



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 ΙΔΤΡΩΝ 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
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΪΑ ΝΑ ΣΤΑΡΨΗΤΕ ΒΟΛΝΗΪΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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63rd AEMH-Plenary Meeting, Lisbon/ Portugal

Venue : Marriott Lisbon Hotel (Berlin Room), Av. dos Combatentes, 1600-042 Lisbon/Portugal

Draft Minutes

Friday , 7 May 2010

9:00 Opening

1. Addresses of Welcome

AEMH-President Dr Joao de Deus opened the session by welcoming especially the new delegates: from Bulgaria, Dr Chernov, Dr Konstantinov, Dr Raychinov, from Greece Dr Alexandropoulos, Dr Dimitrakopoulos, Dr Panagiotidis, Dr Pinis, Dr Rokadakis, Dr Vasiadis, from Italy Dr D’Autilia, from Norway Dr Helle, and from Slovenia Dr Kalan Zivcec. He also addressed a warm welcome to the EMO representatives: CPME President Dr Radziwill, FEMS- President Dr Wetzel, UEMS Vice-president Dr Krajewski. Dr Nunes, CEOM- President and Dr Caxeiro UEMO-President were prevented and excused.

2. Approval of the Agenda

AEMH 10-010

➤ The president requested a change due to a deadline of a consultation of the European Commission, to which CPME has drafted a reply and proposed to add the logos of all EMOs. The item will be discussed after point 4 of the agenda.

The plenary approved this change.

3. Roll Call of Heads of Delegations

➤ Brigitte Jencik proceeded with the roll call. All 17 delegations were present.

4. Approval of the Minutes of the 62nd Plenary Meeting Brussels

AEMH 09-055

➤ Dr Cuénoud asked to change on page 7 the misspelling of his name.

The minutes were approved with this change.

12.3 a)

CPME on behalf of all EMOs, Joint Statement on EWTD

CPME 2010-028

The European Commission launched a consultation in order to gather the views of workers' and employers' representatives on the options for reviewing EU rules on working time. The first stage consultation asks the European social partners whether action is needed at EU level on the Working Time Directive (2003/88/EC) and what scope it should take. This represents the first step towards a comprehensive review of the Directive and comes after previous attempts to revisit the existing legislation reached an impasse in April 2009.

- The President reminded the importance of the issue for European Doctors to speak with one voice and have a firm position. The Board recommended to support fully the document drafted by the CPME.
- Dr Wetzel underlined the crucial importance to avoid a new battle. He advocated to endorse the CPME document but expressed his hope for a better collaboration process within in the EMOs on future actions.
- Dr Radziwill confirmed that the existing document will be changed as to include the EMOs in the text. He also agreed that in the future consensus of the different opinions has to be found. But today’s document is to prevent any change of the existing directive.
- Dr de Deus asked for further comments.

➤ Dr Kalan Zivcec reminded that the process started under the Slovenian EU presidency when the discussion about active and inactive working time started. Slovenia strongly opposed any change to the directive.

The President put to vote and the plenary unanimously supported the CPME document.

5. European Liaison Office (Brigitte Jencik)

- Secretary General's Report 2009 [AEMH 10-002](#)
- New status, new working methods

➤ B. Jencik reverted to her written report as to her activities and reminded the change of her status which the plenary has approved last year. She works no longer as salaried person but as freelance from her company established in France. Activities in Belgium fall under the Liaison Office Europe of Healthcare Organisations established in Brussels. Liaison is currently done between AEMH and FEMS, but quite open to others. She also reminded that the activities are run from a virtual office, which is now called the AEMH European Liaison Office. Consequently B. Jencik took the title of European Liaison Officer instead of Secretary General.

She reported on the vain attempt to join the European Health Policy Forum, a community set up by the European commission to influence health policy. Nevertheless, AEMH is invited to take part in European Open Health Forum organised by the commission end of June. AEMH also applied for membership in another health community, the European Public Health Alliance (EPHA), which is an important stakeholder, partly funded by a grant from the European Commission. They are very supportive to their members. The AEMH application will be submitted to their plenary in June for approval.

The president reminded that the changes have been implemented in full accordance with the Board and thanked B. Jencik for her work, which remains unchanged.

6. Financial Matters by AEMH-treasurer Dr. Sobat

➤ Dr Sobat started his report by expressing his satisfaction as times were the plenary spend much time on financial matters are belonging to the past.

