



**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 ΙΔΤΡΩΝ 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 ZDRAVINIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

<b>Document :</b>	<b>AEMH 04/052 FIN</b>
<b>Title:</b>	<b>Minutes of the 57<sup>th</sup> AEMH-Plenary Meeting, Madrid 23-24 April 2004</b>
<b>Author :</b>	<b>AEMH-European Secretariat</b>
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**Minutes of the  
57<sup>th</sup> AEMH-Plenary Meeting,  
Madrid 23-24 April 2004**

Venue : **Hotel NH NACIONAL, Madrid**

Chairman : Dr. Raymond Lies, President  
Participants : see list of attendance  
Minutes : Brigitte Jencik, Secretary General

Opening : Friday, 23<sup>rd</sup> April 2004 at 9:00  
Saturday, 24<sup>th</sup> April 2004 at 9:00

Adjourned : Friday, 23<sup>rd</sup> April 2004 at 17.15  
Saturday, 24<sup>th</sup> April at 13.30

**1. Addresses of Welcome** by the AEMH-President, Dr Lies and Dr Lopez-Peña on behalf of the Spanish host, Consejo General de Colegios Médicos. Both mentioned the recent tragic events that shadowed this meeting, and Dr Lopez-Peña requested the assembly to attend one minute silence in commemoration for the victims of the terror attacks in Madrid and the recently deceased wife of Dr Sanchez-Garcia.

The President gave a special welcome to the President of the CPME , who's presence he interpreted as setting a sign to a common wish of closer co-operation.

**2. Approval of the Agenda**

**AEMH 04/012**

The President informed that due to the absence of Dr Godts, internal auditor of the AEMH, a substitute must be appointed and requested a candidate to fulfil this task. As no delegate volunteered, the treasurer Dr Kirschner proposed the plenary assembly to act as internal auditor. The AEMH statutes do not rule the procedure of internal auditing, it was therefore stated that legally nothing opposed to this solution.

**3. 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. Bertrand	Norway	– Dr. Eikvar
Croatia	– Dr. Sobat	Portugal	– Dr. De Deus
Denmark	– Dr. Aggernaes	Slovakia	– Dr. Buzgo
France	– Prof. Degos	Slovenia	– Dr. Piletic
Germany	– Prof. Nolte	Spain	– Dr. Sanchez Garcia
Greece	– Dr. Antypas	Sweden	– Dr. Wedin
Italy	– Dr. Righetti	Switzerland	– Dr. Guisan

#### **4. Approval of the Minutes of the 56th Plenary Meeting in Copenhagen**

Document AEMH 03/055 gave no raise to objection and was approved unanimously.

#### **-Revision of Minutes of the 55<sup>th</sup> Plenary Meeting in Berlin AEMH 04/006 concerning AEMH 02/048 REV.**

The revision of the minutes were approved unanimously.

#### **5. President's Report**

The President's Report AEMH 04/005 having been distributed, the President simply highlighted the points he wanted to be discussed during the meeting. He stressed furthermore that he will not let this meeting turn out to become a forum about translation and the financial consequences.

- An important topic for further discussion is the future of the collaboration between the CPME and the AOs brought up by the integration proposal of the UK delegation to the CPME. The Steering Committee although doing good work, had been doubted at least in it's name by the German delegation to the CPME.
- The development of the activities initiated by the Secretariat in Brussels had resulted in a closer rapprochement with other organisations and institutions.
- The new strategy concerning the working groups concentrating on one or two main topics had been successfully demonstrated by the Spanish host who had organised a symposium on Risk Management prior to this plenary meeting.

➤ Prof. Nolte insisted that his organisation, the VLK –Association of Senior Hospital Physicians of Germany- does not doubt neither the work of the Steering Committee nor its name as the VLK is independent from the Bundesärztekammer (German Medical Chamber), member of the CPME.

