

ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE EUROPESE VERENIGING VAN STAFARTSEN DEN EUROPÆISKE OVERLÆGEFORENING EYPΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΎΝΤΩΝ ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI DEN EUROPEISKE OVERLEGEFORENING ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES

EUROPEISKA ÖVERLÄKARFÖRENINGEN EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA

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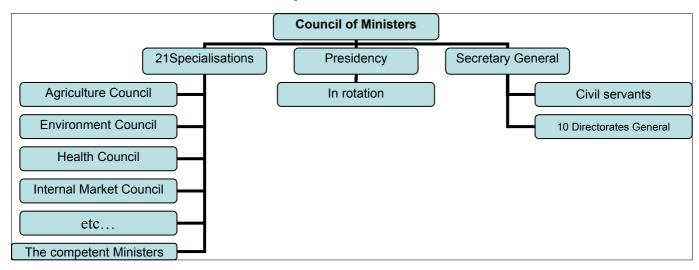
## Statement of the AEMH-Board

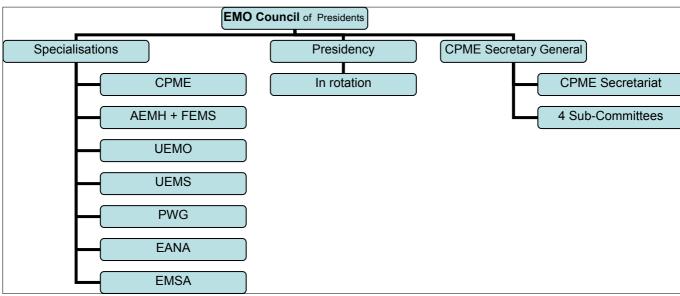
## The view of the AEMH on the future of the European Medical Organisations (EMOs)

The AEMH- Board is in favour of a European Medical Council, in which each EMO keeps its specificity such as Member States joining the European Union keep their national identities. Joining the Council should not mean elimination or dissolution of own values and core concepts.

Although equal rights being the basis of this Council, the AEMH acknowledges the CPME as the major stakeholder, whose renown enhances the global role of the European Medical Organisations.

The Council should be a further development of what is now called the "Steering Committee", which the AEMH-Board proposes to rename, for example "EMO Council of Presidents", as its structure can be compared to the Council of Ministers of the EU.





The EMO Council should elaborate working and decision-making practices taking example on the operation model of the European Institutions, in order to improve co-operation based on

• Co-ordination, Coherence, Complementarity, and Consolidation of offices.

**Co-ordination** entails greater awareness of what others are doing in a particular sector combined with efforts to work together more effectively. In order to avoid having actors focusing on the same projects in the same sector, co-ordination avoids duplication of efforts and overlaps.

• The EMO Council should seek to actively co-ordinate policies, which implies setting common goals and operational approaches.

**Coherence** between what is done at the different levels is a major issue. There must be an appropriate understanding of what is done by the others. There are no real divergences in the focus of the different EMOs, at the most differences of approaches. Some organisations may focus on their own priorities but should never betray the common goals.

• The EMO Council should ensure coherence between the individual objectives and the global policy.

**Complementarity** enriches the collective understanding and is the greatest source of inspiration. In order to monitor the synergies of the EMOs, it is important to be familiar with their core concepts and current debates.

• The EMO Council should identify the added value of each organisation and use their complementarity.

**Consolidation** of offices if the type of integration experienced by the AEMH for now three years under the umbrella of the CPME, meaning sharing office space by keeping total independency.

• The EMO Council should further develop the Domus Medica, which is beneficial in financial, professional and inter-personal means to all parties involved.

## **CONCLUSION:**

The AEMH-Board invites all European Medical Organisations to define together their global policy and common goals in a Road Map for Co-operation.