6. 1. Financial Report 2009

- a. External Auditor's Report/ Closing of accounts 2009 [AEMH 10-013](#)
- b. Explicative note by the external auditors [AEMH 10-045](#)
- c. Treasurer's Report of Year 2009 [AEMH 10-020](#)

➤ Dr Sobat explained the results of the financial documents sent out to all delegations before the meeting. The deficit was not foreseen, unexpected costs due to taxes for Brigitte leaving her salaried position occurred. Nevertheless, the deficit was kept lower than these costs due to unbudgeted sponsorship and a budget surplus. This year we will not have any unforeseen costs and we will benefit from the savings of having a virtual office.

The change of venue of last year's plenary meeting from Bulgaria to Brussels also influenced the expenses negatively. We have started then to introduce the meeting package to be paid by the delegates, which will help in the future member delegation to host AEMH meetings.

Dr Sobat also reported that the Board has decided to block assets of 60.000 € for consecutive 3 years at the DEXIA Bank in Luxembourg, which will pay interest of 2 % the first year, 3 % the second, and 4 % the third year.

This year's final result could be influenced if the plenary should decide to quit the rented office space, which costs 6.000 € per year from which half is paid by FEMS, thus savings of 3.000 €.

He finished by thanking the delegations for having paid their contributions timely.

- d. Internal Auditor's Report on accounts 2009 by Dr Morresi [AEMH 10-034](#)

➤ Dr Morresi read his report, which did not raise any objection.

- e. **Approval on Discharging the Board on the Financial Report 2009**

The plenary discharged the board on the finances 2009 unanimously.

6.2. Prevision 2010

a. additional income (potential sponsor, EU funding)

- Dr Sobat reported that this year we did not succeed to attract any additional sponsor but for the future PricewaterhouseCoopers showed interest to continue collaboration.

[AEMH 09-008 FIN REV](#)

6.3 Draft Budget Year 2011 for approval

[AEMH 10-006](#)

- Dr Sobat reminded that the decision to increase the membership during 5 year of 5 % has expired and considering the positive situation and perspective he proposed not to increase the membership fee for 2011. He also explained the destination of the surplus. According to the recommendations of the external auditors AEMH should have a reserve covering one-year operating costs, which could not yet been achieved.
- De De Deus congratulated the treasurer and welcomed the changes related to the office and the meeting package, which are very positive and ensure financial sustainability.
- Dr Lies confirmed that PricewaterhouseCoopers are interested to continue collaboration, which is important not only for financial reasons but to increase our influence. New activities with other EMOs open new perspectives, which require more financial means.
- De De Deus confirmed that the board has decided at its last meeting to continue the collaboration. Document AEMH 10-006 was put to vote.

The plenary approved the budget 2011 unanimously.

7. President's Report (Presidency 2010-2012)

[AEMH 10-001](#)

- The president underlined that it is not a real report but more an action plan for the future work. He thanked past-president Dr Raymond Lies and the achievement during the 12 years and expressed the hope to be able to count on his advice to continue the work.
- Furthermore, he outlined the importance of the colleagues of the board to support him. Internally, he criticized the functioning of the working groups, delegations do not cooperate to the extend he wishes. He appealed to all delegates to get involved in working groups, to collaborate on the documents, which are the essence of the AEMH. An important pillar is the collaboration with other EMOs. The meeting of the Presidents' Committee in Porto and the issued document was of great important, because it recognized the expertise of the different organisations, which lays the foundations of collaboration within an alliance. The close and fruitful collaboration with FEMS will be continued and AEMH is committed to enlarge this collaboration to the other EMOs. The president reminded his objectives for the years to come; which are
 - to involve as many delegates as possible in the activities of our organization;
 - to promote our corporate image;
 - to enhance collaboration with FEMS and within the EMOA;
 - to update our core values, aims and means in compliance with the expertise recognized by the EMO alliance;
 - to strengthen our presence in Brussels.

a) ECDC's request for offer: Developing a tool to support evaluation of **European Antibiotic Awareness Day** amongst hospital prescribers of antibiotics".

[AEMH 10-025](#)

- Dr De Deus reported that this is a huge project, which should involve five countries. We could not meet the short deadline but will inform ECDC on our willingness to collaborate in any other possible way and follow up on the issue.