#### **6. CPME Policy Issues by the CPME-President Dr. Grewin**

Dr. Grewin reminded that he had been head of the Swedish AEMH-delegation in 1996-97. He referred to his CPME activity report that had been distributed but wished to update the AEMH delegates on some important topics.

- Concerning the collaborative work of the CPME and the AOs, he first stressed out that an efficient impact of the European Medical Organisations is based on the collaboration of all on all concrete issues of EU politics and that not the name is important but the accomplished work.
- Dr Grewin also reminded that besides the political issues, the presence of the AEMH secretariat within the CPME premises is an important progress, which has to be developed.
- Professional Recognition has been a model of collaborative work between CPME and all AOs and the last action taken has been a letter addressed to the related working group of the Council of ministers.
- The recently published draft directive from the Internal Market Directorate on free movement of service will need a follow up. The CPME has established a working group which will come up with a standpoint at the next CPME meeting.
- On the European Working Time Directive the CPME has answered on the Commission's consultation on the three sensitive points : 1<sup>st</sup>) no opt-out for junior

doctors, 2<sup>nd</sup>) the reference period should not exceed 6 months and 3<sup>rd</sup>) on-call is to be considered as working time.

- CPME and EFPIA aim to establish guidelines for the medical profession and the pharmaceutical industry.
- The High Level Reflection Process uniting the Commission, the health ministers and stakeholder has issued a common report. The CPME had played an active role in this group whose aim was to enhance free movement of patients.
- CPD is handled within one of the subcommittees of the CPME and a working group with the UEMO, UEMS and PWG, considering specifically the angle of funding and quality management.

The CPME President also mentioned the topic of Patient Safety without going into details as this will be discussed more detailed later in the meeting.

Concerning internal issues, Dr Grewin reported that CPME had launched a working group seeking a new contribution key.

- Enlargement : CPME counts all new EU member states as members, except Lithuania and Latvia.

➤ Dr Zilling questioned the CPME-President why the AEMH had not been invited to participate in the CPD working group. Dr Grewin rectified that the participation is not based on invitation and all AOs are welcome. AEMH-President Dr Lies explained that financial reasons kept the AEMH from participating.

## **7. The Future of European Medical Organisations**

For discussion was the draft integration plan for the future of the European Medical Organisations presented to the CPME, the PWG, the UEMO and the UEMS by their UK delegation. Several AEMH delegations expressed the view that co-operation was wished and necessary but by keeping its own specificity.

- Dr Aggernaes pointed out that the proposals were issued by countries not member of the AEMH.
- Prof. Nolte stressed that the German Medical Chamber does not represent hospital doctors, thus his organization, and he pleaded for co-operation without integration.
- Prof. Degos asked the CPME to take the leadership and analyse the different opinions which might very well enrich the debate.
- Dr Kirschner warned that if the AEMH is not mentally, physically and economically present in its sector, there will be a vacuum which will very quickly be filled by others.
- Dr Sanchez-Garcia regretted that since the CPME had stopped the subcommittee on hospitals, the topic had totally disappeared from the agendas, meaning that working conditions of hospital physicians are never treated. He made the proposal to create a working group to study the different possibility of co-operation and stated that AEMH and FEMS are having similar operational areas. He therefore proposed to approach FEMS and to look into the possibility of a closer collaboration and maybe in a longer term even a potential merge.
- Dr Grewin reported on the on-going collaboration between CPME and the AOs and named the work done by the so-called Steering Committee of Presidents and the office collaboration with AEMH and recently UEMO. Furthermore, he is making a survey on the members of the different AOs. Dr Grewin insisted that the integration proposal,

although distributed with a CPME cover page, had been issued by a member delegation and does not reflect the view of the CPME.

The CPME Board has given mandate to its Executive Committee to initiate a 1-Day meeting on the subject with participants from the National Member Associations and the AOs. This forum will take place prior to the CPME meeting in March 2005.

