll call of the presidents of national delegations.

Dr De Deus announced that there would be elections for 2nd vice-president, 3rd vice-president and for internal auditor. He also introduced the two working groups (CME/CPD led by Dr Thomas Zilling and Clinical Leadership, led by Prof Vlad Tica) and invited the participants to register for them.

4. Approval of the Agenda

AEMH 14-020

Dr De Deus suggested an amendment to the agenda, i.e. adding the elections for internal auditor.

Dr Pedro Migueis also suggested adding a paper on the most recent problems of Portuguese physicians under point 16b (External documents from other organisations). The paper had been distributed by email and was also available in print format at the GA.

The agenda was further unanimously approved with the two amendments.

5. Approval of the Minutes of the 66th Plenary Meeting Paris/ France

[AEMH 13-060](#)

The minutes were unanimously approved.

6. President's Report

a) President's Report[AEMH 14-004](#)

The president summarised the report previously distributed. He encouraged the delegates to distribute as often as possible the AEMH „European Hospital Physicians Declaration“ (AEMH 13-052), to use it as a tool promoting AEMH representativeness of hospital physicians across Europe. To the same purpose of achieving AEMH goals, Catherine Harmann was recruited as a policy officer based in Brussels.

AEMH has a strong network of physicians across Europe, thus possessing the necessary expertise to represent their interests at the European level.

b) AEMH Activity Report 2013-14[AEMH 14-022](#)

Dr De Deus stressed again the importance of making use of AEMH declaration, an important document produced under the guidance of Dr Vlad Tica and Dr Mikulas Buzgo.

He next highlighted the main points of the document summarizing AEMH activity in 2013. Thus, AEMH saw 4 of its former presidents on the occasion of the AEMH 50th anniversary meeting. AEMH also held elections for treasurer, Dr Hrvoje Sobat being re-elected for the term 2014-2016 and welcomed the return of the Danish Medical Association as a full member.

Dr De Deus highlighted the *Statement on Regulation of Training and CPD* (produced by the working group led by Dr Thomas Zilling), which summarizes AEMH position with respect to this subject. AEMH opposes mandatory CME/CPD and revalidation and will continue to address this issue in cooperation with other EMOs, in the attempt to organize a large conference in point.

In point of external medical activities, Dr De Deus mentioned the Centre for Medical Education in Context (Centre for Distance Learning), the International congress of medical cooperation (co-organised by AEMH and the Goa Medical College), the Med-e-Tel Conference (Luxembourg, April 2013), the Conference, “Efficient Hospital Management” (Moscow, May 2013) – where Dr De Deus presented AEMH position on hospital management, the IDC's Pan-European Healthcare Executive Summit 2013 (where Dr De Deus was member of the advisory council and presented a position on the integration of primary and secondary care, using the new information technologies); he also mentioned the 2nd European Hospital Conference, co-organized with HOPE and EAHM (European Association of Hospital Managers) in Düsseldorf (November 2013) (where Dr Thomas Zilling and Dr Raymond Lies were also present) and the 2nd International congress of Medical Cooperation in Cardiology, co-organized with the Russian Society of Cardiology.

Dr De Deus reminded the 2015 2nd joint AEMH/FEMS plenary assembly, following the success of the first joint meeting (Varna, Bulgaria, 2012). A conference will precede the general assembly.

Upon the invitation of Enrico Reginato, AEMH participated in a meeting with Commissioner Tonio Borg (19 May 2014). Dr De Deus took the opportunity to highlight 3 issues: 1) the health inequalities in Europe, together with the issue of health immigration (due to working conditions and salaries); 2) CME/CPD concerns. It is very difficult to have CPD with a very low salary. A request was addressed to the Commissioner to facilitate doctors' exchanges so as to ensure bigger access to learning experiences; 3) task-shifting – in many countries task-shifting is gaining ground due to the shortage of doctors, but this significantly impacts on patient safety. The answer from the Commissioner pointed out that the Commission's powers are limited, due to the subsidiarity principle; it can only make use of political pressure.