8. European Medical Organisations' Alliance

a) EMOA Draft Collaboration Agreement for approval

[AEMH 09-079](#)

AEMH-FEMS Letter to EMO Presidents
EMOs Confederation

[AEMH 08-059](#)

[AEMH 08-064](#)

- b) Report from the Presidents' Committee 16 April 2010 in Brussels
- c) Future strategy

- The president quoted from the document drafted by the Presidents' Committee in Porto (AEMH 09-074) that the alliance should respect the independence and autonomy of each EMO and the aim, which is to establish a strong common voice of doctors in Europe; facts on which all can agree. Concerning the fields of expertise, this remains still open. He asked delegations to comment in order to achieve the support of the plenary.
- Prof Nolte expressed the strong support of the German delegation, which is not represented in any other European organization. Collaboration in a domus medica is also supported.
- Dr Lies highlighted another important point from the document, which is the fact that the alliance is not a legal entity and not a new organization with statutes. He stressed that the agreement must be approved by all general assemblies of all undersigned organizations in order to make the agreement become a rule and a common strategy.
- Dr Sanchez-Garcia pleaded for consolidations within a Domus Medica as a first step to achieve in the future a single medical organization.
- Prof. Degos congratulated on the consensus document which nevertheless must be ratified. The fields of expertise seem to need revision especially concerning those for the CPME.
- Dr Bertrand supported this view.
- Dr Morresi expressed the full consent of the Italian delegation, which had discussed the matter in its board. He underscored that the skills and expertise of each organization contribute to the collective wealth of all.
- Dr De Deus stressed the commitment of the AEMH in the cooperation with EMOs. He mentioned as example the conferences of AEMH prior to CPME conferences. He joined the opinion of Dr Lies of the importance of a common strategy, which prevails on the establishment of a Domus Medica. The fields of expertise attributed to the CPME are understated and should be more consistent. He furthermore expressed his hope that this agreement could incite Italy, Spain and France to reintegrate the CPME. On the other hand, other EMOs have member delegations which are not represented in the CPME, especially FEMS. The collaboration agreement is therefore very important to unite all European doctors. The domus medica is a further step.
- Dr Radziwill expressed his satisfaction on the collaboration with AEMH which could be a model. CPME will discuss the collaboration agreement only in its board in June. His personal view is for closer cooperation in a Domus Medica to gather organizations at the level of secretariats. The chances for a "physical" office are very good as UEMS proposed to buy premises in a near future. His preference is for all organizations to be shareholder of the domus medica and all be hosts and not guests of one. Concerning the alliance agreement, he rather favors a declaration of goodwill. The limits of expertise pose a problem. The document on EWTD elaborated by the CPME is an example that CPME is active in a broader scope.
- Dr Lies commented on this, that a declaration of goodwill never succeed, he strongly supported a framework on common work. During 10 years of being under the same roof, the cooperation is doubtful, therefore the Domus Medica is only a second step. This is a transitional period.
- Dr Wetzel reminded the objective of an Alliance is to defend European Doctors and the safety of patients. AEMH and FEMS created a collaboration model and proposed the first draft of the collaboration agreement. He advocated to work together and elaborate documents together and not just undersigning documents of other organizations. Only if this collaboration works we should think of creating a new Domus Medica as the one we have experienced so far, failed.
- Dr Krajewski expressed the stand of the UEMS, which is in favor of the alliance and the Domus Medica. There will always be overlapping of activities but the allocation of tasks is not exclusively rights, but only a recognition of special expertise. UEMS is about to buy premises which could be the physical domus medica. He stressed the importance to demonstrate to politicians that doctors take common positions.

- Dr De Deus agreed that defending doctors is defending patients. Concerning the collaboration agreement he said that the document is open for discussion and can be amended as to the field of expertise. Goodwill yes, but a frame is needed. A domus medica cannot solve the problems of cooperation.
- Dr Lies reminded that in the past all organizations had their documents on the same topic. The aim is to achieve common documents and to support the document which the organisation with the recognized expertise has elaborated.
- De De Deus cited the European conferences on patients safety and CPD. In both cases the EMOs could give their input and important consensual documents could be elaborated.
- Prof Degos gave his experience of documents being difficult to adopt within an organisation and further to be endorsed by others, especially the CPME. Sometimes to reach consensus took so long, that the document was outdated once adopted. We have to find different working methods to be faster and more effective. Call on experts might be a good way. He doubted the benefits of being in a domus medica in this matter.
- Dr Kalan Zivcec agreed that what is important is the method not the purpose. Different organisations look at topics from different perspectives, which is valuable but at the end all different documents should be put together in a common document by experts. To do so, we need a common “virtual” or “physical” structure.
- The president closed the debate and put the document **Porto Collaboration Agreement AEMH 09-079** for adoption to the plenary **It was approved unanimously.**
- Dr Lies added that this decision should be communicated to all other EMOs by stating that we are open to all proposals in the field of the recognized expertises. This point should not be the pretext to disapprove the whole document.