- Dr Bertrand, President of the FEMS, agreed that working conditions of hospital physicians are not sufficiently defended. The FEMS therefore envisages to create a European Labour Union for Doctors. He furthermore confirmed to include the topic of a closer co-operation with the AEMH in the agenda of the next meeting and to submit the idea to his general assembly, which is to take place in one month.
- Dr Eikvar agreed with Dr Sanchez-Garcia that CPME is well studying health care in general but besides CME/CPD and Patient Safety no other topics concerning hospital health care are handled. The AEMH is a unique organisation representing both employers and employees has therefore a special voice. He also claimed a clearer definition of the task of an umbrella organization.
- Dr Aggernaes referring to the AEMH statutes proposed her contribution for an analysis of the different objectives of all AOs and advocated to postpone all decisions after the outcome of this work and the receipt of the survey announced by Dr Grewin.
- Dr Bertrand in his function as Belgian delegate disagreed on this and argued for a quick reaction.
- Dr De Deus thanked Dr Grewin for his supportive intervention in the co-operation process and expressed the approval of the Portuguese delegation to the proposal of Dr Sanchez-Garcia for the establishment of a working group to study this issue.
- The President resumed by stating that the majority of the delegations were in favour of an immediate action and asked the assembly to vote on the proposal to approach FEMS.

**The assembly approved unanimously to study together with FEMS the feasibility of a common platform.**

Furthermore the President announced that the AEMH Board will come forward with a statement taking the foregoing discussion into consideration.

**8. Interpretation during Plenary meetings**

The President introduced this topic by reminding the assembly of the historical decisions of the organisation when 10 years ago in 1994 in Basel it has been decided to convert from 5 passive and 5 active languages to 5 passive and 2 active languages and to one working language for documents, i.e. English. Since the AEMH is an International not profit making organisation under Belgian law, French had been chosen out of the national Belgian languages as the official language for the statutes and official documents. The financial consequences of interpretation had brought up the debate again during last year's meeting.

The President insisted that whatever decision will be taken this year it has to be linked to a timetable for the future in order to avoid further endless debates. He then gave the floor to the Italian and French delegation which had reacted in writing.

- Dr Righetti explained that the distributed document had also been submitted to the CPME, the UEMS and the UEMO, organisations in which the Italian Medical Association is also a member delegation. As this is linked to multiple contribution fees the Italian delegation is very attentive to the financial matters. Dr Righetti remarked that the AEMH contribution fee is not based on a tangible key but on history. Furthermore the technical part represents in all organisations 60% of the expenditures, the Italian delegation therefore argues in favour of a common secretariat.
- Prof. Degos expressed the difficult situation of the French delegation who does not want to be looked at defending the French language based on national feelings. Nevertheless, he insisted on the fact that despite French being the official language of the AEMH, no document is ever issued or translated into French. The French delegation protested and opposed categorically the draft budget with an increase of 10% on the contribution fee for interpretation.
- Dr Sanchez-Garcia expressed the support to the Italian document and the refusal of a 10% increase on the contribution fee of the Spanish delegation. He reported that in Madrid the interpretation fees have been cut by 50% by using local interpreters and that these ways of economy have to be explored rather than reducing languages.
- Nick Schneider/ EMSA gave an original solution for keeping interpretation facilities at low costs by using last-year-students from interpretation schools.
  
- The President concluded temporarily the debate by insisting that the draft budget has been approved by the Board and that he expected the members of the Board to defend it. He proposed to finalise the decision on interpretation after the financial topics, as both are closely related.

