



**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 ZDRAVNIKOV
EURÓPSKA ASOCIÁCIA NEMOCNICNÝCH LEKÁROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΗΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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AEMH Activity Report 2010

2010 marked the end of an era of Dr Raymond Lies 12 years' commitment as AEMH-President. Dr Joao De Deus is AEMH President since 1st January 2010. He has served in the board since 2005 from which the last year as 1st Vice-President. From Dr Lies' leadership we learned that respect, tolerance and open-mindedness lead to find solutions to problems in a consensual manner. Therefore the new presidency is a "change in continuity" in respect of the core values, aims and means of the organization.

AEMH Conferences

Since 2004 the AEMH organises conferences on topics of major concerns, such as Patients Safety, CPD, Hospital Management, Centres of Excellence, Healthcare across borders, and Privatisation. The title of the **AEMH Conference 2010 – Lisbon, 6 May 2010** was **"Doctors' Involvement in Hospital Management"** .

The introduction of the programme was a quote from the former UK health minister Lord Darzi: *"If clinicians are to be held to account for the quality outcomes of the care that they deliver, then they can reasonably expect that they will have the powers to affect those outcomes. This means they must be empowered to set the direction for the services they deliver to make decisions on resources, and to make decisions on people."*

The conference programme highlighted

- the different aspects of hospital management;
- the partnership between managers and doctors;
- the involvement of doctors in the decision-making process;
- experiences and analyzes from Luxembourg, Sweden, Portugal and Poland;
- the way to develop leadership qualities and to equip staff with the skills they need.

The programme and presentations can be accessed at the AEMH website

http://www.aemh.org/pages/events_conf_10.html

Save the Date for the **AEMH Conference 2011** - 26 May 2011 in Montreux/ Switzerland, which will be entitled **"Skill Mix in Hospitals"** and will tackle

- Task shifting,
- Recognition of qualification of hospital doctors,
- Shortage of hospital doctors,
- Doctors' skills in hospital management,
- Assessment of Hospital staff

63rd AEMH Plenary Meeting 7-8 May 2010

Elections

Were re-elected

Dr Hrvoje Sobat (Croatia), Treasurer (2011-2013)

Dr Thomas Zilling (Sweden), 2nd Vice-President (2011-2012)

Dr Mikulas Buzgo (Slovakia), 3rd Vice-President for the term 2011-2012.

The AEMH rewarded Dr Raymond Lies the special AEMH Aesculap medal for his merits as President of the AEMH from 1998-2009.

POLICIES

The 63rd AEMH Plenary meeting 7-8 May supported its Spanish member the Consejo General de Colegios de Médicos and adopted the following motions

AEMH 10-027 Motion on recognition of non-EU qualification

http://www.aemh.org/pdf/AEMH10-027Motiononrecognitionofnon-EUqualifications_000.pdf

The AEMH Plenary Meeting has been informed by the Spanish Delegation of “Consejo General de Colegios de Médicos” that the public health services in Spain are contracting many doctors who hold medical qualifications obtained in countries outside the EU ignoring the procedures of recognition of genuine medical specialist qualifications, as well as choosing medical university graduates who have not completed postgraduate specialist training. The AEMH urges the Spanish health authorities to put an end to this practice and to respect the European directive on the recognition of professional qualifications (Directive 2005/36/EC).

We are concerned that this policy will jeopardise the quality of patient care and will have a major impact on patient safety.

AEMH 10-032 Statement on Prescription by Nurses

http://www.aemh.org/pdf/AEMH10-032StatementonPrescriptionbyNurses_000.pdf

The Plenary Assembly of the AEMH urges the Spanish authorities to respect the freedom of prescription of physicians and to not entitle other health care professionals to prescribe drugs, for which only physicians have the necessary training. The Association warns of the serious risks for patients who are placed in the hands of people lacking the necessary knowledge to diagnose processes and diseases, this being the essential first step before drugs can be prescribed.

AEMH 10-033 Motion on compulsory registration

http://www.aemh.org/pdf/AEMH10-033Motiononcompulsoryregistration_000.pdf

The Plenary Assembly of the AEMH urges the Spanish authorities to respect self-regulation by Medical Associations in defence of patients’ interests, and considers, within the EU area of freedom and democracy, that compulsory membership should be a right for patients and an obligation for physicians.