d) Domus Medica (Rue Guimard 15 or elsewhere)
Position AEMH-FEMS

[Letter UEMS](#)
AEMH 10-024

- The president reminded that entering a domus medica means leaving the current office rue guimard.
- Dr Kalan Zivcec reported from the Slovenian Domus Medica, which took 20 years to achieve. From this experience she advocated to define the main goal, which all participating organisations should approve and follow. She asked the UEMS representative to expose their view.
- Dr Krajewski replied that the common goal is to cooperate within a domus medica but it cannot be a guarantee of success. As to the premises, there are different options, such as inviting other organizations to be co-owner in a joint venture but they are open to suggestions from others. UEMS will buy office space anyway.
- The president referred to the common AEMH-FEMS document and gave the floor to FEMS-President.
- Dr Wetzel highlighted that a virtual domus medica exists already. He needs a mandate from his general assembly to decide on whether or not to integrate a domus medica.
- The president agreed that the AEMH plenary has to mandate the AEMH board to take decisions in this respect.
- Prof Degos reported on an experience of a Domus Medica in Paris, which existed for 50 years. At the end neither the financial benefit, nor the collaboration were up to the expectations and the experience failed.
- Dr Lies reminded the story of the AEMH within the CPME, which was supposed to become a domus medica under the umbrella of the CPME, status recognized in the AEMH statutes. He warned on the danger of any other organisation using the domus medica for their internal strategy.
- Dr Kalan Zivcec welcomed the friendly proposal from the UEMS and expressed her support.
- The President asked the plenary to mandate the board to take the right decision.
- Dr Morresi advocated that the domus medica should lead to new working methods. The AEMH being a democratic organisation, it should be understood that by its vote, the plenary mandates its officers for the elected period to take decisions.
- Dr Buzgo reminded the financial consequences of the decision to take part in a domus medica.
The plenary voted unanimously to mandate the board to decide on this matter.

9. The Floor to Allied European Medical Organisations

- CPME: President Dr Konstanty Radziwill reported on the last meeting, which was heavily disturbed by the volcanic cloud. Nevertheless the decision of employing a new Secretary General could be taken and the working group held their meetings. He welcomed the common document on the European Working time directive, which could just be achieved and he thanked the sister organisation for having co-signed the CPME position. CPME works on the Green Paper on health Professionals. Their position stresses the attractiveness of the profession form which working time is one element, salaries and CPD are others. CPME is strongly involved in the Pharma package, especially on information on prescription medicine. Cross-border care is another topic, which might be back on the agenda under the Spanish presidency. The review of the directive on Recognition of Professional qualification is taking in collaboration with Medical Chambers, which are national regulatory bodies. He reminded also new specialties to be recognized, amongst which family medicine, requested by UEMO and strongly supported by CPME.
- Dr Lies questioned on the new Secretary General.
- Dr Radziwill reminded that Lisette Tiddens will retire in June and the successor was chosen on open advertising. The Executive Committee has chosen a German lawyer, Birgit Beger, who has experience in European affairs. The CPME board has approved unanimously the choice.
- FEMS: President Dr Claude Wetzel reported on his re-elected for a second and last mandate. His objectives are to improve the collaboration 1. with the other EMOs and 2. to European trade unions, especially ETUC.
He reported from meetings he attended of EMOs and other European organisations and from the programme of the upcoming FEMS General Assembly, which includes presentations on working conditions and stress of salaried doctors in Europe.
He reminded the collaboration on secretarial level with AEMH, which he called an example for all European medical organisations.
- UEMS: Vice-President Dr Romuald Krajewski gave a presentation of the constitution of UEMS, which has 78 sections, which have divisions, 7 multidisciplinary committees. They have representation from 35 countries. He reported on problems of recognition of qualifications, as there are huge differences throughout Europe. UEMS is against the multiplication of new specialties. The EACCME is a big activity within UEMS, e-learning has been included recently, some 1300 events have been accredited. A new initiative is ECAMSQ (European Council for Accreditation of Medical Specialists Qualification), which aims the evaluation of harmonisation of educational standards.
Internal problems have been solved by integrating the sections in the Management Council and granting them voting rights.