## 9. Financial Reports

- a. The document AEMH 04/004, Treasurer's Report of the Year 2003 was presented by the AEMH-treasurer Dr. Kirschner.
  - b. Dr Kirschner gave a detailed explanation of the External Auditor's Report/ Closing of accounts 2003, document AEMH 04/007, which had been elaborated in record time this year by the new Belgian accountant. The figures for the year 2003 are in line with the expectations, except for the interests as the rates have decreased. He explained that without the two transferred amount for printing of the newsletter and travel expenses, the deficit of -12081.43 € could have been considerably reduced. He also reminded that the rather low travel expenses are related to the proximity of the President's residence to Brussels.
  - c. No internal auditor being available, the plenary assembly acted as such. The financial reports did not raise any objections.
  - d. Discharge on Annual Report 2003
- The plenary assembly voted unanimously the discharge of the Board.**
- e. The Budget Year 2005 related in documents AEMH 04/011 was commented by Dr. Kirschner who reminded the assembly that the financial guidelines of the AEMH do not allow a budget showing a deficit. Despite this fact the last two years the budget had been drafted without reaching a balance in income and expenditures. Although the treasurer did not want to focus in particular on interpretation, an increase of 10% applied on the contribution fees of the three largest countries, with many inhabitants -

thus doctors - and asking for interpretation would allow to reach a balance in the budget.

In front of the refusal of the three countries concerned and although no alternative budget had been distributed, Dr Kirschner proposed a revised budget with no change in means of expenditures and a uniformed increase of 5% on the contribution fees for all delegations which would allow an almost balance. The treasurer stressed that such a budget is only acceptable linked to a protocol agreement to avoid all further lengthy discussions on language services, i.e. in 5 years the AEMH should become a mono-lingual association.

After clarification that

- the 5 % increase is meant for the budget 2005;
- the budget 2006 will be drafted in 2005 according to the effective circumstances;
- during the transition period efforts will be made to improve the contribution key and to find alternative funding,

**the plenary assembly adopted with 15 votes in favour, one abstention (Germany) document AEMH 04/011 REV2, i.e.**

- the Budget 2005 based on an income of membership fees 2004 + 5%;**
- English to become the sole language without any interpretation by 2009.**

## **10. Working groups**

### **• EWTD**

- Prof. Nolte reported on the state of affairs and that the Commission is expected to draft a new legislation. He reminded the assembly of the decision of the Board that the statement of the AEMH approved in 2002 in Berlin is still the standpoint of the AEMH, i.e. accept the EWTD as it stands.
- Dr Guisan disapproved this position and advocated that the AEMH must take position now as there is a consultation process and a probable revision of the directive. He furthermore volunteered to join the working group.
- Prof. Degos requested to study particularly in which part the rest period after on-call is ruled by the EWTD.
- Dr Sanchez-Garcia warned on the different interpretation made in each country for instance of the reference period. A doctor in Spain is allowed to work unlimited as long as before the end of the 6 months reference period, he gets days off as compensatory rest to come to the 48 hours average.
- Dr Aggernaes reminded the position of the Danish delegation and proposed to send the statement issued by the Danish Medical Association to the working group.
- Dr Lies questioned the position the Standing Committee of European Hospitals (HOPE) takes in the matter and intends to ask a clarification of their standpoint, which seems to be that doctors working time is the problem of doctors. Furthermore, he called for action now that the implementation of the directive has started and can be evaluated in the facts.
- Prof. Nolte thanked for all the contributions, which the working group will take into consideration for further action.

- **CME/CPD**

- Dr Zilling reminded the presentation made in the last plenary meeting in Copenhagen where the working group related the situation of CPD in Europe with a focus on quality improvement. The document AEMH 04/013 is the outcome of this survey. This document had been slightly amended and will be submitted for approval under topic 13 of the agenda.

- **Management and Budgetisation**

- Dr. Guisan apologized for the delayed outwork of the questionnaire due to his stand for election to the Swiss parliament. He furthermore explained that initially the questionnaire was meant for discussion in the working group but had instead been distributed directly to the delegations. He is therefore aware that improvements are needed.

- Dr Wedin expressed her difficulties to answer the questionnaire, many questions seemed irrelevant.

- Dr Guisan agreed that due to the big differences in Europe from very liberal to governmental systems some questions might be in some cases inappropriate. He nevertheless asked to reply to the best knowledge as he cannot stop the process now when half of the delegations have already answered.

