



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS DE HOSPITALES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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Minutes of the
56th AEMH-Plenary Meeting
Copenhagen 5-6 September 2003

Chairman : Dr. Raymond Lies, President

Participants : see list of attendance

Minutes : Brigitte Jencik, Secretary

Opening : Friday, 5th September 2003 at 9:00
 Saturday, 6th September 2003 at 8.30

Adjourned : Friday, 5th September 2003 at 17.15
 Saturday, 6th September 2003 at 13.00

1. Addresses of Welcome

The President opened the session by giving the floor to Dr. Helle Aggernaes, who welcomed the delegates in the name of the hosting organization, the Danish Medical Association. She presented the organisation which consists of three branches, the young doctors, the general practitioners and the specialists including the senior physicians, all of which contributed to the arrangements of the plenary meeting and the social events. Dr. Aggernaes expressed special thanks to Tom Kennedy, the international man for many years of the organization, and for whom this will be the last AEMH meeting.

The President welcomed the persons attending for the first time the AEMH Plenary meeting . A special welcome was addressed to Dr. Maillet, Secretary General from the UEMS, Dr. Thors, Secretary General from the UEMO, Dr. Brockner-Nielsen, liaison officer from the PWG. Mrs Tiddens-Engwirda, Secretary General of the CPME and the FEMS President Dr Bertrand were not forgotten. Excused were Dr. Salzberg from EFMA, Dr. Kalikerinos, President of the Greek Medical Association. The endeavors to invite Medical Organisations from countries not more or not yet member in the AEMH were unfortunately without success.

2. Roll Call of Heads of Delegations

The President proceeded with the roll call of the Heads of delegations:

Austria	– Prof. Spath	Luxembourg	– Dr. Lies
Belgium	– Dr. Godts	Norway	– Dr. Eikvar
Denmark	– Dr. Aggernaes	Portugal	– Dr. De Deus
France	– Prof. Degos	Slovakia	– Dr. Buzgo
Germany	– Prof. Nolte	Slovenia	– Dr. Bitenc
Greece	– Dr. Antypas	Spain	– Dr. Sanchez Garcia
Italy	– Dr. Bianco	Sweden	– Dr. Wedin
		Switzerland	– Dr. Guisan

3. Approval of the Minutes of the Minutes of the 55th Plenary Meeting

Document **AEMH 02/048** gave no raise to objection and was approved unanimously.

4. President's Report.

The President's Report having been distributed (**AEMH 03/009**) the President resumed and highlighted that especially the working groups and the manner of working needed reorganization.

5. Working Programme of the President and the Board (AEMH 03/016)

At the occasion of the presentation of the working programme for the forthcoming term, the president expressed firmly that he would not be candidate for a further term. Although not mentioned in the document the collaboration with the CPME and the AOs is and will remain of paramount importance.

The President asked for comments and suggestions on the seven points of the working programme.

1. Recognition of the AEMH as one of the stakeholder for hospital concerns in the European scene.
The President added that this role is to be played together with FEMS.
2. Funding of the AEMH
-Sponsors, -New Members, -EU projects
➤ Dr De Deus congratulated the President on his work and emphasized that it should be the target of all delegations to gain new members not only the President.
3. Increase of Board or Executive Committee meetings in order to cope with the increase of European topics demanding to take position.
➤ Dr Sanchez-Garcia fears increasing costs if meetings increase, he favours electronic ways of communication.

The President pointed out that travel costs from Luxembourg to Brussels are reducing his travel costs to the very minimum.

4. Increase the involvement of National delegations (e.g. follow-up of health topics, alternation according to the EU Presidency).
5. Establish relationship to SANCO (DG Health and Consumer Protection)
6. Establish relationship to HOPE (Standing Committee of the Hospitals of the European Union)
 - Dr. Sanchez-Garcia expressed his concerns about collaboration with HOPE as their members are governmental bodies.
7. Organisation of an annual or biennial symposium on topics of the working groups (e.g. Risk Management) in collaboration with other stakeholders.
 - Dr Zilling welcomed the idea and pleaded for organisation together with the annual plenary meeting.
 - Dr Kirschner remarked that a sort of symposium had taken place the previous day during the anniversary celebration when the Danish Association called for competence and knowledge of the AEMH delegates for their national problems of hospital reorganization.
 - Dr Aggernaes although in favour of a symposium warned nevertheless to carefully chose the subject in order to interest the politicians and avoid delicate points like wages etc. She also expressed the concerns of the Danish Medical Association about sponsorship. This meeting was totally financed totally out of own means, sponsorship being considered ethically not correct.
 - Dr Guisan from his personal political experience advised one year in advance preparation by public relation activities in order to ensure sufficient political impact.
 - On the whole Dr. Kirschner expressed the full support of the Board to the ideas developed by the President and especially a closer affiliation to SANCO and HOPE in order to be heard by the European governing bodies.

