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Document :	AEMH 05/066
Title:	Report from the WG “The Future of the EMOs”
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Purpose :	Information
Distribution :	AEMH-Board, AEMH Member Delegations
Date :	30 November 2005



AEMH working group on the future of EMOs

Summary of discussion in Stockholm

The current working groups of the AEMH met in front of the CPME – meetings in Stockholm on November 17th 2005. Dr Aggernaes was not present, and dr Eikvar was requested to summarize the status of the discussion on this aspect. The rapporteur has also taken the liberty of supplementing the rapport with the discussion of this topic in the CPME-meetings in November, and commenting on some of the challenges and limitations for future closer cooperation and integration related to the way medical associations in Europe are organized.

The document AEMH 05-061 presented by the board and distributed on e-mail on November 3rd, was shortly discussed. This document summarizes the current policy and actions taken by the AEMH on the relation between AEMH and other EMOs, especially CPME and FEMS. The AEMH had received a response from the DMA (AEMH 05-065), promoting the view that there should only be one future European medical organization. This view is in contrast with the current policy of the AEMH in this matter, which is built upon a practical procedure for fortifying cooperation and synergy effects within the current status of the cooperating organizations.

From the description of the aims and activities of the AEMH and CPME, it is clear that there are a number of differences in policy, priorities and working methods between the two organizations. Thus, it would be a very long and unpredictable way to go for both organizations, before the Danish proposal could be a realistic alternative. It is also clear that the vast different aspects of topics covered by the various EMOs would make it questionable whether it would be possible to include all this activity within one organization.

A model with only one European medical organization is incompatible with the situation in many countries, as long as only one national organization is allowed to be represented in the EMO. This is due to the presence of several medical organisations on the national level, each being member of a different EMO.

The quest is still to seek a way of organizing the physicians of Europe so that there will be one voice speaking for them as a stakeholder. Difficulties appear when there are disagreements between the EMOs on policy issues. There has to be developed a procedure for forwarding, evaluating and deciding upon documents that provides a democratic process.

In this respect, it could be a problem that CPME initiates its own policy produces and produces its own documents in areas already covered by cooperating EMOs. Sometimes documents are apparently produced independently of each other in CPME and in other EMOs, and contrasting or even competitive views are fronted. This is neither productive or in accordance with the aim of having one voice for the physicians in Europe.

The present procedure for presenting and promoting documents from the cooperating EMOs to the CPME does not represent an adequate way of promoting the policies of EMOs. Neither does the procedures suggested in the CPME document 2004/003 REV3 give a satisfying solution. Clearly, the development of policies and documents from the EMOs needs to take place in much closer cooperation with the CPME and its subcommittees. This calls for a reorganization of the CPME and the EMOs in a way that includes the expertise of the EMOs in the development of the policies to be promoted under the auspices of the CPME.

Stockholm November 2005.

Lars Eikvar