



**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 HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

Document :	AEMH 05/001
Title:	AEMH-President's Report – Resume 2004 – Prevision 2005
Author :	Dr. Raymond Lies
Purpose :	Information
Distribution :	AEMH-National Delegations
Date :	5 January 2005

AEMH-President's Report

I have structured this report differently this year as in 2004 you have received already two activity reports. To resume the year 2004 I have referred to the President's Activity programme for my current mandate 2004-2006 in order to give an overview on the status of the accomplished tasks.

Resume 2004

Besides the here below listed actions, 2004 was under the sign of changes within the European Medical Organisations, initiated by the British Medical Association, who drafted an integration plan pleading for one united European Medical Organisation. The effects for the AEMH were rather negative and certainly undermined partly our efforts of recruiting new members. Nevertheless, I was pleased to see that the vote of the AEMH delegations in Madrid was unanimously against the integration attempt and a confirmation to pursue our own policy in close cooperation with the CPME and the AOs.

Unity was also demonstrated on the proposal to closer collaborate with FEMS, as both organisations have the same focus and pursue the same objectives to protect the interests of doctors and patients in the hospital sector. In a first joint meeting on Board/ Executive level in Varese in October 2004 common actions have been initiated, such as an extended exchange of information (AEMH: "News from Brussels", access to "members only" website; FEMS : "Info France"), which has already become routine on both sides. To enhance the collaboration the FEMS will join the AEMH-European Secretariat. This decision will come into effect under reserve of ratification of the respective assemblies of both organizations in May 2005. The Executives officers of both organizations were nevertheless firm and declared that there is no intention of merger or fusion. The message is that the AEMH and FEMS work together but stay independent from one another and keep their specificities. The rapprochement of AEMH and FEMS show their care to rationalize works and costs and demonstrate the unity of hospital physicians.

Status on the Action Plan for the President's Term 2004 – 2006

1. Recognition of the AEMH as one of THE stakeholders for hospital concerns in the European scene.

The AEMH received for the first time an invitation from the European Commission to attend in May 2004 in Brussels the

Open Health Forum, EU-Commission SANCO

The Commission has established the "EU Health Forum" as an information and consultation mechanism to ensure that the aims of the Community's health strategy are made clear to the public and respond to their needs. A key element of the EU Health Forum is the "Open Forum" as an annual conference and exhibition event.

European Parliament

The AEMH succeeded to be enlisted as lobbyist to the European Parliament.

Council of Europe

The Secretary General of the Council of Europe has decided to recommend that participatory status shall be granted to the AEMH. Under reserve of approval of the Committee of Ministers, the Parliamentary Assembly this should come into effect shortly.

2. Funding of the AEMH

Sponsors

I did not proceed with the finding of sponsors due to the concerns about the ethical aspects.

New Members

Croatia joined the AEMH in 2004, but it is evident that we have failed to recruit amongst the new European Member States. We have to use all our power of persuasion and make all efforts to convince these medical organisations to join the AEMH . This not only to increase our income but much more to increase our European coverage and thus be more representative.

EU projects

There have been no calls for tenders from the European Institutions, on which the AEMH could have applied. Indirectly I could nevertheless do a contribution by liaising between the CPME and the Luxembourg health minister for the organisation of the Patient Safety Conference which is to be held in April 2005, and which ensured the financial viability of the conference.

3. Increase of Board or Executive Committee meetings in order to cope with the increase of European topics demanding to take position.

The AEMH Board met three times in 2004 in January, in April and in October. In October a first joint meeting with the FEMS Management Committee took place in order to lay the foundation stone for a closer collaboration. This frequency was sufficient in 2004.

4. Increase the involvement of National delegations (e.g. follow-up of health topics, alternation according to the EU Presidency).

Although in the programme of the President, this objective cannot be fulfilled without the respective National delegations and I can only reiterate this request and my willingness to support and even participate in debates, meetings etc. I hereby encourage again all initiatives in this field.