Dr Enrico Reginato, FEMS President, pointed out that the meeting with commissioner Tonio Borg came as a follow-up action of the Action Day of European doctors (15 May). One point raised was the conflict between the organization of national health systems (which belongs to the Member States) and the free circulations principle (of doctors, of patients etc.) at the European level. EU level intervention is needed so as to achieve homogeneity of working conditions, safety of health structures and accreditation of the health system to allow for easy cross-border care. Also the issue

of Italian legislation was raised, which conflicts with the principle of free circulation. A document focusing on this particular situation will be prepared by FEMS and sent to the Commissioner.

A document containing a summary and conclusion of the meeting with the Commissioner is available on the website of FEMS (www.fems.net)

Dr Vlad Tica highlighted the fact that AEMH should be a privileged partner for the EC or other European Institutions and find, together with (or propose) them some distinct areas of expertise. He also explained that in countries like Romania, for a doctor to be able to practice, she/he needs to be a specialist; there are no more general practitioners.

Dr Enrico Reginato also reminded the problem of representativity of Romanian doctors, who cannot get involved in collective bargaining, as they are not well represented at the level of the trade unions.

Dr Thomas Zilling inquired about the impact in the press of the Action Day in Italy.

Dr Enrico Reginato evaluated as good the impact in the press, not only in Italy, but also in other European countries. Demonstrations were held, posters and leaflets were distributed. He suggested that 15 of May should be become Doctors' Day every year.

Further, Dr Joao de Deus praised the activity of Brigitte Jencik, the former secretary of AEMH. He thanked her for her special dedication and support in the organization and offered her an honorary gift on behalf of AEMH.

Dr Hrvoje Sobat also expressed his special thanks to Brigitte Jencik.

Dr Raymond Lies recalled selecting Brigitte Jencik for the position of secretary as well as their lasting great cooperation within the AEMH.

Brigitte Jencik thanked for the confidence AEMH board members and delegates entrusted her for many years.

c) **List of AEMH Documents 2013**

[AEMH 14-001](#)

For further reference.

7. **AEMH Involvement 2014**

- Conference "Modernisation of the Professional Qualifications Directive"
Brussels, 12 February 2014, attended by Catherine Hartmann, Report

[AEMH 14-010](#)

- Med-e-Tel Conference of the International Society for Telemedicine & eHealth ,
9-11 April 2014 Luxembourg, attended by Dr Raymond Lies)

[Conference Programme](#)

Future collaboration with the International Society of Telemedicine and eHealth (ISfTeH)

Memorandum of Understanding **AEMH 13-034**

- EAHP (European Association of Hospital Pharmacists) Conference "Bedside Scanning"
Leuven/Belgium, attended by Dr Tony Bertrand, Report

[AEMH 13-069](#)

EAHP Summit, Brussels 14-15 May 2014 Brussels, attended by Dr Tony Bertrand,

[AEMH 14-037](#)

Dr De Deus quickly reviewed the events pointing to AEMH involvement in 2014 and invited the delegates to consult the documents referring to these activities more extensively via the hyperlinks.

8. **European Affairs Agenda**

by AEMH EU Policy Advisor Catherine Hartmann

[AEMH 14-026](#)

for information : EU Policy Adviser's Activity Report

[AEMH 14-027](#)

Catherine Hartmann reviews the EU policy developments for the past year: appointment of a new commissioner for health; adoption of the revision of the European Directive on automatic recognition of professional qualifications (36/2005/EC) bringing forth the following, as compared to the previous version:

- The introduction of a European professional card;
- Better access to information and access to e-government services;
- Modernisation of harmonised minimum training requirements;
- An alert mechanism is set up for all professions with patient safety implications;
- Common training principles;
- Mutual evaluation exercise on regulated professions;
- Rules on partial access to a regulated profession;
- Extending the scope of the Directive to professionals who are not fully qualified;
- Improving temporary mobility;
- Rules on language skills;
- Continuous professional development.