- Dr Lies approved and saluted the merit to raise the question, which is finally the involvement of doctors in the matter and to show the different possibilities of this involvement.

- Prof. Spath, member of the working group, asked the delegations to report quickly on those questions needing clarification in order to be able to draft the necessary amendments.

- Dr Guisan concluded that if the synthesis of the questionnaire should show that the rules made by the politicians and which have to be implemented by doctors generate ethical problems, the AEMH will have to react vigorously.

- **Risk Management :**

- The President introduced the topic by thanking again the Spanish host for the organisation of the symposium which took place the day before on this topic.

- Dr. Wedin, who had participated in this symposium stated that the conclusion of the working group had been related there and would be formulated in a final report. She wanted the plenary assembly to focus on the document on patients safety issued by the CPME and which had not yet been formally endorsed by the AEMH. Document CPME 2003/034 and the Report from the working group were to be presented under topic 13.

## **11. CPME Conference “Patient Safety”:** The presentation was made by

- Nick Schneider from the European Medical Students Association who is in his function as a trainee at the CPME in charge of the coordination of this conference. He explained that the reason of the conference was to raise awareness that despite the expression to err is human, most errors are due to technical or communication errors, meaning system failures rather than errors from the health care workers.

The 2-days conference will take place under the Luxembourg EU-Presidency in January 2005. 3 workshops will focus on the ambitious goal of the conference, which



is to find a European Patient Safety Policy. The AEMH-President, Dr Lies will chair the workshop on patient safety in hospitals, in which the AEMH should play an active role.

- Dr Kirschner proposed to share his experience gained as the leader of the Norwegian association's committee on quality improvement and patient safety in a consultative and practical manner.
- The working group on Risk Management with Dr Wedin, Dr Eikvar and Dr Reginato also showed their interest in participating.

## 12. National Reports

This year's reports were requested to highlight three main topics.

- Dr. Eikvar : **Norway** National Report AEMH 04/014
  - 1) Implementation of a new hospital system: economy versus professionalism.
  - 2) Agreements for hospital doctors-equality or local freedom?
  - 3) Management in hospital departments-are the physicians still interested?
- Dr. Aggernaes : **Denmark** National Report AEMH 04/019
  - 1) A new organisation of the healthcare sector and hospitals in Denmark.
  - 2) Education of senior physicians and specialists with management responsibilities.
  - 3) EWTD
- Dr. Wedin : **Sweden** National Report AEMH 04/047
  - 1) Public discussion of prioritizing.
  - 2) Relation between the doctors and the pharmaceutical industry
- Dr. Bertrand : **Belgium** National Report AEMH 04/028
  - 1) National Budget for health care
  - 2) Financing
- Dr. Buzgo : **Slovakia** National Report AEMH 04/021
  - 1) Reform of the National Health Care System
  - 2) Quality of hospital management
  - 3) ODS (One Day Surgery)
- Dr. Piletic : **Slovenia** National Report AEMH 04/044
  - 1) New positioning of hospital physicians
  - 2) Medical profession as Free Profession
  - 3) DRG – Diagnoses related groups
- Dr. Sobat : **Croatia** National Report AEMH 04/042
  - 1) EWTD
  - 2) Funding of Hospitals
  - 3) The future of medical organisations in Croatia
- Dr. Righetti : **Italy** National Report AEMH 04/031
  - 1) Involvement of the FNOMCeO in important national health care topics
  - 2) Change from a centralized to a federal system
  - 3) Funding of NHS
- Dr. De Deus : **Portugal** National Report AEMH 04/045
  - 1) Medical Demography
  - 2) Working Conditions
  - 3) Medical Training
- Dr. Antypas : **Greece** National Report AEMH 04/037
  - 1) Implementation of a National Work Convention

