



**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 ΙΑΤΡΩΝ 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 BOLNIČKI LJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ**

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61st AEMH-Plenary Meeting, Zagreb 2-3 May 2008

Venue : Hotel "The Westin", Krsnjavoga 1, 10 000 Zagreb/ Croatia

Participants: see list of attendance

Chair: Dr Raymond Lies, AEMH-President

Minutes: Brigitte Jencik, AEMH Secretary General

Opening : Friday, 2 May 2008 9:00; Saturday, 3 May 2008 at 9:00

Adjourned : Friday, 2 May 2008 at 17:00; Saturday, 3 May 2008 at 13:20

1. Addresses of Welcome

➤ The President welcomed the participants and thanked the Croatian Medical Chamber for the hosting and the organization of the conference and the plenary meeting. He expressed special welcome words to the CPME-President Dr Wilks and FEMS-President Dr Wetzel, as well as to the representative of the Romanian Medical Chamber, Dr Radulescu. He regretted the absence for health problem of Dr Guisan and Dr Buzgo and forwarded greetings for quick recovery.

Furthermore, Dr Lies welcomed the new delegates: Dr Hawliczek from Austria, Dr Refsum from Norway, Prof. Chatel from France, Dr Weber from Slovakia, Dr Cuénoud from Switzerland.

2. Approval of the Agenda

AEMH 08-005

The President proposed to advance point 7 before point 6, which was approved.

3. Roll Call of Heads of Delegations

AEMH 08-036

Austria: Prof Spath, Belgium: proxy to France, Bulgaria: proxy to Luxembourg, Croatia: Dr Sobat, Denmark: Dr Obel, France: Prof Chatel, Germany: Prof Nolte, Greece, Dr Antypas, Italy: Dr Morresi, Luxembourg: Dr Lies, Norway: Dr Refsum, Portugal: Dr de Deus, Slovakia: Dr Weber, Slovenia: Dr Ferk, Spain: Dr Sanchez-Garcia, Sweden: Dr Weden, Switzerland: Dr Cuénoud. 17 delegations present or represented.

4. Approval of the Minutes of the 60th Plenary Meeting in Vienna **AEMH 07-046**

➤ Dr Antypas reminded the assembly that in these minutes the Greek request for the establishment of a disciplinary council in the CPME was quoted. He asked the AEMH to support the Greek delegation to incite the CPME to reexamine the issue. No other comments being expressed, the minutes were approved without any changes.

5. 1. Financial Report 2007 by the 2007-treasurer Dr. Kirschner

➤ Dr Kirschner started by explaining the figures of the External Auditor's Report/ Closing of accounts 2007 **AEMH 08-002**. Concerning the income, the interests did not meet expectation; on the expenditure side, unexpected costs for the conference 2007 and the reconstruction of the website occurred. The budgeted deficit increased consequently. The current value of the bonds are lower than the initially deposited amount.

Thereafter Dr Kirschner presented his Treasurer's Report of Year 2007 **AEMH 08-006**

He highlighted the extra incomes and especially the sharing of costs for the Brussels secretariat by FEMS, which nevertheless represents an increased workload for the part-time secretary. He also insisted on the high costs interpretation represents in the accounts.

Dr Kirschner referred also to the comments on the Accounts 2007 by the auditors **AEMH 08-003**, who alerted the governing body of the AEMH on the alarming financial situation.

Internal Auditor's Report

➤ Dr Morresi confirmed the compliance of the accounts with the statutes and agreed with the external auditors comments on reinforcing the reserves in the internal Auditor's Report on accounts 2007 [AEMH 08-016](#).

The plenary meeting voted unanimously on the discharging of the Board on the Financial Report 2007.

5.2.Finances 2008 by the AEMH-treasurer Dr Hrvoje Sobat

➤ Dr Sobat introduced the Draft Financial Guidelines, [AEMH 07-053 REV3](#) as start of his term as AEMH-treasurer. The document has been in force for several years but the updating had never been officially adopted.

➤ Mr Norden contested the paragraph "Membership fees" saying "After approval the annual dues can be adjusted according to the inflation rate."