Ms. Hartmann presented an update as to the Implementation of the cross border and patients mobility Directive; thus EU citizens who choose to obtain a health service (including private and unplanned care) in another Member State can seek reimbursement of the costs they will have paid up front, provided that the service is the same as or equivalent to a service that would have been provided to the patient at home.

Another file on the EU agenda is the EU Joint Action on Health Workforce Planning, primarily aiming at establishing a platform for collaboration and exchange between MSs to prepare the future of the HWF.

Ms. Hartmann highlighted the fact that a new Commission would be appointed in November, following the elections of the new European Parliament. It is, therefore, a good time to identify key players, influential in the area of health, which could support AEMH goals and activities.

She also emphasized the importance of the TTIP (Transatlantic Trade and Investment Partnership) which is aimed at obtaining regulatory convergence between the EU and the US. There are fears that, in the TTIP context, multinational companies may dictate policies to various states, as far as health is concerned. Within the investor-state dispute settlement (ISDS), a multinational company may also be able to sue a member state for financial compensations, should the latter take a political decision affecting the company's financial interests.

10:30 - 11:00 Coffee Break

FOR DISCUSSION AND DECISION

9. Telemedicine, e-health, m-health

Future collaboration with the International Society of Telemedicine and eHealth (ISfTeH) following the signature of a Memorandum of Understanding. The memorandum's goal is the creation of a framework of collaboration with the aims of implementing common actions and initiatives through the exchange of resources and experiences in the field of European and global eHealth.

Dr Raymond Lies pointed out that it is important for AEMH to follow the progress in e-health, tele-health; and to be in contact with such organisations. The EC Green Paper on m-health is already out and the Commission is asking for feedback from the organisations interested before 3rd July 2014.

Dr Lies explained that the text of the Memorandum is quite general and there are no financial obligations for AEMH. He suggested that the Memorandum be discussed and adopted by AEMH.

Dr Lies suggested amending the first sentence by adding "M-health" in the first sentence; also, in the paragraph describing AEMH, the wording should be changed as follows: "exchange of concepts and visions" instead of "exchange of ideas and experience" and "senior hospital specialists" instead of "hospital specialists".

Dr Lies also highlighted the fact that AEMH should get involved in such issues as soon as possible, as the evolutions in the area of mobile and tele-medicine are going quite fast; the EC is thought to prepare a directive in point soon. He recalled the position paper of AEMH had in 1999 on telemedicine and insisted that AEMH should take this opportunity and draft a new position paper on e-health.

Dr De Deus asked the plenary to support the Board in negotiating this agreement with Med-e-Tel. The proposal was adopted unanimously.

Background Information:

- AEMH Statement on Legal Aspects Confidentiality of medical data [AEMH 99-019](#)
- European Code of Practice for Telehealth Services [AEMH 14-027](#)
- EU Hospital Survey : Benchmarking of e-health services [AEMH 14-011](#)
- Public Consultation on the Green paper on mobile health (m-health) [AEMH 14-012](#)

10. Clinical Risk and Professional Liability

Report from the Conference organized by FNOMCeO in Modena, 12 April 2014

[Programme](#)

- Is liability insurance a problem for European doctors?
- Is professional liability a threat for the free movement of doctors in Europe?
- How to handle the growing problem with increasing healthcare costs for so called "defensive medicine".
- Recommendations from the AEMH on how clinical risk and professional liability shall be managed within national healthcare systems.

Background documents:

[WMA Statement on Medical Liability Reform, October 2005](#)

Dr Thomas Zilling attended the conference. He gave an insight on the Swedish vision on clinical risk and professional liability. He pointed out that the initiative of the Italian colleagues should be taken further to the European level. He recommended that AEMH holds a workshop on this particular topic in Vienna, in 2015 in order to explore the issue more in-depth.

Dr Sergio Bovenga thanked Dr Zilling for his participation in the conference, where his report was much appreciated. He concluded that the quality and safety of care do not involve only doctors, but the entire health care system. Also the citizens are an integral part of this network and they may have an important contribution in the improvement of the system. Dr Bovenga also took the opportunity to renew FNOMCeO invitation to organize the AEMH GA in 2016, as previously formally announced. They would identify the city for holding the meeting, which has not yet been decided.

