

# AEMH NEWS

European Association for Senior Hospital Physicians  
Association Européenne des Médecins des Hôpitaux

June 2015



## *The word of the President*

*Newsletters are an excellent means of disseminating information and keeping in touch with national representatives but also with general public and with the press, both during and after the actions taken. Newsletters can also provide support projects achieved by our association. Moreover, it could become a platform for the exchange of information and experience among associations.*

*So, in this new era of information technology it has become indispensable that AEMH could edit its own newsletter. We want it to be produced on time, pointing out the main issues of AEMH, simple but with a friendly format, attractive presentation and easy to read.*

*In this first edition we focus on our Plenary meeting that took place in Vienna, the Conference about Clinical Leadership and the Vienna Statement where 3 European Medical Organizations (AEMH, FEMS and EJD) adopted a common declaration about the European Working Time Directive.*

*A summary of the national reports is also available in the newsletter, where we can easily find the most important and recent health developments in the different countries.*

*On behalf the Board of AEMH we expect to send out a newsletter on a regular basis, to advise on future events, report on previous events and encourage all to share their experience with other AEMH members. Any feedback on conferences attended, items of interest, publications that you have found useful or problems or that you may have encountered are most welcome.*

*Finally I want to thank deeply to our secretary, Diana Voicu, who made this newsletter possible and is the energetic powerhouse behind the AEMH office.*

*João de Deus*

*President*

## *“Vienna Statement”*

*On 8 May, during their joint General Assembly in Vienna, AEMH, EJD and FEMS adopted the text of a common declaration on the European Working Time Directive (2003/88/EC).*

*The statement will be distributed to the national as well as the European health authorities.*

## In This Issue

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68th AEMH General Assembly, Vienna, 8-9 May 2015, copyright ÖÄK/Noll

## AEMH 2015 Conference on Clinical Leadership 7 May - Vienna

Prior to the joint AEMH-EJD-FEMS General Assembly, AEMH organized its annual conference with the focus on Clinical Leadership. The conference took place at the premises of the Austrian Medical Chamber in Vienna and was attended by about 120 people.

The special guests of this year's conference were Prof Stefan Lindgren (University of Lund, Sweden), Prof Henrique Martins (CEO of SPMS.EPE Shared Services of the Ministry of Health, Portugal) and Prof Pedram Tabatabaei Shafiei (University of Urmehâ, Sweden) who tackled the various aspects of clinical leadership, i.e. its significance and implications to doctors, patients and society, the qualities necessary to a clinical leader and the path to clinical leadership.

The conference was followed by a lively debate. Its conclusions were taken forward to the next day's workshop on Clinical Leadership, where the delegates had the opportunity to further elaborate on the topic and issue a common statement. The text of the statement is available [here](#).

## AEMH 68th General Assembly

On 8-9 May in Vienna took place the 68th AEMH General Assembly. It was for the first time that three European medical organisations held their general assembly together, with the generous support of the Austrian Medical Chamber. For AEMH and FEMS it was the second time after Varna (2012) to organize a joint General Assembly.

The first part of the joint meeting was dedicated to a debate on the European Working Time Directive (2003/88/EC), topic of great concern to all three organisations. After discussions among all delegates, a statement on the EWTD was adopted. It was further presented to the Presidents' Committee Meeting which took place on 10 May, also in Vienna. The statement was also endorsed by EM-SA, UEMS and CPME and it will be distributed to the national and European health policy-makers. The text of the Vienna declaration is available [here](#).

Next, during the separate AEMH General Assembly session, elections were organized for the Board of AEMH (2016-2018) term of office. Thus, the composition of the newly elected board to take office as of 1 January 2016 is as follows:

- ◆ President: Dr João de Deus (Portugal)
- ◆ First Vice-President: Prof Vlad Tica (Romania)
- ◆ Second Vice-President: Dr Pierre-François Cuénoud (Switzerland)
- ◆ Third Vice-President: Dr Erich Theo Merholz (Germany)
- ◆ Treasurer: Dr Hrvoje Šobat (Croatia)

The second part of the joint AEMH-FEMS meeting was dedicated to the common issues at the European level as well as to the country reports by the delegates of both organisations. We also welcomed the representatives of other European Medical Organisations: Dr Katrín Fjeldsted, president of CPME, and Dr Zlatko Fras, former president of UEMS.



Thomas Zilling and Erich Theo Merholz  
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**GREECE:** the NHS is confronted with serious understaffing and underfunding, while public expenditure on medicines is increasing. About 3 million citizens (uninsured or immigrants) remain uncovered. There is also a significant reduction in the staff of private hospitals, meaning that those remaining need to work overtime for lower salaries.

**ITALY:** Contract conditions for hospital doctors remain blocked since 2009. Following an infringement procedure by the EC, a new law setting out the rules for the working time and the daily and compensatory rest has been enforced.

**LUXEMBOURG:** A new project of hospital plan is advanced, focusing on the introduction of Centres of Competence. No decision on the new structuration of hospital activity has yet been taken.

**NORWAY:** Amendments to the Working Environment Act were adopted. Labour negotiations for hospital doctors are underway, with working time and workload as key topics, besides wages. A National Health and Hospital Plan will be presented in autumn 2015.

**SPAIN:** Hospitals are confronted with extreme austerity management, negatively impacting on their functioning. The NHS still mainly functions based on direct hospital care. The expected state Health Pact remains paralyzed in a critical financial situation and unfavorable pre-election political climate.