➤ Dr Kirschner explained that since the financial guidelines exist (term of former treasurer Dr Eicher 1993 – 2000) an inflation rate can be applied to the annual contribution. The financial guidelines are general rules, the contribution are fixed annually and applied after the approval by the plenary assembly for the coming year.

The Plenary approved unanimously the financial guidelines AEMH 07-053 REV3.

Decision on a Call for a one-off contribution for 2008 [AEMH 08-009](#)

➤ Dr Sobat reminded the proposal of the Norwegian delegation for a once-off contribution in order to avoid the melting of the reserves. He reminded the amount of 1000 € for established countries and 500 € for new countries.

➤ The President renewed his call to the general assembly for proposals and initiatives for sources of income to improve the financial situation of the organization. He recalled his own efforts to obtain support from companies, in line with the ethical guidelines adopted by the European Medical Organisations and the pharmaceutical industry.

➤ Dr Obel expressed the position of his organisation to continue to support the AEMH and its will to pay the additional contribution, but only provided that the budget is in balance in the coming years.

The plenary approved the one-off contribution for 2008 by majority with one abstention.

➤ Dr Sobat expressed his relief and thanked for the support of the delegations.

c. Draft Budget Year 2009 for approval [AEMH 08-010](#)

➤ Dr Sobat presented the budget drafted in accordance with the decision of the plenary meeting in Madrid to cease interpretation, and which therefore results with a slight surplus. The contribution have been raised by 5 % as approved by last year's plenary. Without the participation of delegations hosting the AEMH meetings, it would not be possible to hold these meetings and Dr Sobat expressed his confidence on regular rotations.

The one-off contribution is not accounted in the budget but destined to cover last year's deficit and restore the reserves.

➤ Mr Norden stressed that the German delegation did not approve the contribution increase last year and will therefore not approve this year's budget which is based on this increase.

➤ Dr Kirschner reminded that the AEMH is an organization based on democratic rules, which means all have to accept the decision of the majority.

➤ Dr Sobat asked the delegations to approve the increase and committed that, if finally there would be a surplus, the rates will be reconsidered for the coming years.

➤ Prof Nolte, speaking as head of the German delegation, reminded that Germany abstained from the vote last year and will again this year.

➤ Dr Obel stressed that the Danish delegation will not accept an unrealistic budget, which is not increasing the contributions to a necessary level.

➤ Dr Morresi took up the debate on democracy and questioned whether it is democratic that 3 or 4 countries pay 50 % of all contributions without benefiting from weighted votes.

Expressing in their own language is also democracy. He called on all colleagues to reflect on an instrument to improve the functioning of the organization.

- Dr de Deus appealed not to mark political positions too strongly in financial matters. In this case it is only about an additional 2% increase to the usual 3 %, which is not a big amount and should make a consensus possible.
- Dr Sanchez-Garcia expressed his conviction that the incidents of withdrawal from the CPME will not be repeated in AEMH. Taking into account the economic situation, 5% increase of the contributions seems reasonable. But he subscribed to the language problem raised by Dr Morresi and forwarded the official decision of the Spanish delegation to withdraw from the AEMH if no more interpretation will be provided.
- Dr Kirschner made a compromise suggestion for interpretation at future meetings, i.e. , anyone who needs translation, brings an interpreter, AEMH can take the costs for a booth into account.
- Dr Wedin agreed on the topics Dr Obel and Dr Kirschner addressed.
- Prof Chatel representing France joined his voice to Dr Morresi and Dr Sanchez-Garcia on the language problem. But the real problem is to give the AEMH the financial means to grow and to take influence.
- The President interrupted the discussion and announced a proposal to be presented to the assembly after point 7 of the agenda.

Adjournment of point 5 c.

7. 1. The Floor to the Associated European Medical Organisations

-CPME: President Dr Michael Wilks

- Dr Wilks expressed his delight to attend this meeting and also previous day's conference . He commented briefly on the internal problems with divergent delegations, and his belief that all organisations should join efforts to take forward the important issues. He presented the work of CPME in the 4 sub-committee: prevention, public health, ethics and training. From the numerous topics in which CPME is involved Dr Wilks mentioned nutrition, diet, alcohol, tobacco. global warming and the consequences on health, teaching of medical ethics, ethical recruitment, shortage and migration of doctors, and the working time directive. One of the major preoccupations of CPME is e-health, its practical and ethical issues and the consequences on the doctor-patient relation.