Dr De Deus suggested the organization of 3 working groups on the occasion of the AEMH-FEMS joint meeting in Vienna (May 2015), given a larger number of delegates.

Dr Reginato Enrico pointed out that, unlike in the Scandinavian “no blame, no shame” system, in Italy can take a doctor to the penal court; nevertheless, about 90% of doctors are declared not faulty, as it takes a very serious mistake to be condemned; a huge number of complaints are registered in the civil system, but the civil trials last about 10 years. He concluded that the Scandinavian system is both safer for the patient and much more economical.

Dr De Deus recalled the Portuguese of “medical accident” of haemodialysis, where a chain of events led to the death of several patients. Nevertheless, in the court of law, only the doctor was accused, despite the fact that several other people were involved in this unfortunate happening.

FOR INFORMATION:

50th Anniversary of the [WMA Helsinki Declaration](#)

[AEMH 13-053](#)

Disclosure of payment to health professionals by the Pharmaceutical industry

Background Documents:

- EFPIA Code on Disclosure of Transfers of Value from Pharma to Healthcare

[AEMH 14-023](#)

Professionals and Healthcare Organisations [Introducing the EFPIA Disclosure Code \(Flier\)](#)

Dr De Deus recalled the agreement CPME had with EFPIA and invited Dr Katrin Fjeldsted to give an update on this matter.

Dr Katrin Fjeldsted pointed out that the MoU dates back to 2005/2006; it was an important document at that time, further taken up by the medical associations; following many accusations of doctors and pharmaceutical companies in many countries, EFPIA works now on transparency so as to try and clear their name; hence, they disclose the money paid to the doctors, thus putting doctors in a difficult position. Transparency is also very important for doctors, but as in some of the countries doctors depend on the CPD support, the question arises on where the funding comes from. She pointed out that she tries to promote transparency but there are countries where doctors depend on this CPD support coming from the pharmaceutical industry.

Dr De Deus suggested that, in the Presidents’ committee meeting, a position may be developed on this particular topic, in point of updating the EFPIA memorandum.

Dr José Santos: in Portugal, CPD depends on industry; there is no other way to pay for it. The Government never pays for it. Transparency is important but if we close completely the doors to the industry, in some countries CPD will end.

Dr Constantinos Livadas said that the transparency between doctors and companies is also a big problem in Greece; a document was adopted in point but there is still a tremendous debate still going on; as a federation, they insist that the state should provide CPD to the doctors.

Dr Vlad Tica pointed out that, in view of the new Directive of recognition of professional qualifications (2013), “Member States will have to ensure that sectorial professions (doctors, nurses, midwives,

dentists, pharmacists, veterinary surgeons and architects) can update their knowledge, skills and competences via continuous professional development¹.” (if the EC expects CPD, it should recommend Member States a set of measures to be taken, as they do not take much action in this respect for the moment.

Dr Thomas Zilling pointed out that the big problem with CPD is funding; some countries have very little share from the GDP for the health system, which means no money at all for CPD. Investment in education is one main topic for the EU. If EU can finance farmers, why can't it sponsor doctors? The new directive for recognition of professional qualification is a great development but we have to see where the funding comes from, if we speak of mandatory CPD.

- The European Commission started a process of Corporate Social Responsibility in the Pharmaceutical sector in 2010, which ended up in the publication of a [“List of guiding principles promoting good governance in the Pharmaceutical sector”](#)
- **WentzMiller** Newsletter: Transparency in CME/CPD [AEMH 13-014](#)