- 2) Implementation of the Sanitary Chart (number of doctors, nurses and hospital beds)
  - 3) Legislative regulation and the readjustment of prices of medical services and acts.
  - 4) Legislate the Codes of Medical Conduct and Deontology
- Dr. Poilleux : **France** National Report AEMH 04/043
    - 1) Financing
    - 2) Internal Organisation or Gouverning
    - 3) Relations with the Guardianships
    - 4) Public – Private Co-operation
  - Dr Lopez-Peña : **Spain** National Report AEMH 04/039
    - 1) Decentralization of the NHS
    - 2) Law on Framework Statute of statutory personnel of the health services. (Working conditions)
    - 3) Implementation of the Spanish Accreditation System of Continuing Medical Education (SEAFORMEC)
  - Dr Guisan : **Switzerland** National Report AEMH 04/034
    - 1) Reform of the social health law (liberalisation)
    - 2) Financing (increase of patients participation)
    - 3) Implementation of e-billing system
  - Prof. Spath : **Austria** National Report AEMH 04/023
    - 1) Reform of Health Care System
    - 2) EWTD
    - 3) e-Card (Electronic Patient record insurance card)
  - Prof. Nolte : **Germany** National Report AEMH 04/029
    - 1) Effects of the Law Governing the Modernisation of the State Health Insurance Scheme
    - 2) Amendment to the Regulations Governing Qualifications
    - 3) Effects of the EWTD
  - Dr. Lies : **Luxembourg** National Report AEMH 04/035
    - 1) Luxembourg as “border country”
    - 2) The running of the Medical Council in hospitals
    - 3) Involvement of Hospitals in the EFQM (European Forum Quality Management)

### 13. Submission of Documents for adoption by the Plenary Assembly.

- The President of the CPME, Dr Grewin clarified that the document “Management of documents submitted by the AOs to the CPME” is still being discussed in all organisations and that final revisions will be made in the next Steering Committee meeting in September.
- Dr Aggernaes pointed out that the comments of the Danish Medical Association had also been sent to the CPME and other AOs. The DMA sees the document linked to the integration proposal and it therefore needs thorough further discussion.
- Dr Kirschner invited all national delegations to send in their evaluation in time before the next Steering Committee in September.
- The President requested the assembly to mandate him to further proceed in the matter. The delegates approved unanimously.

## **- Documents from the Working Groups**

### **a) CME/CPD**

- Dr Zilling declared that the statement AEMH 04/013 is the result and the end of the topic of the working group. The continuity should be the implementation of this statement, and by implementing quality assurance quality control will become unnecessary. He also expressed his view that this statement could be a good starting point for a symposium in Greece next year.
- Prof. Degos approved the project and wondered whether the funding of CME/CPD could be included.
- Dr Grewin reminded the delegates that the CPME Sub-Committee on Medical training has worked intensively on the subject.
- The President pointed out that that CME/CPD is a working topic in most medical associations but the subject has so different aspects that one cannot talk about duplication of work as CME/CPD for GPs for example is different from CME/CPD for hospital doctors.

**The Plenary Assembly approved the statement AEMH 04/013 unanimously.**

### **b) Risk Management**

- Dr Wedin explained that the basis of the report from the working group AEMH 04-048 was the CPME document on Patents safety CPME 2004/034. The document puts the question whether there are specific projects dealing with patient safety. As this information has not been provided by the CPME, she proposed that the AEMH takes up this task by issuing a questionnaire.

**The Plenary Assembly approved the proposal of Dr Wedin and documents AEMH 04-048 and CPME 2004/034 unanimously.**

## **- Documents from the National Delegations**

- The President gave the floor to the Greek delegations to present their document.
- Dr. Antypas pointed out that the recent tragic events have made the document even more actual than when it was first drafted. He asked to link the Anti War Protest AEMH 04/020 to the document “Peaceful Performance of the Olympic Games” AEMH 04/038.

Although the delegates agreed that the aim of the AEMH is not to issue political statements, doctors should show their determination to combat violations of human rights. Nevertheless, the majority of the delegates rejected the text as it stood but were in favour to draft a new document.