Dr Wilks reminded the topics on which the EMOs worked successfully together such as CME/CPD and the recognition of qualifications. He invited to join the EMO common meeting in June 2009.

5.2. Budget 2009

- The President resumed the previous debate which was unanimous on the fact that the AEMH must survive, and that everybody wishes a balanced budget. The proposed budget is only balanced due to the decision to stop interpretation in 2009. Nevertheless, the comments of Spain, Italy, France cannot be ignored. Therefore the president and the Board committed to draft a proposal on a balanced budget and on the interpretation problem to be presented Saturday morning.

The plenary approved unanimously and carried on with the agenda of the plenary meeting.

7. 1. The Floor to the Associated European Medical Organisations

-FEMS: President Dr Claude Wetzel

F08-028 EN

- Dr Wetzel highlighted from his written report the work followed by a FEMS working group in collaboration with CPME and other EMOs on the directive of professional recognition. The migration of health professionals is also a hot topic and FEMS supports national moves to improve salaries and working conditions in order to prevent doctors to migrate to wealthier countries

Concerning the working time directive, FEMS opposes firmly any in-active working time to be introduced for time spent on-call. Dr Wetzel called on all European medical organizations to speak with one voice on this and other topics to demonstrate the unity of the profession.

7.2. Reports from Meetings of Associated European Medical Organisations

- EFMA/WHO/ Dr Joao de Deus

[AEMH 08-035](#)

➤ Dr de Deus attended the meeting as delegate of the Portuguese Medical Organisation and participated in the e-health workshop. From the other interesting topics, he highlighted the presentation of Dr Kloiber on physicians' migration.

-UEMO: Dr Sanchez-Garcia (Autumn meeting Toledo)

[AEMH 08-025](#)

➤ Dr Sanchez-Garcia resumed the meeting where topics like the pressure on primary health care, a basic text on CME/CPD, and internal matters on weighted vote were on the agenda.

6. President's Report

[AEMH 08-007 + 041](#)

➤ The President reminded the mandate given by the last plenary to negotiate with companies in order to reach a sustainable financial situation. The agreement reached with PriceWaterhouse Coopers will be submitted to the plenary this year. The President defended the position that doctors have to be in contact with advisers and thereby influence their viewpoint. He also mentioned the financial participation of PwC in this year's conference costs.

Furthermore, the president regretted that personal, political and national concerns prevail currently in many medical organizations to the detriment of healthcare concerns.

The President announced that the involvement of doctors in the management of hospitals will be his priority for the last year of his mandate..

He reported from a conference he attended as only representative from a medical organization on patients' rights and regretted that besides the adopted 14 rights no obligations or lifestyle changes were opposed. Patients right will be included in the health services directive thanks to a strong lobbying of the patients organizations

The President confirmed that this his last term of office, and that he will prepare the transition.

➤ Dr Obel questioned how to solve the main problem of the AEMH, which is the working after the sessions, and how to increase the activities of the AEMH.

➤ Dr Lies agreed that the stimulation efforts failed in the last years. Deadlines and tasks "to do" have to set.

➤ De Deus doubted the efficiency of electronic working groups.

➤ Dr Kirschner questioned Dr Wetzel how FEMS deals with the matter.

Dr Wetzel reported that members of the board coordinate and are held responsible for the results. He also attends regularly national meetings to give updates on the European topics and thus raise the interest in participating.

8. Parallel Sessions 13:30 – 15:30

WG 1) Pre- per- und Postgraduate Medical Training

Chair: Dr Thomas Zilling; Members: Dr Costa, Dr Hawliczek, Mr Jensen, Dr Weber,

WG 2) Accreditation of Hospitals and Centres of Excellence

Chair: Dr Joao de Deus; Members: Dr Antypas, Dr Cuénoud, Dr Sanchez-Garcia, Prof Spath

WG 3) Healthcare across Borders and the consequences on Risk Management and Patient Safety

Chair: Dr Hrvoje Sobat, Members: Mrs Lackovic, Dr Wedin, Dr Estevez, Prof Nolte, Dr Morresi, Dr Refsum, Dr Vrhovac