12:30 – 13:30 Lunch

11. Financial Matters by AEMH-treasurer Dr Sobat

11. 1. Financial Report 2013

- a. Closing of accounts 2013 [AEMH 14-006](#)
- b. Treasurer's Report of Year 2013 [AEMH 14-005](#)
- c. Internal Auditor's Report on accounts 2013 (by Dr Reggiani) [AEMH 14-047](#)

d. Approval on Discharging the Board on the Financial Report 2013

Dr Sobat pointed out the fact that AEMH remains financially stable. He thanked the national delegates for timely paying the membership fee. In point of expenditures, unexpected expenses are always budgeted. As last year an anniversary meeting was held (AEMH celebrated 50 years of existence in Paris), more expensed arose, but, thanks to the French Medical Order and the sponsors, the situation was kept under control. He thanked again Prof Degos for the organizational support of the Paris meeting. Dr Sobat highlighted the fact that fees remained unchanged for 5-6 years and he made a proposal no to further change them. AEMH has also reached the saving amount recommended by our auditors. All board members were able to attend whatever meetings we thought important. He invited the delegates to ask the AEMH Board for financial support in view of attending important events. As far as the Domus Medica is concerned, UEMS is not ready to come out with a proposal; delegates will be informed when such a proposal will be forwarded to the AEMH Board.

We are also able to continue paying for the translation services.

Dr De Deus suggested that, according to the AEMH statutes, only translation to English and French may be further used. This would also be a means to cut expenses. A proposal in point was already discussed in 2008.

Dr Sergio Bovenga suggested that, if a change is made, AEMH should stick to English only.

¹ See [Directive 2005/36/CE](#)

Dr De Deus concluded that, for the moment, the situation will remain unchanged.

Dr Stefano Reggiani, having verified the Closing of Accounts 2013, invited the Plenary to approve the accounts for 2013. He expressed thanks to Dr Sobat for his work as well as to the Portuguese Medical Association for having supported President's travel costs in various meetings.

Dr De Deus also expressed his thanks to the Portuguese delegation for supporting the presidency activities and also to Dr Degos for the organization of the AEMH anniversary meeting in Paris.

Further on, the Board was unanimously discharged for the 2013 accounts.

11.2 Draft Budget Year 2015 for approval

[AEMH 14-018](#)

The draft budget for 2015 was unanimously approved.

12. European Medical Organisations

a) The Floor to European Medical Organisations or Reports from Liaison Officers

- CPME: Dr Katrin Fjeldsted (President)

Dr Fjeldsted gave an overview on the activity of CPME. She highlighted the main concerns of their policy work (i.e. transparency, where she invited other EMOs to have an input so as to avoid duplication of work, VAT legislation, where she insisted that health services should continue being exempt of VAT, mental health of workplace – CPME responded to a public consultation on the European Area of Skills and Qualifications and worked on a position on the European professional card as introduced by the EU Directive and standardizations of health care services). She pointed out that these issues are of concern in all European countries. Dr Fjeldsted warned about the CEN activity, saying that things should be harmonized by the medical specialists, not by laymen. She also expressed her satisfaction as to the evolution of the e-ID for physicians, encouraging the Member States to adopt it, as this will facilitate doctors' work when migrating from one country to another.

In point of patient safety, she was appointed the spokesperson for the medical profession for Europe.

As far as CPD, CPME was also entrusted to lead a tender aiming to map the CPD situation in Europe.

Concerning the Domus Medica project, she expressed her full support, as a way to unite the medical profession and to consequently achieve EU visibility in Brussels.

She also quoted Commissioner Tonio Borg, saying that health is not a cost but an investment.

- EFMA/WHO : Belgrad 13-14 March 2014 - Dr Hrvoje Sobat

- EJD-PWG: Heidelberg 8-9 Nov.2013, Dr Hrvoje Sobat
Debrecen (Hungary), 9-10 May 2014

[AEMH 13-075](#)

[AEMH 14-030](#)

Dr Sobat invited the delegates to read his written reports about the meetings and pointed out several conclusions: EJD changes delegates quite rapidly, thus lacking continuity of work; their main topics of discussion are training conditions, training possibilities, medical mobility and salaries; EJD is expanding, the Swedish Medical Association became full member, Turkish Medical Association is approaching them to become observers; they have created a website: www.medicalmobility.eu useful for young doctors willing to change the country; they are also quite open in the e-health initiatives and interested in the EWT Directive. A new Board was re-

elected for a new term. They plan to have their spring meeting at the same time with AEMH/FEMS meeting in Vienna next year.