Furthermore the AEMH plenary adopted

AEMH 10-046 Statement on Hospital Accreditation

http://www.aemh.org/pdf/AEMH10-046StatementonHospitalAccreditation_001.pdf

This statement is a compilation of three former statements covering

- 1- Hospital management based on quality and safety*
- 2- Hospital development and centres of excellence*
- 3- Hospital organizational standards*

AEMH 10-047 Statement on Task shifting

http://www.aemh.org/pdf/AEMH10-047AEMHStatementonTaskShifting_001.pdf

The statement defines the prerequisite standards:

- diagnosis and therapeutic decision must remain the responsibility of the physicians
- involving professional representative medical associations before initiating the process by political decision;
- appropriate health legislation and administrative regulation for task-shifting practice;
- it should not and must not be associated with second-rate services;

- it should be a way to improving the overall quality of health services – not only cutting costs;
- ensuring that existing health workers are appropriately qualified for the new tasks.

The WG on “Doctors’ Involvement in Hospital management” elaborated a draft statement for further discussion and improvement (AEMH 10-048).

<http://www.aemh.org/pdf/AEMH10-048DraftStatementDrsinvolvementinHospitalmanagement.pdf>

EMO Collaboration

The plenary approved to support the response drafted by the CPME on the consultation of the European Commission concerning a possible revision of the European Working Time Directive. All EMOs co-signed the letter to the Commission and thereby show their determination to strongly oppose any change of the definitions of “working time” and “rest period” and “on-call-periods”.

The AEMH plenary approved *unanimously* the **EMOA Collaboration Agreement** elaborated by the Presidents’ Committee in Porto in December 2009 and expressed its commitment to the establishment of an alliance. It furthermore mandated the AEMH Board to study concrete proposals to join a common Domus Medica. Nevertheless, the focus is on collaboration, the Domus Medica should develop as a logical consequence.

The **collaboration with FEMS** and the common secretariat is an example of optimising synergies. Both organisations hold once a year a common board meeting and collaborate in working groups. On the request of two common members and on invitation of the Bulgarian Medical Association, AEMH and FEMS will experience a common general assembly in spring 2012.

According to the EMOA Collaboration Agreement, the AEMH gave support to a motion drafted by the **CEOM** on information to patients on prescription drugs, recognizing the expertise of its sister organisation in this field.

The EMO meeting of 31 October 2010 in Amsterdam concluded that the collaboration agreement is to be seen as a framework, which needs further development and improvement. The EMOS decided to collaborate on three topical issues: professional recognition, task shifting and EWTD. The AEMH will coordinate together with CPME and EANA on the topic task shifting.

European Health Community

EPHA - The European Public Health Alliance has adopted AEMH as an associated member. EPHA is an international non-profit association registered in Belgium. Membership is composed of around 100 local, national, regional and European non-governmental (NGOs) and not-for-profit organisations working on all aspects of public health. EPHA membership organisations work individually and collectively to promote and protect the health interests in Europe. EPHA is involved in all health related topics and endeavours to ensure that health was one of the key strands of European policy. It acts as a true umbrella organisation: Members receive updates on policies, events and trends in monthly Policy Communication Meetings, where members have the possibility

to raise topics.

ECDC -The European Centre for Disease Prevention and Control (ECDC) approached AEMH in April with a request for offer to develop a tool to support evaluation of **European Antibiotic Awareness Day** amongst hospital prescribers of antibiotics. Due to a short deadline we could not set up a steering group to elaborate such a tool, but we expressed our preparedness to participate in the campaign. Consequently, AEMH is listed as EU umbrella organisation on the website of ECDC. AEMH member delegations were asked to participate in the campaign to raise awareness and disseminate the message of prudent use of antibiotics.

Médecins du Monde. The AEMH Plenary unanimously decided to support the initiative of Doctors of the World **“Towards non-discriminatory access to healthcare”** and signed collectively the [European-Declaration-of-health-professionals-Towards-non-discriminatory-access-to-health-care](#)