WG 4) Core Values, Targets and Action Plan of the AEMH

Chair: Dr Raymond Lies; Members: Prof Chatel, Dr Kirschner, Dr Obel, Prof Spath, Mrs Jencik

9. National Reports

Approval for a joint Austrian membership of the VLKÖ – Austrian Association of Senior Hospital Physicians and the Austrian Medical Chamber

[AEMH 07-055 FIN](#)

- The President asked Dr Hawliczek the new delegate, to argument the request.
- Dr Hawliczek explained that the position of senior hospital physicians is now defined by law and they have a fixed position in the Medical Chamber. Therefore the Austrian Medical Chamber thinks legitimate to be represented in the AEMH.

The plenary approved unanimously the joint membership.

-Presentation of the highlights from the written reports by each delegation

Austria - [AEMH 08-019](#), [AEMH 08-021](#)

- Prof Spath reported that the healthcare reform has not yet taken place, but that measures of rationalizations must be expected. Concerning the situation of hospital physicians, he confirmed that employed doctors are now representing the majority in the Austrian Medical Chamber.

Croatia - [AEMH 08-026](#)

- Dr Vrhovac gave account on the situation in Croatia where migration of doctors is not a major problem. But the medical profession is ageing and a severe shortage is to be foreseen. The lack of physicians is important especially in the summer months. The Medical Chamber is a national institution and takes influence in health policy making.

Denmark- [AEMH 08-020](#)

- Dr Obel related on 1500 foreign doctors in Denmark, mostly from Nordic countries, the other refugees, who get a special training. Patients have the freedom to choose a hospital. The treatment in public hospital must be assured within one month, otherwise it is possible to go to the private sector. The achieved collective agreement ensures a salary increase of 12.8 % in the next three years.

France - [AEMH 08-040](#)

- Prof Chatel reported the process of the different healthcare reforms, which should be concluded by 2009. As a consequence health agencies will be in charge of the hospital management and the redistribution of decision makers' powers. Hospital physicians will have three different statuses, whereas now all had the same: public and contractual contract, mixed contract or private contracts of short duration.

Germany - [AEMH 08-031](#)

- Prof Nolte resumed the written report by relating the health reform, which stipulates that all contributions go in a fund and the ministry redistributes to health insurances. The current health insurance system is composed of 90 % statutory and 10 % private. Private health insurances should also contribute in the future to the statutory system. Germany has a shortage of physicians, which will increase in the future, due to emigration of German doctors.

Greece

- Dr Antypas reported on the healthcare reform which takes place in Greece. The Panhellenic Medical Association joined forces with the pharmaceutical, dental and veterinary associations in order to oppose the reform of the social security system for health care professionals.

Italy - [AEMH 08-039](#)

- Dr Morresi reported that the Italian National healthcare system has transited from a national to a regional model. Concerning the Italian history of crossborder collaboration, the Italian Medical Chamber FNOMCEO (representing 360 000 Italian doctors) has developed a

true foreign country policy, starting with the GIPEF experience. This community approach has recently been enlarged to a total of 12 Mediterranean nations.

Luxembourg - [AEMH 08-030](#)

➤ Dr Lies informed on the hospital sector in Luxembourg, which is regulated by a quadripartite: the health ministry, the trade unions, the hospitals and doctors and the insurance. The balance 2007 was positive. Currently negotiations take place to define the involvement of hospital physicians in organizational problems. Concerning crossborder healthcare :45 % of the doctors, 50 % of the patients are foreigners !

Norway - [AEMH 08-032](#)

➤ Dr Refsum related the transborder issue in Norway, one accounts 1000 foreigners especially from Nordic countries for a total of 20 000 Doctors. Furthermore, Norway is facing a reorganization based on the principal of hospital areas. The Norwegian Medical Association has alerted on the huge demand for physicians for the next ten years, even though the employment has increased by 30% in the last years.

Portugal - [AEMH 08-038](#)

➤ Dr de Deus reported on the restructuring of emergency services in Portugal. Politically he welcomed the resignation of the former health minister, who is replaced by a doctor, which opened the dialogue. The Portuguese Medical Organisation intends to open the medical careers to all sectors, private and public, allowing the switch from one to another.