10. Working Groups - Parallel sessions

10.1 Pre- per- und Postgraduate Medical Training “Evidence-based CPD”

Chair: Dr Thomas Zilling

See report point 12

10.2 Patients Safety and Task Shifting

Chair: Dr Hrvoje Sobat

See report point 12

10.3 Doctors’ involvement in Hospital Management

Chair: Dr Raymond Lies

See report point 12

63rd AEMH-Plenary Meeting, Lisbon/ Portugal**A G E N D A****Saturday 8 May 2009****9:00****11. National Reports**

-Presentation of the highlights (5 minutes) from the written reports by each delegation

Austria	AEMH 10-043	Luxembourg	AEMH 10-042
Belgium	AEMH 10-028	Norway	AEMH 10-040
Bulgaria	AEMH 10-030	Portugal	AEMH 10-029
Croatia	AEMH 10-022	Slovakia	
France		Slovenia	AEMH 10-041
Germany	AEMH 10-023	Spain	AEMH 10-026
Greece		Sweden	AEMH 10-039
Italy	AEMH 10-044	Switzerland	AEMH 10-031

10:30 – 11:00 Coffee Break**12. Reports and Documents for adoption and decision****12.1 Internal Documents from working groups****WG 1) Evidence-based CPD**

Chair: Dr Thomas Zilling

Dr Zilling started his report by reminding the last year's adopted bullet points concerning regulating. This year no documents have been issued. The group discussed the European Directive on Recognition of Professional Qualification. The topic evidence-based CPD is on-going with the president of the World Federation for Medical Education, Stefan Lindgren and Janet Grant, Professor and supervisor at the Royal College of Physicians in London. The ambition for next year is to have a document adopted on evidence-based CPD.

WG 2) Patients Safety and Task Shifting

Chair: Dr Hrvoje Sobat

- Dr Sobat named the participants at the working group, who were Dr Costa, Prof Nolte, Dr Radzwill, Dr Refsum, Dr Wedin and Dr Wetzel. A short document was established, which takes nevertheless into account all opinions of the members of the WG. Task shifting is a good way to improve health systems and the position of the WG is that task shifting should aim to benefit to the patient. It can secondarily help to rationalise costs. As strong request for the involvement of doctors before deciding on shifting tasks was expressed. It should be by no means downgrade medical care.
- Dr Hawliczek requested the training of nurses to be in the hands of doctors, who must supervise all stages of task shifting.

- Dr Zilling expressed the concern of the Scandinavian countries with the document, as reality in these countries goes far beyond. Nurses are habilitated to see patients and make diagnosis. He therefore proposed to improve the document further.
- Prof Nolte opposed and insisted that diagnosis and therapeutic decisions must remain with doctors. In Germany this is enshrined by law. He questioned how the legal situation is in other countries.
- Dr Sanchez-Garcia stressed that if doctors reject medical acts, these will be taken up by other health professionals. Hospital Physicians stand for best care for all patients and if we think that this is best provided by doctors, we have to defend this standpoint.
- Dr Zilling advocates that the role of doctors has changed over the years and with new technologies.
- Dr Buzgo referred to comments from the Swedish Medical Association sent to the CPME working group on task shifting and stated that besides wording there is no fundamental difference to the AEMH document.
- Dr Sobat explained that the aim of the document was to be diplomatic.
- Prof Degos pointed out that the discussion showed the differences of nurses training., which is not reflected in the document.
- Dr Wedin explained that the nurses are a profession in which diagnoses and prescription is enshrined. She furthermore wished to put forward the advantages and opportunities task shifting provides to doctors. She described the document as too defensive.
- Dr Hawliczek opposed that it is his duty to defend the profession and the document is a tool to do so.
- Dr Kalan Zivcec supported the training issue. Highly educated nurses want take over tasks but without taking responsibilities.
- Dr Helle explained that Norway is in between the Swedish position and the others.
- Dr Radziwill stated that CPME faced the same problems on task shifting. We should focus on protection of patients rather than the medical profession. The question to ask a patient whether he wants to be treated by a doctors or a nurse.

The President put the proposed document to vote: 3 against, 2 abstentions, 11 in favour.

The document is approved by majority.

