



ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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AEMH Activity Report 2009

AEMH-FEMS Collaboration

The AEMH and FEMS wishing to enhance their collaboration held a common Board meeting in January 2009 in Paris.

One of the topic of the meeting was the preparation of the 1st joint EMO meeting 11th June 2009. It was decided to further promote the proposal to unite EMOs gathering currently in the Presidents' Committee in an alliance. A collaboration agreement will be proposed for the current AEMH – FEMS collaboration, which could be with slight adaptations enlarged to other organisations. By no means this means the establishment of a new organisation with new statutes, but even a loose collaboration requests some binding rules of procedure. Although the agreement does not include any administrative arrangement, the AEMH continues to run a common secretariat with FEMS. In the case that other EMOs subscribe to the collaboration agreement, the Domus Medica with common staff would be a logical next step to ensure coordination of actions.

1st Joint EMO Meeting 11 June 2009

AEMH and CPME Presidents were in charge to prepare the agenda and Dr Lies had the honour to chair the meeting. The outcome, the common letter promoting the establishment of an alliance of doctors and medical students in Europe, might not meet our ambitious expectations to set up a collaboration agreement, but it is nevertheless a positive sign of willingness to continue our efforts to reach a consensual common voice.

Although the common letter has been widely disseminated by the undersigned organisations, we have to make sure that this first common initiative will be followed by concrete proposals and actions if we want to be credible and taken seriously.

The October meeting of the Presidents' Committee will implement new working procedures. Hopefully all internal frictions can be solved for the sake of the overarching common objective to collaborate in an alliance and to evolve the Presidents Committee into a strong council. The AEMH plenary assembly has mandated its president to pursue this objective.

MEETINGS

AEMH Conference 2009 - 7 May 2009

The venue of this years' event had to be changed at short notice due to changes in the organisation of the initial host. The meetings took place in Brussels.

The title of this year's conference was "**Privatisation of hospitals**" and attempted to analyze the situation and the trends. Speakers from France, Belgium, Germany, Austria, Portugal, the UK and Sweden gave presentations and shared experiences from their countries. The conclusion of the vivid debate could be that privatization is not a general trend in Europe and before condemning or praising privatisation, the meaning of the term is to be defined: "private-private" or "public-private", "for profit" or "non-profit" and the very many variations in-between.

The programme and presentations can be retrieved from the AEMH website

http://www.aemh.org/pages/events_conf_09.html

62nd AEMH Plenary Meeting 8-9 May 2009

AEMH-President, Dr Raymond Lies will end his mandate in 2009. The retrospect of 12 years of leadership was marked in 2001 by the relocation of the European Secretariat to Brussels. By integrating the CPME premises AEMH was the pioneer in the perspective of the establishment of a Domus Medica. In 2003 AEMH attained the status of non-profit organisation under Belgian law, which definitely mapped the AEMH in the Brussels scene.

In 2004 AEMH launched the organisation of public conferences on topics of majors concerns, such as Patients Safety, CPD, Hospital Management, Centres of Excellence, Healthcare across borders and Privatisation.

In 2008 AEMH redefined its core values, means and aims, which represent the fundament of our organisation.

ELECTIONS

To gear toward a new era the AEMH held elections for its governing body, the AEMH-Board. Were elected

Dr Joao De Deus (Portugal), President for the term 2010-2012

Dr Claude-François Degos (France), 1st Vice-President for the term 2010-2012

Dr Mikulas Buzgo (Slovakia), replacing Dr Kirschner as 3rd Vice-President for the term 2009-2010.

The other board-members pursue their mandate

Dr Hrvoje Sobat (Croatia), Treasurer (2008-2010)

Dr Thomas Zilling (Sweden), 2nd Vice-President (2009-2010)

POLICIES

At the plenary meeting the AEMH adopted the following policies

AEMH 09-038 FIN « Definition of Hospital Care » (enclosed)

In the context of the Proposal for a Directive on Patients' Rights in Cross-border Healthcare, the AEMH has adopted the definition of hospital care.

AEMH 09-049 FIN – “Regulation on Education and Training” (enclosed)

BULLET POINTS CONCERNING REGULATION OF EDUCATION AND TRAINING IN THE MEDICAL PROFESSION

AEMH 09-034 FIN – Hospital Accreditation, 3rd part on Organisational Standards (enclosed)

ACCREDITATION OF HOSPITALS: Approach to quality focus on structure, processes and results.

Labour Conditions of Doctors in European Hospitals

AEMH and FEMS conduct a common survey on Labour Conditions of Doctors in European Hospitals, which has been circulated amongst members and will be enlarged to other EMOs for a broader and accurate coverage.

The AEMH-European Secretariat goes virtual.