Slovakia - [AEMH 08-042](#)

➤ Dr Weber gave some additional information to the written report sent to the delegations on the healthcare system in Slovakia. Slovakia has 4.3 Mio. Inhabitants and 140 hospitals from which 42 are state owned, the others are pure private, or owned by municipality, local or non-profit NGOs. A hot topic is a planned reduction of hospital beds by 7000 beds.

Spain - [AEMH 08-024](#)

➤ Dr Sanchez-Garcia developed the four major problems in the health field related in the written report, especially

- 1.the regulation of nurses prescription contested by the Spanish Medical Organisation.
2. the medical demography will result within 5 years to severe shortage in rural areas.
3. Abortion allowed in three cases (malformation, danger for the mother's life, rape), a reform of the law is considered. 90 % abortions are carried out in private clinics.
4. Euthanasia, the OMC is firmly opposed.

➤ **Prof Chatel and Prof Nolte supported the fight to oppose the delegation of competences to other health professionals than physicians, which is a topic to be taken up by the AEMH. The appearance of this trend is linked to the shortage of doctors.**

Sweden - [AEMH 08-033](#)

➤ Dr Wedin reported on problems in Sweden with the implementing of the EWTD. The request for 11 hours rest per night for doctors on-call at home was reduced to 9 hours but compensated by the rise of the salary for on-call at home. This agreement outside the directive leads to better working conditions and increased patients' safety.

Switzerland

➤ Dr Couénoud forwarded the greetings from Dr Guisan. Hospital physicians in Switzerland are most concerned by the DRG system. There is a dual system financed half by the insurance, half by the state. New health law insurance companies are very strongly represented and undermine physicians influence. Switzerland has also a shortage of hospital doctors, medical students drop out before the end of their studies, 20 % increase is needed to cover the deficit.

Romania

➤ Dr Radulescu informed on the health care system in his country, which is funded by the state and insurance companies. Hospital physicians have a fix but insufficient salary. Therefore many doctors want to move abroad, although the health ministry has taken measures to prevent this by increasing salaries by 50%. The Romanian Medical Association concluded that the authorities are responsible for the situation, which is the consequence of 50 years of communist regime which did not allocate enough means to healthcare.

9. Reports and Documents for adoption and decision from the parallel sessions

WG 1) Pre- per- und Postgraduate Medical Training

Chair: Dr Thomas Zilling , Dr Costa, Dr Hawliczek, Dr Weber, Mr Jensen

AEMH Position Paper on the Bologna Process

[AEMH 08-037](#)

➤ Dr Zilling reminded that the Bologna process tries to harmonize higher education in Europe but poses problems for medical education. By 2010 the Bologna Process should be implemented and so far 14 nations in Europe have adopted the Bologna process. An inquiry circulated amongst AEMH members and others was the basis of the work of the group. The conclusion of the working group have been resumed in four bullet points.

- The national delegations have, in the name of the AEMH, to inform national authorities on the specific problems the Bologna Process means for medical education.
- The national delegations have to convince national authorities that exceptions has to be made regarding the Bologna process for medical education. The Bachelor examination has to be abolished. Medical studies shall be a one string finalized with the Degree of Master of Science in Medicine.
- The board has to lobby in Brussels for the creation of an Advisory Committee on medical studies and training which should be organized and financed by the European Commission.
- The board has to convince the European Commission that the medical profession needs their own Bologna process created for the special needs of the medical profession.

The following discussion amongst the delegates showed differences in the appreciation of the Bologna Process.

It was decided to discuss the document in the national delegations to fine-tune the position of the AEMH.

The President proposed furthermore to discuss the topic and propose the document to the Presidents' committee of the EMOs.

WG 2) Accreditation of Hospitals and Centres of Excellence

Chair: Dr Joao de Deus, Members: Dr Antypas, Dr Cuénoud, Dr Sanchez-Garcia, Prof Spath, Centres of Excellence

[AEMH 08-023](#)

The working group based its discussion on the background document from last year, taking into account migration of doctors, hospital accreditation based on quality and safety, hospital development , centres of excellence and hospital organizational standards.