Concerning the EFMA meeting, Dr Sobat mentioned the topic of vaccination and it becoming voluntary in some countries as well as the implications for the medical workers; he also mentioned industrial standards and waiting time and provision of health services as main topics of discussion.

- FEMS: Dr Enrico Reginato (President): Activity Report

[F14-006](#)

Dr Reginato pointed out the fact that, as representing national trade unions of hospital doctors, FEMS main goal is the working conditions of doctors. Therefore, FEMS has taken a strong position in favour of doctors in Slovakia, Turkey, Croatia and Romania, who were confronted with difficult situations over the past year.

FEMS proposed at the EMOs presidents' committee last year in Dublin a Joint Statement on Medical Standards in crisis, which became, with the input of the other EMOs, the "Joint Statement of the EMOs on Patient Safety and Quality of Care in the Context of Economic Crisis", now approved by all EMOs.

FEMS is celebrating the 50th anniversary in October.

In his opinion, FEMS is mostly concerned with working conditions, while AEMH tackles issues as CPD, the two being "sister", complementary organisations.

- UEMS: Dr Hans Hjelmqvist (Vice-President)

Dr Hjelmqvist presented the Domus Medica state of play; thus, due to the complexity of the renovation, which also needs to take into account Brussels regulations, the works will be more expensive and will take longer. Nevertheless, it should be ready by the end of the year.

UEMS held a conference on CME-CPD in February (about 300 persons), focusing on different aspects on accreditation; he suggested that such meetings should be attended by all organisations.

At the UEMS Council meeting in Brussels, an important issue was tackled, namely the improvement of a document for criteria for frequent application for accreditation as well as criteria for MCQ examinations. European training requirements were also discussed.

He invited the delegates to look for more details on UEMS website: www.uems.eu

b) Reports from last EMO's Presidents' Committees

10 November 2013 Heidelberg (EJD)

[AEMH 14-025](#)

6 April 2014 Brussels (CPME)

Dr De Deus quickly reviewed the report, pointing out that at the CPME meeting in Brussels, AEMH proposed organizing a conference about CME CPD, which was further unanimously approved; as UEMS was not present in the last two meetings, he expressed his hope that they will join the organisation of this conference.

c) Domus Medica, Rue de l'Industrie, Brussels, update

Dr De Deus said that AEMH is interested in joining other EMOs in the Domus Medica and is waiting for the financial proposals of UEMS.

d) Future strategy

Dr Lars Nevander recommended that AEMH should address 3 main problems:

- Raising investments in the health sectors across versus European countries;
- Unequal health across Europe as well as inside various countries;
- Reach an international agreement on climate change.

Dr Vlad Tica also supported the idea that AEMH should identify some major issues (or one) in which the subject can be adopted; the subject may come from one member state and be adopted by AEMH as a whole; AEMH should get recognized by the EC/EP as a reliable partner to be consulted on those/those particular issue(s). This is how AEMH may have a unique place among the EMOs.

15:00 -17:00 Break out Session

13. Parallel Working Group

A. CPD – Continuing Professional Development

Chair: Dr Thomas Zilling

Agenda

A review on the current status of CPD

[AEMH 14-039](#)

[AEMH 14-040](#)

Proposal for a Joint EMO conference

[AEMH 14-008](#)

Background Document:

[AEMH Statement on the Regulation of Training and CPD in the ED 2005/036](#)

CPD Improving Healthcare Luxembourg ,14 December 2006

[EMO CPD Consensus Statement](#)

Continuing Profession Development Improvint Healthcare Quality, Ensuring Patient Safety

B. Clinical Leadership

Chair: Prof Vlad Tica

Workshop results

[AEMH 14-055](#)

Prof Tica provided highlights and outcomes of the working group on Clinical Leadership

Background Documents:

“In Good Hands” Transforming Clinical Governance in NZ

[AEMH 09-064](#)

“When Clinicians Lead” McKinsey Report

[AEMH 10-009](#)

“Best US Hospitals are run by physicians” IZA Report

[AEMH 11-089](#)

“A manager in the minds of doctors”

[AEMH 13-070](#)

Saturday 31 May 2014 9:00 -12:30

14. National Reports

The Dutch Healthcare System

Dr Christiaan Keijzer from the Dutch Association of Salaried Doctors gave a presentation of the healthcare in the Netherlands.