**SWEDEN:** Long waiting time is connected to shortage of hospital staff. The shortage is significant for general practitioners and psychiatrists. The number of beds is also reduced every year, leading to bed occupancy rates higher than 100% in many hospitals. Regulations on employers' responsibilities for CPD activities are actively sought for.

**SWITZERLAND:** The effects of the recent reform of hospital funding are becoming evident. In terms of outpatient treatment, negotiations have failed to the intransigence of the insurance providers. A shortage of doctors is nearing, so efforts were made to create an extra 30% more places at the universities' medical schools to cover the gap.



Joint AEMH-EJD-FEMS General Assembly, Vienna, 8-9 May 2015  
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## *News from AEMH Members*

The General Assembly is always an important opportunity for AEMH members to provide updates on their national situation as well as to exchange opinions with peers. Here are the most important developments in the healthcare systems across Europe as recorded by our members:

**AUSTRIA:** The new hospital working hours act (KA-AZG) came into effect as of 1 January 2015 (as a result of the implementation of the European Working Time Directive) bringing about two major changes: the daily rest period must be consumed fully and immediately and average weekly working time must not exceed 48 hours (a gradual reduction of the daily/weekly working time will be implemented until 30 June 2021).

**BELGIUM:** About half of the students completing their Masters' degree will be in the impossibility to practice, because of the "numerus clausus" in the number of doctors admitted to practice. Additionally, doctors are worried about the new financing system of the hospitals which is being prepared, budget savings may be detrimental to both doctors and patients.

**CROATIA:** The Croatian Health Insurance Fund finally emerged independent from the state budget. A national development plan for hospitals has been produced following a World Bank project since March 2015; nevertheless, doctors' professional organisations were not asked for an input in this process. The Croatian Association of Hospital Doctors (HUBOL) was founded.

**DENMARK:** The healthcare sector still experiences resources cuts. A 3-year settlement as to doctors' wages and working conditions has been nevertheless concluded, stipulating an increase of 5.42%. The DASHP advanced a proposal according to which each hospital patient must have a responsible doctor from the beginning of the treatment. An action plan concerning psychiatry is in place since 2014 so as to cope with the deficit of specialists.

**GERMANY:** The "Care-Improvement Act" is under final parliamentary consultation, aiming to "ensure continued requirements-oriented, nationwide and easily accessible medical care for patients on a high level". An extensive hospital reform is also being prepared.



## EU evolutions

- ◆ The EU Health Programme (2008-2023) [Annual report](#) is available as of 22.06.2015. Thus, in 2013, nearly 150 pan-EU projects, financially supported with more than 100 million euros, allowed the European public health community to develop, test and implement a vast range of tools such as handbooks, guidelines and inventories to contribute to achieving the programme's objectives.
- ◆ The [Evaluative study](#) on the cross-border healthcare Directive (2011/24/EU) was published on 28.05.2015. The study shows that, with reference to the reimbursement process, there are no apparent problems or particular administrative burden at this stage of the Directive's implementation process. However, it should be kept in mind that an increase in patient numbers seeking cross-border care may reveal unforeseen concerns. In point of quality and safety, as the number of cases under the Directive is still limited, no administrative problems appear to exist. Still, the study showed that in cases where prior authorisations are necessary, health insurance providers often obtain information on healthcare providers by directly contacting the National Contact Points or the relevant provider, and verify whether such providers comply with local quality and safety requirements. There are only two countries among those analysed (The Netherlands and Denmark) where specific rules determine the maximum waiting times for all treatments. A major outcome of this study is that the Directive's implementation could benefit from more targeted and regular publicity and communication activities. Evidence indicates that demand for cross-border healthcare would be larger should the patients be made aware of the possibilities offered.
- ◆ [eHealth week](#) was organized in Riga, Latvia (11-13 May 2015). Over 2500 international delegates and 100 exhibitors, present at the event met global decision makers from public and private healthcare sectors, clinicians, hospital and IT managers and VIP guests. The event comprised two main events: the High Level eHealth Conference organised by the Latvian Ministry of Health and the Latvian Presidency of the Council of the European Union and WoHIT (World of Health IT Conference & Exhibition) organised by HIMSS Europe. Next year the event will be organized in [Amsterdam, the Netherlands \(8-10 June 2016\)](#).

## Do not miss....

- ◆ **The 3rd European Hospital Conference, organized by HOPE, EAHM and AEMH on 19 November 2015 (Düsseldorf, Germany). The event is part of the 38th Congress of German Hospitals and the MEDICA fair at the Düsseldorf Exhibition Centre.**
- ◆ **The conference on “Continuous Professional Development—Improving Healthcare”. The conference will take place in the Luxembourg Chamber of Commerce (7 Alcide de Gasperi st., Kirchberg, 2981 Luxembourg), from 09:00h to 17:15h and is a jointly organised event by the European Medical Organisations.**

## EMOs Meeting Calendar

- 16-20 September 2015, EMSA GA, Berlin, Germany
- 9-10 October 2015, FEMS GA, Krakow, Poland
- 16-17 October 2015, UEMS GA, Warsaw, Poland
- 22-14 October 2015, EJD Autumn Meeting, Oslo, Norway
- 30-31 October 2015, CPME Meeting, Brussels, Belgium
- 26-27 November 2015, CEOM GA, San Remo, Italy
- 27-28 November 2015, EANA Autumn Meeting, Paris, France
- 6-7 May 2016, FEMS GA, Cyprus
- 20-21 May 2016, CPME Meeting, Athens, Greece (tbc)
- 26-28 May 2016, AEMH Conference and GA, Naples, Italy
- 18-19 November 2016, CPME Meeting, Brussels, Belgium (tbc)

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