➤ Dr de Deus proposed a document to the plenary, which concluded that the AEMH states that in future, accreditation and re-accreditation processes (internal and external), promotion of continuous quality improvement, high qualified staff and international partnerships should create a Centers of Excellence network within the European health structure with integrated care.

The document [AEMH 08-023 FIN](#) was approved unanimously.

WG 3) Risk Management/Patient Safety, including Healthcare across Borders

Chair: Dr Hrvoje Sobat, Members: Mrs Lackovic, Dr Wedin, Dr Estevez, Prof Nolte, Dr Morresi, Dr Refsum, Dr Vrhovac

➤ Dr Sobat considered that this session was not the continuity of the former group but a start of a new working group. The basis of discussion was on one side the input from the national delegations and the national reports and the outcome of the AEMH Conference 2008.

The discussion of the group was to define goals and aims and then present recommendations to reflect the concerns of hospital physicians. The conclusion was that migration of healthcare professionals does not necessarily mean a danger, the positive and negative aspects were discussed. The group listed the problems, which may occur, such as language problems, recognition of diplomas, harmonization of training systems and curricula of schools, active recruitment, liability insurance, etc. Dr Sobat and the group agreed to continue the reflections by e-mail and Dr Sobat committed to draft a document, which will be submitted at the next board meeting.

WG 4) **Core Values, Targets and Action Plan of the AEMH**

Chair: Dr Raymond Lies, Members: Prof Chatel, Mrs Jencik, Dr Kirschner, Dr Obel, Prof Stolpmann

For adoption

[AEMH 08-004 REV](#)

- Dr Lies reminded that the motivation of the founders for the establishment of the AEMH in 1963 is still up-to-date, but that aims and means of the organization needed to be emphasized. The time table for the achievement of the action plan has still to be defined by the Board.
- Dr Kirschner highlighted the message from this documents is the greater involvement of national member delegations. He also insisted on the proposed leaflet; which should once finalized, allow delegations to print, translate and publish and promote to their members.

The plenary adopted the document AEMH 08-004 REV3 unanimously.

10. Submission of other Documents

Collaboration Agreement PricewaterhouseCoopers – AEMH

[AEMH08-018](#)

- The President referred to the AEMH Conference and complimented on the high level speakers, amongst whom -from the non-medical field- Wim Oosterom from Pricewaterhouse Coopers. This introduced the discussion on the document on the collaboration agreement.
- Dr Sanchez-Garcia expressed the support of the Spanish delegation.
- Dr Obel questioned the purpose of the collaboration with PwC and why them and not others.
- Dr Lies advocated that it is important to be in contact with advisers of national health authorities and give the input of doctors at the advisers' level. But financial participation in common meetings is also appreciated.
- Dr Sobat insisted on the fact that no exclusivity is granted and AEMH can very well approach other companies as well.
- Dr Hawliczek expressed his concerns on the danger of these advisers who want to reduce healthcare costs to the damage of doctors. It seems unlikely to influence them.
- Prof Nolte advised to rather face the danger and argument.
- Dr Refsum expressed his scepticism to work with these companies who are on the side of our counterparts, and he fears that our arguments would be used against us.
- Dr Sobat welcomed the opportunity to enter the circle where things are decided.

The vote on the collaboration model reached 14 votes in favour, 2 against (Norway, Denmark), 1 abstention (Greece). **It is carried by majority.**

Nordic Resolution on Working Conditions of Hospital Physicians

[AEMH 07-062](#)

- Dr Obel presented the document based on a conference on the night work and working time. According to this resolution only medical emergency should be performed at night.

The Plenary assembly cast 15 votes in favour, 2 abstentions.

- The President proposed to bring it to the President's committee.

**Resumption of the adjourned point 5.2 d) Budget 2009
The AEMH-Executive Committee had drafted a resolution**

AEMH 08-010
AEMH 08-044

Considering :

- the decision of the AEMH Plenary Assembly in Madrid to withdraw translation costs from the ongoing budget in 2009 and further on;
- the demand of several delegations to express themselves in the meetings in their language;
- the demand of the Northern countries that every year budget must be balanced;
- that the respect of our diversity is the basis of our common activity.

the Plenary Assembly mandates the Executive board to support the host country with the organization of the AEMH plenary in order to respect of the above enumerated conditions.