The AEMH plenary assembly approved a proposal from its Secretary to work as from next year on a free-lance basis from a “virtual office”, using electronic tools and remote data hosting.

Nevertheless, as a non-profit organisation under Belgian law a “physical address” is mandatory. For this reason and in a perspective of a future common secretariat within the “Alliance of EMOs” the rental of office space within the CPME premises will be maintained for the time being.

HIFA 2015

The AEMH supports the HIFA 2015 initiative to guarantee Health Information for all by 2015.

PricewaterhouseCoopers

AEMH has a collaboration agreement with PwC and participates in a HealthCast conducted by PwC.

Patients’ Rights

AEMH committed in 2006 at its plenary meeting in Bratislava to support the action of the Active Citizenship Network, to subscribe to the chart of 14 patients rights and also to promote the patients rights day. Notwithstanding this support, there are no rights without obligations, which AEMH-president advocates at all meetings, where health professionals are scarcely represented. He has succeeded that doctors will be given the floor at the next patients rights day in order to defend the doctors’ view.

The doctors position needs to be underlined in all health topics to balance the extensive lobbying of patients organisations and put the role of doctors in perspective.



Document AEMH 09-038 FIN « Definition of Hospital Care »
Adopted at the 62nd AEMH Plenary meeting in Brussels 9 may 2009

In the context of the Proposal for a Directive on Patients' Rights in Cross-border Healthcare, the AEMH adopted the following definition of hospital care:

Hospital care is

healthcare which requires overnight accommodation of the patient in question for at least one night

and/or

requires use of dedicated, cost-intensive medical infrastructure or medical equipment for medical acts presenting a particular risk for the patient or the population, provided by a team of highly specialized healthcare professionals.

The AEMH is a professional association of and for European hospital physicians, who have final responsibility for the patients, with the primary goal to improve all aspects of hospital life in Europe.

Document AEMH 09-049 FIN « Regulation of Education and Training »
Adopted at the 62nd AEMH Plenary meeting in Brussels 8-9 May 2009

BULLET POINTS CONCERNING REGULATION OF EDUCATION AND TRAINING IN THE MEDICAL PROFESSION

- AEMH supports the Bologna Process for higher education if adjusted for medical education.
- The bachelor degree should be valid for entrance into the second step in any medical faculty throughout the EU, in order to harmonize medical education within Europe.
- License to practice is a degree issued by national authorities or chambers. According to the AEMH, the task of issuing licenses should be a national responsibility. The EU directive on the recognition of professional qualifications (2005/36/EC) lays down the minimum prerequisites for acquiring a license to practice, and the compliance to these prerequisites can and should only be supervised by those authorities which are closest to the activities in question; namely national ones. Thus, national supervision of medical education and issuing of licenses to practice is a condition for the free movement of doctors within the EU.
- AEMH proposes the establishment of a European advisory committee on medical specialties, in order to facilitate the free movement of health care professionals. This is important also in view of the fact that health care services are not covered by the EU Services directive.
- In the opinion of the AEMH, in countries where recertification or revalidation of specialists exists as a part of the CPD process, this is a solely national responsibility. Every country should specify which organizations or authorities carry this responsibility.

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Document :	AEMH 09-034 FIN
Title:	Accreditation of Hospitals – Organizational Standards
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ACCREDITATION OF HOSPITALS

Approach to quality focus on structure, processes and results.

Personalized, sensitive, effective and quality health care rely not only on health technologies, good facilities, well designed health programs and adequate resources. Quality in health care is based on solid doctor-patient relationship. The human element of confidence and trust in the relationship between patient and doctor is necessary to improve health gains and medical outcome.

This specific reality needs to be taken into account when designing quality programmes. Hospital accreditation is a on-going activity to improve quality by an external and independent evaluation, assessing it's capacity and degree of complying with international organizational standards. It sets analysis about staff and equipment (structure), work standards (processes) and some outcomes (results).

There are specific needs to take into consideration in order that accreditation will promote quality improvement:

- Focus on patients' rights
- Measure patients' satisfaction
- Provide clinical and non-clinical comprehensive information to patients

- Raising professionals satisfaction
- Reinforce the health professionals roles
- Enhance performance evaluation

- Clinical and non-clinical risk management
 - Development of a "quality culture" inside hospitals;
 - Clear policies on clinical and non clinical matters

Involvement of hospitals in quality improvements needs permanent scrutiny and dynamic adjustments in order to promote patient satisfaction, professional commitments and health gains. Hospital doctors guidance needs to be reinforced in all quality policies - development, designing, implementation and evaluation.

- AEMH advocates doctors' involvement and leadership in quality-related activities
- AEMH stresses out that accreditation activities should be focussed on solid doctor-patient relationship for greater quality achievements