Switzerland	AEMH 14-041 EN + FR	Luxembourg	AEMH 14-039 EN+FR
Sweden	AEMH 14-046	Italy	AEMH 14-049
Spain	Not present	Germany	AEMH 14-021
Slovenia	Not present	France	AEMH 14-054
Slovakia		Denmark	AEMH 14-031
Serbia	AEMH 14-058	Croatia	AEMH 14-038
Romania	AEMH 14-050	Bulgaria	AEMH 14-035
Portugal	AEMH 14-042	Belgium	AEMH 14-036
Norway	AEMH 14-045	Austria	AEMH 14-032

The national delegates gave a short overview of the country situation, highlighting the most significant events and action taken at the national level since the last AEMH GA.

10:30 – 11:00 Coffee Break

15. Election according to AEMH statutes

“Executive Committee and Board: Any physician of the Plenary Assembly still actively working in hospitals is eligible to be appointed to the administrative organs of the AEMH.

- 2nd and 3rd Vice-Presidents (term of office 2015-2016)

For information: History of AEMH Presidents and Boards

[AEMH 14-002](#)

For the position of the 2nd Vice-President, there was only one candidate, Prof Vlad Tica, whom was unanimously elected.

For the position of the 3rd Vice-President, two candidates presented themselves: Dr Anja Mitchell (Denmark) and Dr Pierre-François Cuénoud (Switzerland). Delegates from Germany and Greece were the tellers of the elections. Of 15 votes present in the GA, Dr Pierre-François Cuénoud won the elections with 9 votes, while Dr Anja Mitchell counted 6 votes.

Dr Stefano Reggiani was the only candidate for the position of internal auditor and was unanimously elected.

According to the AEMH Statutes, the elected Board Members will take office as of the 1 January 2015.

16. Reports and Documents for adoption and decision

a) Internal Documents from Working Groups

Dr Thomas Zilling presented the summary of the discussions in the working group on CPD which had taken place the previous day. Among the topics of discussion was the new UK revalidation system regarding CPD. The participants unanimously agreed that there is no best way to regulate CPD; this an item to be negotiated at the national level.

Dr Joao de Deus pointed out that the organisation of a large conference on CME/CPD is essential for all EMOs.

Prof Vlad Tica presented the conclusions and outcomes of the working group on Clinical Leadership. [AEMH 14-055](#)

b) External Documents from other Organisations

Motion to Support Portuguese Doctors

[AEMH 14-051](#)

Dr Pedro Migueis pointed out the fact that it is not only a Portuguese problem but also a European one.

Prof Vlad Tica suggested the motion should also be sent to the European Commissioner for health.

The motion in the support of the Portuguese doctors was unanimously approved by the General Assembly.

17. Dates and Venues of the next meetings

- AEMH – FEMS Conference 2015 “Clinical Leadership” Vienna/ Austria 7 May 2015
Dr De Deus said that the conference on clinical leadership will be organised in cooperation with FEMS, while another big conference on CME/CPD should be organised with the other EMOs, based on the work of Dr Thomas Zilling.
- 68th AEMH Plenary Meeting, Vienna/ Austria 8-9 May 2015
- AEMH Conference and 69th Plenary Meeting 2016
Dr De Deus thanked again the Italian delegation for their invitation to host the AEMH GA in 2016 in Italy.

For information: Venues of AEMH Plenary meetings

[AEMH 14-024](#)

International EMOs' Calendar

In the closing of the meeting, Dr De Deus thanked again the Swedish Medical Association and Dr Thomas Zilling for hosting the AEMH meeting; he also expressed his thanks to the AEMH board members, the interpreters, Catherine Hartmann, Diana Voicu and Brigitte Jencik for their work in the organization of the conference.