**The assembly voted with 12 votes in favour, 3 abstentions and 1 rejection for a new text.**

Dr Wedin, Dr Antypas, Prof. Degos and Dr Sanchez-Garcia volunteered to draft a new text, which would be circulated by e-mail.

## **14. Reports of the Liaison Officers to the Associated Organisations and Comments of the representatives of the Associated Organisations**

### **CPME :**

- Dr Lies referred to his written report AEMH 04/041. He added that he intends to involve in the future more and more other delegates to attend meetings of the CPME subcommittees or other organisations where topics concerning the AEMH are treated.
- Dr Guisan questioned whether the budget for 2005 takes this principal decision into account, as travel expenses will occur.
- Dr Kirschner confirmed that the work with the CPME is priority and that additional costs to fulfil the objectives of the AEMH will have to be accepted even if they exceed the budget.

#### **FEMS:**

- AEMH-Liaison officer Dr. Morresi referred to his written report AEMH 04/040. He highlighted a survey carried out by FEMS on the medical situation in different EU countries and the situation of Doctors in Croatia. Furthermore Dr Morresi praised the excellent communication tools used for the presentations at the meeting.
- FEMS-President Dr. Bertrand commended Dr Morresi on his exhaustive report. He thanked the AEMH delegations for their collaboration on a questionnaire on Hospital funding and announced a new questionnaire on the spending of funds and thanked in anticipation for renewed collaboration.

#### **UEMO:**

- Liaison officer Dr. Thors reported from the last meeting in Croatia in October 2003 where the economic situation of the UEMO has been a major concern. He reported that as GP is now to be a specialty, the UEMO is working on a paper concerning specific training in GP, which will be discussed in their next meeting in Reykjavik in June. Furthermore, Dr Thors expressed the satisfaction of the UEMO concerning the co-operation contract signed with the CPME since January 2004, which assures to be represented in Brussels.

#### **UEMS:**

AEMH-Liaison officer Dr. Costa distributed a written report AEMH 04/046 concerning the last UEMS Management Council. Besides EU politics and reports from the sections and working groups the document of the BMA on the Future of European Medical Organisations had been on the agenda. The fear was expressed that in case of integration, the sections of the UEMS could consider to form separate organisations out of the UEMS Management Council and the planned joint organisation. The UEMS has worked out a new contribution key, which will be applied as from 2005.

#### **EFMA/ WHO:**

- AEMH-Liaison officer Prof. Nolte apologized that the time had been too short to present a written report as the EFMA meeting had taken place one week before the AEMH meeting, but he promised to send one as soon as possible.

#### **PWG :**

- Liaison-officer Dr Esteban reported that the PWG in their October meeting in Madrid had requested a survey on medical demography to the CPME. Moreover, he

explained the standpoint of the PWG on the issue of EWTD, i.e. the abolishment of the opt-out clause and on-call duty is to be considered working time.

A survey on salaries in the different countries has been undertaken and will be finalized in their next meeting. PWG advocates to promote research to young doctors, which should be optional in post-graduate training. Other topics are CME/CPD, follow-up on enlargement, recognition of diplomas, free movement of doctors.

On the future of European Medical Organisations the PWG pleads for full cooperation not only on common subjects but also among the member organizations by keeping entire sovereignty and an autonomous voice.

### **EMSA (European Medical Students Association):**

➤ Liaison officer Nick Schneider pointed out that it was 5 years ago that EMSA had last been present in a AEMH meeting. The EMSA takes advantage of CPME's proposal to be present in the Domus Medica in Brussels in exchange of work force rendered by a trainee. This internship is currently performed by Nick Schneider who is 80 % active for the CPME and 20 % for the EMSA.

He presented the executive body of the students' organization composed by the Board with sections of medical education, medical ethics and medical science. They have two umbrellas, the CPME and the IFISO, which is an informal Forum of students.