WG 3) Doctors involvement in Hospital Management

Chair: Dr Raymond Lies

- Dr Raymond Lies announced that a document has been circulated with the outcome of the work. The working group was unanimous to involve doctors in management. Doctors are minority in numbers but majority in having responsibilities. There is a need for including management at an early stage in medical education. Patients involvement, responsibility in treatment and diagnoses are key points. Free choice of treatment can be in danger due to restricted hospital budgets . Doctors need to argue for the medical treatment they want to provide.
- Prof Degos as author of the document stated that it was about “why and how” . Why the need to interest doctors in management ? to ensure the “medicalisation” of therapy decisions, on the other hand doctors also have to understand their responsibility in economic interests of the hospital. How to get them involved: by education in care and management.
- The president decided to take the document as it and to circulate it for further development.

Accreditation of Hospitals and Centres of Excellence

Chair: Dr Joao de Deus

AEMH Statement on Accreditation of Hospitals

Compilation of three AEMH statements

AEMH 10-046

(AEMH Statement 1st Part - Quality and Safety ([AEMH 07-042](#)))

(AEMH Statement 2nd Part - Centres of Excellence ([AEMH 08-023](#)))

(AEMH Statement 3rd Part – Organisational Standards ([AEMH 09-034](#)))

- The president explained that the new document is only a compilation of already adopted documents.
The plenary approved the compilation.

Labour Conditions of European Hospital Physicians

[AEMH 08-054](#)

Presentation of the outcome of the survey: Dr Manuel Sanchez-Garcia

- Dr Sanchez-Garcia explained that countries are still missing. The document will be circulated as it stands.

12.2 Internal Documents from Member Delegations

a) Motion on Recognition of non-EU medical specialist qualification

[AEMH 10-027](#)

- Dr Sanchez-Garcia explained the document, which pleads for respect of the European Directive on Recognition of Professional Qualification 2005/36.

The plenary approved the document unanimously.

b) Motion on Prescription by Nurses

[AEMH 10-032](#)

- Dr Sanchez-Garcia mentioned the relation of this subject to previous discussions.

The plenary approved the document by majority with one vote against.

c) Motion on Compulsory Registration

[AEMH 10-033](#)

- Dr Sanchez-Garcia explained that the document advocates patients rights and doctors duties.

The plenary approved the document by majority with two abstentions.

12.3 External Documents

a) from Associated EMOs

CPME on behalf of all EMOs, Joint Statement

[CPME 2010-028](#)

- The President reminded that this point has been discussed in the beginning of the meeting and that there is reason to congratulate all EMOs for the adoption of this common document.

b) from other Organisations

Doctors of the World – Médecins du Monde

Healthcare Professionals Declaration

“Towards non-discriminatory access to healthcare”

[AEMH 10-035](#)

The plenary approved unanimously to support the Healthcare Professionals Declaration.

Background Document:

“Access to health care for undocumented Migrants and Asylum Seekers in ten EU countries” Executive summary

[AEMH 10-036](#)

13. Elections as to the AEMH Statutes

- **Treasurer, term 2011-2013** (member of the Executive Committee)

Dr Hrvoje Sobat announced his candidature. No other candidate came forward.

The plenary elected Dr Sobat by acclamation.

- **2nd Vice-President, term 2011-2012**

Dr Thomas Zilling applied for the position. No other candidate.

The plenary elected Dr Zilling by acclamation.

- **3rd Vice-President, term 2011-2012**

Dr Mikulas Buzgo was candidate. No other candidatures appeared.

The plenary elected Dr Buzgo by acclamation.

14. Dates and Venues of the next meetings

- 64th AEMH Plenary Meeting 2011, Switzerland on invitation of the FMH
 - Dr Cuénoud announced the venue of the next plenary: Montreux on the lake of Geneva at 26-28 May 2011.
- 65th AEMH Plenary Meeting 2012, call for invitation
 - Dr Konstantinov excused the Bulgarian Medical Association for not having been able to organise the event in 2009 as foreseen and conveyed the invitation to host the 2012 meeting. The venue can be either Sofia or Varna at the Black Sea.
 - 66th AEMH Plenary Meeting 2013, 50th anniversary of the AEMH, call for invitation

No candidatures came forward for this special event.

For information: Venues of AEMH Plenary meetings

[AEMH 10-012](#)

International Meetings Calendar

[CPME 2010-035](#)

15. Any other business

The president expressed special thanks to Dr Sanchez-Garcia who attended his last meeting in the AEMH, the assembly took leave from Dr Sanchez-Garcia with applause.

The president thanked the interpreters and the secretariat for their work and assistance.

13.00 The 63rd AEMH-Plenary Meeting was adjourned.