6. External communication and collaboration

The President stated that the point 6 external communication and collaboration was included in the discussion as linked to the working programme. In this respect he praised the excellent relation with the CPME.

As an outcome of the discussion, the President considered the programme as approved and thanked the delegates for their support.

The President presented the souvenir of the **40th anniversary of the AEMH**, a crystal cube paper weight, which he named the “**diamond of the AEMH**”. It was received with applause.

7. Financial Report

a) Accounts and treasurer's Report of Year 2002.

Dr. Kirschner reminded the assembly that the budget 2002 had been drafted before he took his function as AEMH treasurer. This budget showed a deficit, which even engraved by the withdrawal of The Netherlands as member and a referred but agreed payment of the Belgian contribution. Thanks to the funds built up in past years, the balance of the global financial situation is nevertheless still positive, as the assets showed by end of 2002 an amount of 101.845 €.

b) External Auditor's Report (AEMH 03/011).

Dr Kirschner explained in detail the different items of the accounts listed by the external auditor Christian Kerkenrath.

c) Internal auditor's report

Dr. Godts declared himself satisfied with the explanation given by the treasurer on the deficit and declared further that the verification of the Closing of Accounts 2002 gave no raise to objections.

d) Discharge on Annual Report 2002

The plenary assembly voted unanimously the discharge of the Board.

e) Budget Year 2004 and implications of budget.

The budget 2004 (AEMH 03/013 REV2) had been distributed in advance in order to give sufficient time to the national member delegations to study it. The treasurer reported of his vain trial to draft a balanced budget while keeping the traditional items. He referred to the financial guide lines of the AEMH, which do not allow a budget showing a deficit . On the income side he proposed to raise the contribution fees by an inflation rate of 3 % and to bring the Greek contribution to the level of other small countries. He reminded that in 2004 the VLK financial support will stop. At this occasion the treasurer thanked the German delegation for this valuable aid over the years.

Despite keeping the expenditures very much in line with the budget of 2003, no balance could be reached unless by taking out the interpretation costs. These costs are roughly 12,500 Euros for interpreters and technical equipment, amount which equals the deficit . Dr Kirschner reminded the delegates that English is the working language of the AEMH, French being the official language only for administrative purposes.

The left-out of interpretation costs raised animated discussions.

➤ Prof. Degos asked for a study of the impact on costs if interpretation changes to two active and two passive languages, instead of the five passive languages now, and to study the impact on costs by using five passive languages translated only into one language which should be English.

- Dr Reginato pointed out that the activities within the AEMH are mental activities and that everybody should be able to express oneself in his/her own language.
- Dr. Aggernaes expressed her point of view that English within 5 years time will be the common language of all, but for the AEMH she proposed a transition period.
- Dr Brockner Nielsen reported from the PWG where English is the only spoken and written language.
- Dr Maillet gave the experience from the UEMS who has reduced to two languages, i.e. English and French.
- Dr. Antypas expressed the opinion that delegations who want to keep their passive language should pay for these costs.
- Mrs Tiddens-Engwirda warned that a non-for-profit organization is not allowed to give individual services and if interpretation services are provided to some delegations these costs are liable to VAT.
- Dr Bitenc commented that the subject of language is on the agenda of all European medical associations as it is associated to important costs. He gave his experience of attending scientific meetings where -although being more complex- everybody expresses in English. He therefore advocates a development towards English as the unique language.
- Dr Sanchez-Garcia asked for investigation on exact costs per passive language. In his opinion budget savings should be made on other communication levels based on new technology.
- Dr De Deus made the proposal that delegates can express either in English or French with no translation provided.
- Dr Guisan predicted English to become the only language in the future and to become a requirement to attend the assembly, as translation costs are high and not productive. But transition has to be smooth and will probably take 5 or 10 years.
- Prof. Degos recapitulating the different proposals estimated that under the circumstances it is not possible to vote the budget unless to study all consequences and that France would abstain from the vote.

The President proposed to stop the debate on the budget and to postpone the decision to the next day in order to give time to study some proposals. The assembly agreed to take up the debate the next day after topic 11.

8. National Reports

The President expressed his satisfaction that despite the late decision to change the national report according to the proposal of the Danish delegation a majority of the countries have followed the common format. Unfortunately the replies arrived rather late and did not allow to make a summary for this meeting.