5. Establish relationship to SANCO (DG Health and Consumer Protection)

The participation in the Open Health Forum has been a first step. But the AEMH needs to draft more statements to be an interesting interlocutor and stakeholder for the Commission.

6. Establish relationship to HOPE (Standing Committee of the Hospitals of the European Union)

HOPE regularly organises meetings called HEALLO which stands for **HEAL**th Lobbying and which unites different health related organisations to an informal exchange of information. I attended one of these meetings where I met the secretary general Pascal Garel. On his special recommendation I was invited to be part of the speakers' panel of the congress MCC Hospital World 2004. The target group of this international expert and contact event were decision makers in the hospital industry, health insurances, associations, research and development as well as politics.

7. Organisation of an annual or biennial symposium on topics of the working groups (e.g. Risk Management) in collaboration with other stakeholders

This could be accomplished the first time in Madrid thanks to the Spanish delegation. The chosen topic of Risk management was perfectly in line with the European agenda on Patients Safety.

This reinforces – if necessary – the well-founded initiative we have undertaken and which I hope has set the start for a long tradition.

Prevision 2005

General

The AEMH starts the year 2005 with a new formed Board and I am sure that the two new elected Board members will give a new impulse with innovative ideas and initiatives and hereby corroborate our overall objective to protect the interests of senior doctors and patients in the hospital sector. To achieve this goal we need to work on our recognition as one of the main stakeholders for hospital concerns in the European scene.

Communication

Thomas Zilling and I have been busy at the year end to answer the proposal to publish articles in the EuroPharmaTherapy publication, edited now by BusinessBriefing, formerly World Market Research Centre. Not only has the 2003 proposal for a 3 page article been renewed, we could also benefit from a one-page advertising and even the foreword page. This has been rather time-consuming for the authors but I hope that this no-cost-involving tool can enhance the image of the AEMH.

Meetings

The Patient Safety Conference; which the CPME is organising together with other health stakeholders, the European Commission and the Luxembourg Presidency will take place 4-5 April in Luxembourg. I will have the privilege to chair the workshop “Ensuring Patient Safety in Hospitals”. Thanks to this the invitation cards bear the AEMH logo. Unfortunately invitations are limited to only 300 guests, none have been attributed to our organisation. Dr Wedin and Dr Sobat will be part of the speakers panel and I succeeded in bringing in a speaker from FEMS as well. The UK presidency is keen on a follow-up on this topic and we have to make all efforts to remain involved.

In the same week - 7 April - another important meeting will be the conference on the future of the European Medical Organisations. It will bring together the CPME member delegations and representatives from the AOs. We will defend our independence but plead for a further development of the Domus Medica, to which we contributed in inviting the FEMS to join the AEMH European Secretariat. Before implementation the Plenary assembly in May in Athens will be asked to approve the decision.

At this plenary I intend to propose to change the statutes as to the election procedure in order to determine a deadline for candidatures and no longer allow last minute nominations, which is inappropriate for our organization. Elections in the AEMH should become more transparent and predictable not in their outcome but as to the candidates enlisted. A deadline for candidatures allows also a better democratic debate about proposals or programmes of all the candidates. This is especially important for this year as elections are due for the President's term 2007-2009 and First Vice-President's term 2006-2008.

Prior to the plenary meeting we will organize our second symposium. The topic chosen for this year is CME/CPD. Here again we precede the CPME who will make this the topic of their conference in 2006. I trust our Greek host and Thomas Zilling to make this symposium a success by bringing together experts in the field, who will debate inter alia on the consequences of sponsoring of CME/CPD by the pharmaceutical industry. I hereby invite all delegations as from now to give their input.

Conclusion

I close my report by renewing my call for a greater implication of a greater number of delegates in the works of the AEMH. In a time where the dispersion of the European medical organizations is denounced we have to prove that our appeal for independence and expertise is merited and that our organisation together with FEMS remains the stakeholder in the hospital sector.