Nick Schneider reported from the last EMSA meeting which took place in Groningen in the Netherlands, where he chaired a workshop on EWTD. The target of EMSA workshops is to train students on topics of EU policy in the view to spread the information to their national organizations. The main issue is the Bologna process, topic of a congress EMSA intends to hold in August. EMSA will unite forces with the WFME (World Federation of Medical Education) to draft a policy paper on the issue.

➤ The President commended Nick Schneider to find the time besides his medical studies to follow up EU policies to the benefit of his organization.

### **15. Elections of Members of the AEMH-Board**

➤ The President introduced the topic by informing the assembly that due to the decision of the AEMH to increase contacts to EU institutions and other stakeholders, the Secretariat in Brussels has consequently taken a new dimension. The secretary Brigitte Jencik having initiated contacts and attending meetings on behalf of the AEMH, the Board in his 39<sup>th</sup> session had decided to nominate Brigitte Jencik Secretary General. The assembly acknowledged the announcement with applause.

➤ The President proceeded with the agenda and asked for candidates for the post of treasurer.

➤ Prof. Degos commended the current treasurer for his excellent work and proposed Dr Kirschner to stand for a second term.

No other candidate enlisted.

➤ Dr Kirschner thanked for the confidence and accepted the proposal.

➤ The President asked formally to confirm the vote:

**Dr. Kirschner was elected treasurer for the term 2005-2007 unanimously.**

- The President proceeded by asking for candidates for the posts of 2<sup>nd</sup> and 3<sup>rd</sup> Vice-President.
- Prof. Spath/ Austria proposed Dr Zilling/ Sweden for the post of 2<sup>nd</sup> Vice-President.
- Dr. Aggernaes/ Denmark proposed Dr De Deus/ Portugal for the post of 3<sup>rd</sup> Vice-President.
- Prof. Degos, 2<sup>nd</sup> Vice-President announced his wish to continue the undertaken work for another term.
- Dr. Morresi, 3<sup>rd</sup> Vice-President pleaded for “don’t change a winning team” and enlisted as candidate for another term.

The assembly proceeded to the vote according to Article 13.2 of the AEMH Statutes in secret ballot and individually. Mrs Blindheim and Dr Sobat officiated as tellers.

Election of the 2<sup>nd</sup> Vice-President.

The tellers announced the result : 9 votes in favour of Dr Zilling, 7 votes in favour of Prof. Degos, 1 bulletin was announced invalid as it was for the 3<sup>rd</sup> Vice-President. It was destroyed witnessed by the Assembly.

**Dr Zilling/ Sweden was elected 2<sup>nd</sup> Vice-President for the term 2005-2006 .** He accepted the election and thanked the assembly.

Election of the 3<sup>rd</sup> Vice-President.

The tellers announced the result : 9 votes in favour of Dr De Deus, 7 votes in favour of Dr. Morresi.

**Dr. De Deus/ Portugal was elected 3<sup>rd</sup> Vice-President for the term 2005-2006.** He accepted the election and thanked the assembly.

- The President commented the narrow outcome of the votes as being the expression of an assembly ranged between continuity and a wish of change. It also reflects respect and consideration for the outgoing board members. He expressed thanks to Prof. Degos and Dr Morresi for the valuable work accomplished during their mandate.

## **16. Dates and Venues of the next Plenary meetings**

- Dr Antypas confirmed the invitation of the Greek delegation to the 58<sup>th</sup> AEMH Plenary meeting 2005 in Greece, the place has to be confirmed. The dates of 29-30 April 2005 were agreed.
- The President asked whether any delegation candidates for the organisation of the 2006-meeting.
- Dr Buzgo (Slovakia) submitted the invitation of the Slovak Medical Chamber to hold the 59<sup>th</sup> AEMH Plenary meeting in Bratislava.

The invitation was acknowledged with great applause by the assembly.

**17. Miscellaneous**

No other business was brought forward.

The President closed the session by thanking the interpreters and the technical staff.

Dr. Raymond Lies  
AEMH-President

Dr. Rolf Kirschner  
AEMH-Treasurer