Dr Aggernaes explained the reasons and basis that lent in the proposed format for national reports, which were to remind WHO and WHAT the AEMH represents.

- Austria	AEMH 03/031	- Luxembourg	AEMH 03/047
- Belgium	AEMH 03/043	- Norway	AEMH 03/029
- Denmark	AEMH 03/024	- Portugal	AEMH 03/051
- France	AEMH 03/030	- Slovakia	AEMH 03/033
- Germany	AEMH 03/044	- Slovenia	AEMH 03/028
- Greece	AEMH 03/048	- Spain	AEMH 03/046
- Italy	AEMH 03/045	- Sweden	AEMH 03/039
		- Switzerland	AEMH 03/050

Addendum Austria

Prof. Spath reported that the questionnaire could not be answered in time but he will complete as soon as possible. He gave some figures not included in the written report :

Number of Medical doctors :36,000

Specialists :15,400

Senior hospital physicians : 1700

Hospital Directors : 310

Nr of private hospitals : 171

Nr of public hospitals : 136

Nr of University hospitals : 3

Addendum Germany

Prof. Nolte explained the difficult situation in Germany, where besides the VLK 4 other organisations are representing the medical profession. This prevented to answer the questionnaire in time.

- Dr Christopoulos suggested a follow-up of the questionnaire by a new working group that would study an overall reform involving all areas of hospital activities and leading to a common comprehensive proposal to defend.
- Dr Kirschner advocated a continuity of the questionnaire with annual updates including the problems of the increase of administrative tasks and loss of autonomy of doctors, shortage for education and research, the lack of specialists.

The President thanked for the suggestions which correspond precisely to his own perceptions.

9. Application for AEMH-Membership by the Croatian Medical Chamber

Dr Sobat gave a presentation of the hospital sector in Croatia. The Medical Chamber was founded in 1995, membership is mandatory for the 13,000 physicians. Doctors in Croatia have been on strike in the beginning of the year to alert on the problems they face regarding working conditions and salaries. The government ended the strike after 6 weeks by imposing a work obligation to all doctors.

The President thanked for the interesting information and asked for vote on the Croatian application for membership. The assembly responded by an unanimous vote and welcomed the Croatian Medical Chamber with applause as a full member.

10. Working Groups

CME/CPD

AEMH 03/034, AEMH 03/035, AEMH 03/036, CP 2001/082, UEMS D0120

Dr Zilling reported from the outcome of the inquiry he launched and expressed his satisfaction to quote that 90 % of the participating countries have a clearing house on CME. The majority also confirmed their will to promote the CPME / AO document.

Dr. Zilling participated on behalf of the AEMH in the WG on funding of CME/CPD initiated and led by Dr Holm who is an expert of adult learning. He drew particularly the attention on the chapter “Responsibility of the individual doctor” on page 4 of Document CPME 03/035, demonstrating his support.

Contrariwise he expressed his reserves concerning the UEMS document (AEMH 03/036), which puts the burden of quality control on the individual doctor and not on the administration.

In conclusion, it was decided not to work out a logbook but to compile the answers from the questionnaire and the related topics of the National reports in a statement to be adopted in the next plenary meeting in Madrid.

EWTD

Prof Nolte expressed his satisfaction that the statement adopted in last year’s plenary meeting has also been adopted by the CPME. He will launch a new inquiry on how the different countries cope with the implementation of the EU Directive and in which way national legislations had to be changed.

- Dr Kirschner proposed to include the question at what age physicians can leave on-call duties and whether they make use of this age factor.
- Prof Degos reported from France where the directive has been implemented and although it is of benefit for the doctor it is often a problem for the good running of hospitals. Herefrom evolved a new specialty, emergency doctors, which poses other problems, as these doctors work mostly at night and are therefore rather isolated from the normal hospital organization.
- Prof Nolte thanked for all the inputs which he will incorporate in the new questionnaire.
- Dr Bertrand proposed to compile the FEMS and AEMH inquiries.

Accreditation

Prof Degos recalled the fact that there is no cross-border accreditation system in Europe. All countries are in a process of finding their way between the American or Canadian model and ISO standards. It is therefore impossible to produce a document as no conclusion can be drawn.

- The Danish delegation proposed their contribution.

Management and Budgetisation

Dr Guisan is in a process to draft a questionnaire which would include the mandate of the physician, the nature of their contract, the extend of their leadership, their involvement in the elaboration of the budget and financial rules. After having gathered this information the impact of doctors can be measured.