➤ The President agreed that the interpretation matter and consequences on the budget should not be discussed every year. He took into consideration the facts that the plenary has voted to end interpretation as from 2009, but also that delegations want to express in their language, but nevertheless reach a balanced budget every year. The AEMH has to respect its diversity. He asked to give a mandate to the executive committee to find a solution with the hosting organization without nevertheless putting the burden on their shoulder.

➤ Dr Wedin disagreed with the resolution and proposed to agree on the budget, and to an additional contribution of 100 Euro to be paid to the hosting country. Accompanying persons should pay for their own costs. The country needing translation should bring their interpreters.

➤ Prof Nolte advocated that the German delegation cannot afford yearly an extra contribution. The resolution takes the problem off the discussion and puts the burden on the Executive Committee and should therefore be approved.

➤ Dr Refsum disagreed that the resolution could solve the problem.

➤ Dr Sobat advocated that the resolution answered all requests, i.e. it removes translation from the budget, the budget is balanced and the burden is not on the host, but the executive committee has the task to advise the organizer in either finding sponsors, asking a conference fee, or participation for accompanying persons.

➤ Dr Sanchez-Garcia insisted that interpretation is essential for the Spanish delegation. He doubted on the efficiency of the resolution because it means simply a shift of responsibility from one body to another.

➤ Dr Kirschner asked to separate the vote on the budget and the vote on the interpretation at future meetings. For this matter there should be a vote on the resolution of the Board and the proposal of Dr Wedin.

➤ The President asked the vote on the Budget 2009 AEMH 08-010.

The budget AEMH 08-010 was approved unanimously.

The proposal of Dr Wedin to pay an extra contribution, pay for accompanying persons, bring own interpreters was rejected by majority.

The resolution AEMH 08-044 of the Board was approved by a majority of 14 votes in favour, 3 against.

12. Elections as the AEMH Statutes; volunteered as tellers : Mr Jensen and Dr Batelson.

- **1st Vice-President**, term 2009-2011

Two candidates : Dr De Deus (Portugal) and Dr Kirschner (Norway)

Result of the vote : **Dr de Deus**: 11 votes, Dr Kirschner : 6 votes

➤ Dr de Deus thanked for the confidence and committed to defend the aims of the AEMH also as delegate to the CPME, UEMS and FEMS.

- **2nd Vice-President**, term 2009-2010

One candidate :Dr Zilling

Dr Zilling was elected by acclamation. Dr Zilling thanked the delegates for the confidence.

- **3rd Vice-President**, term 2009-2010

One candidate: Dr Kirschner

Dr Kirschner was elected by acclamation. Dr Kirschner thanked for the support.

12.1 Appointment of auditors

AEMH Statutes 15.5 "The auditor shall be elected by the Plenary Assembly for three successive financial years."

- External Auditors : Recommendation of the AEMH Board to confirm the external auditors "Experts Comptables Associés" in their office for the term 2009-2011.

- **Internal Auditor**, term 2009-2011

Dr Morresi was re-elected by acclamation.

13. Dates and Venues of the next meetings

- 62nd AEMH Plenary meeting 2009 in Bulgaria, Place and Date to be confirmed

- 1st Joint Meeting of all European Medical Organisations, 11-13 June 2009 in Brussels

- Dr de Deus presented the candidature of Portugal to host the 63rd AEMH Plenary Meeting 2010

14. Miscellaneous

➤ Prof Nolte informed that this plenary was his last as vice-president of the AEMH, as his mandate comes to an end. He had been honoured to serve the organization and thanked the delegates for the support during the past years. He will nevertheless continue to head the German delegation.

➤ Dr Antypas reminded the Greek document concerning the establishment of a disciplinary council.

➤ The president proposed to include the topic to the agenda of the next meeting.

➤ Dr Sanchez-Garcia announced that he intends to update the document on labour conditions of EU hospital doctors and hoped on the collaboration of all delegations.

➤ Dr Wetzel, President of FEMS, proposed to join the working group.

➤ Dr Sanchez-Gacia reminded that the first version of the questionnaire was elaborated with Prof Resti, former President of the FEMS.

The President thanked the interpreters and the staff of the Croatian Medical Chamber and closed the 61st AEMH-Plenary Meeting.