- Dr Aggernaes congratulated Dr Guisan on the short and accurate questions and ask to include the question whether education in financial management is provided.
- Dr Eikvar expressed his interest to learn about the impact of the involvement in management of other health professionals.
- The President added that the participation of doctors in decisions concerning medical devices and techniques is important.

Dr Guisan thanked for the inputs. He will finalize the questionnaire as soon as possible in order to submit a conclusion at the next plenary meeting.

Risk Management

Dr Wedin questioned the future of the working group, which is too limited to work out new ideas. There are only two alternatives: dissolution or recruitment of new brain.

- The President took up the debate and pleaded to keep alive this most important topic.
- Dr Poilleux announced the willingness of the French delegation to join the working group, who is much concerned by the problems. In this respect he reported about a new French law creating the medical mishap without blame and leading to compensation based on national solidarity.
- Dr Reginato proposed his participation on behalf of the Italian delegation.
- Dr Eikvar mentioned that Norway has been a partner in the working group. Although there has been an interrupt due to a generation shift, the Norwegian delegation is keen on taking the work up again as they are very active on a national level.
- Dr Kirschner praised the work of Dr Poulsen on this topic and asked the Danish delegation to share their experience. In general the Scandinavian countries have compensation laws without individual faults already for a long time.

- The President expressed his satisfaction with the interest shown in the topic and congratulated Dr Wedin on the enlargement of the working group.

AEMH Enlargement

Prof. Nolte reported that the new acceding countries that he approached would like to join the AEMH, the only obstacle is the financial contribution.

- Dr Bitenc confirmed this experience as he also made efforts to gain Eastern European countries. He proposed that the new members should lobby AEMH-membership to their neighbour countries.

The President closed the topic of the Working Groups by expressing his satisfaction to see a positive development and progress towards conclusion.

Patient's Safety

Mrs Tiddens-Engwirda gave an update on this topic which is given high priority because of its importance but also because there is a big activity on political level, as it covers not only risk management and quality criteria but also free movement of health professionals has an impact on patients' safety. CPME will organise a conference end 2004 and the AOs will be asked to collaborate. From October on a member from the student organisation EMSA will join the CPME staff in order to develop the debate and prepare this conference.

On behalf of the AEMH it was decided that the now enlarged working group "risk management" should handle the questions arising from the Patients safety WG.

11. Reports of the Liaison Officers to the Associated Organisations and Comments of the representatives of the AOs.

CPME: The President referred to the Report (**AEMH 03/044**) and to the President's Report (**AEMH 03/009**) where the close and excellent collaboration with the CPME has been largely commented.

SG Mrs Tiddens-Engwirda confirmed the close relationship with the AOs and requested continuous promotion of the common statement CPME/AOs concerning the new Directive on Recognition of Diplomas especially on national levels.

FEMS: Dr. Morresi presented his report (AEMH 03/026) and invited the delegates to visit the website of FEMS. FEMS is holding two annual meetings with similar topics as the AEMH, but additionally health care aspects in Eastern European countries were studied.

Dr. Bertrand congratulated Dr Morresi on the exhaustive report and addressed a request especially to the AEMH delegations from the countries that are not covered by the FEMS to collaborate on a questionnaire on Financing of hospitals.

UEMO: SG Dr Thors reported that the main topics are the recognition of General Practice as a specialty and to increase training of GP's to a 5 years term. UEMO wants to strengthen its lobbying activities in Brussels and therefore will hire office space and manpower from the CPME. They have identical financial problems as the AEMH, interpretation costs will be cut down by providing interpretation from German, French, Spanish, Italian only into English.

Liaison officer Dr Reginato attended the fall meeting in 2002 and gave a report (AEMH 03/020). His conclusion was that GP and Hospital Physicians have common problems and exchange of information is necessary.

Liaison officer Dr Wedin referring to her report of the Spring meeting (AEMH 03/025) asked to delete in this report in the chapter of the finances the second sentence, which was based on a misunderstanding.

UEMS: SG Dr Maillet thanked the AEMH and the DMA for the invitation. He pleaded for unification of the different medical organisations for the best of the profession and the patients. One of UEMS' main topic is CME where the UEMS is in favour of a voluntary and not mandatory basis. They contact national accreditation bodies in Europe to have formal agreements on CME in order to strengthen the position of the EACCME (European Accreditation Council for Continuing Medical Training).

Liaison officer Dr Zilling referred to his report (**AEMH 03/018**) which he completed by the information that France who had left the UEMS Board had reintegrated since the report had been drafted.

EFMA/WHO: Prof. Nolte attended the meeting together with 34 delegations, which lays the basis to a broad communication. The anti-tobacco campaign and the topic on the burn out syndrome of physicians resulted in two statements, which were added to his report.

PWG: Dr. Brockner-Nielsen thanked the AEMH and the DMA staff and his impression of the meeting is to state that young doctors are facing the same problems as the senior hospital physicians. By uniting their standpoints the medical profession can face up to the politicians.

Liaison officer Prof. Spath referred to his written report (AEMH 03/019).

Liaison officer Dr Guisan on the request of the PWG made a presentation of the Swiss Health organisation and its functioning during the Bern meeting of the PWG.

Election of Liaison Officers

Dr. Costa from the Portuguese delegation agreed to become the new AEMH liaison officer to the UEMS after clearance with Dr. Zilling.

7e continued) Budget 2004

The treasurer Dr Kirschner took up the debate on interpretation costs and reported that savings could be made by 50 % if interpretation is either English – French, French – English, or French, German, Italian, Spanish only into English.

But still remained the question of financing these costs, the treasurer asked for suggestions from the delegations.

➤ Dr Eikvar in the name of the Norwegian delegation, although with reluctance, proposed to agree an amount to be taken from the assets in order to ensure translation at the next meeting. This measure should nevertheless be seen as a transition and be replaced by a long-term project.

The treasurer proposed to vote on a principal decision, e.g. translation from 4 languages into English, and a practical decision, e.g. financing by sponsors or if not possible out of the assets.

- Dr. Sanchez-Garcia reminded that changes in translation customs cannot be decided as the topic was not on the agenda. Furthermore, he pointed out that interpretation costs in Madrid could be reduced to a minimum by using local interpreters and hereby save costs on travel and hotel.
- Dr Guisan proposed to determine an amount on which the Spanish delegation can agree upon and commit to stay in-line with. Any exceeding would be of their responsibility and will have to be financed by other means.

This proposal was taken up by the treasurer who fixed an amount of 6,000 Euros , representing 50% of today's costs, allocated from the assets. Dr Sanchez-Garcia agreed and announced that the Spanish delegation will -if necessary- make cuts to the social programme to pay for the shortage. They will send a provisional budget within a month. He again mentioned that this can only be seen as a temporary solution and that the topic concerning simultaneous translation should figure on the agenda of the plenary meeting in Madrid.

The President agreed that concrete proposals have to be put forward in the coming months and proposed to vote the budget of the treasurer combined with the proposal of the Norwegian delegation.

The Norwegian proposal (financing simultaneous translation by 6,000 Euros taken from the assets) reached a majority of 12 votes in favour and 3 abstentions (France, Greece, Spain).

The vote on the budget 2004 reached the majority with 11 votes in favour and 4 abstentions (France, Greece, Spain, Switzerland).

12. Dates and Venues of the next Plenary meetings

On behalf of the Spanish Medical Association Dr. Sanchez-Garcia invited the delegates to hold the 57th AEMH Plenary Meeting on April 23-24 in Madrid.

Dr Antypas expressed his pleasure to bring forward the invitation of the Hellenic Medical Association to call the AEMH plenary meeting in 2005 in Athens. The assembly received the invitation with applause. The exact date will be fixed later.

13. Miscellaneous

Two documents were proposed to the plenary.

1st Document: The French delegation had drafted a single resolution resuming the discussions of the meeting.

➤ Dr Sanchez-Garcia protested and referred to the statutes, which stipulate that a resolution or statement has to be submitted 4 weeks in advance.

The French delegation agreed therefore to rename the document, the term “communiqué” was retained.

➤ Dr Aggernaes expressed the disagreement of the Danish delegation with the paragraph concerning the inconvenience of the EWTD.

Due to a lack of time a rewording of this chapter could not be achieved.

The President thanked for the initiative of the French delegation and asked for the vote on the communiqué. The plenary assembly adopted the document with 13 votes in favour, Denmark and Sweden abstained.

2nd document: The Greek delegation drafted a declaration “Protest against War”.

➤ Dr Sanchez-Garcia reiterated his objection, the document not having been presented in the delay fixed by the statutes.

➤ Other delegates pointed out that these kind of documents are real commitments and cannot be voted before discussion and approval by their national delegations.

The Greek delegation therefore withdrew the proposal and will represent the document at the next plenary meeting in Madrid.

The President closed the session by thanking the interpreters, the secretaries of the Danish Medical Association and the technician.

The debate was closed at 13.00

Dr. Raymond Lies
President of the AEMH

Prof. Dr. Hartmut Nolte
1st Vice-President of the AEMH