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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 BOLNIČKIHI LIJEČNIKA  
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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## Minutes of the 64<sup>th</sup> AEMH-Plenary Meeting, Montreux/ Switzerland

Venue : HOTEL EDEN PALACE AU LAC, Rue du Théâtre 11, CH-1820 Montreux

<http://www.edenpalace.ch/>

Friday , 27 May 2011 , 9:00 – 17:00, Saturday 28 May 2011, 9:00 – 13:00

### 1. Addresses of Welcome

- AEMH-President, Dr Joao de Deus opened the session and wished the delegates welcome. He thanked the Swiss Medical Association for hosting the AEMH Conference and Plenary meeting. He especially welcomed the new delegates : from France Prof Beloucif, from Italy Dr Reggiani and Ms Napoleone, from Portugal Dr Gomes, from Romania Prof Vlad, from Slovenia Prof Kosnik, from Spain Dr Font, from Sweden Dr von zur Mühlen and Dr Nevander, and observer from Israel Dr Moshe Kostiner. He thanked the representatives from EMOs, Dr Wetzel from FEMS, Dr Berchicci, from UEMS for their presence.

### 2. Roll Call of Heads of Delegations

[AEMH 11-057](#)

B. Jencik proceeded to the roll call and stated that all AEMH delegations were present.

### 3. Approval of the Agenda

**AEMH 11-015**

The agenda was approved.

### 4. Approval of the Minutes of the 63<sup>rd</sup> Plenary Meeting Lisbon

[AEMH 11-012](#)

The minutes were approved unanimously without changes.

### 5. President's Report

#### a) AEMH Activity Report 2010

[AEMH 10-072 FIN](#)

- The president reviewed the activities achieved in 2010.  
He highlighted the collaboration with the EMOs and especially with FEMS.

#### b) AEMH Activities 2011

-59<sup>th</sup> AEMH Board and 4<sup>th</sup> Joint AEMH-FEMS Board meeting, 15 Jan.2011 [AEMH 11-008 REV1](#)

-Inauguration Slovenian Domus Medica and EMO Presidents Committee

Ljubljana (see point 8)

-Congress of the **European Association of Hospital Pharmacists**; 31 March - 1 April 2011

- The president met with EAHP-President, Roberto Frontini, who was speaker at the AEMH conference. EAHP also discussed task shifting and it was decided to continue collaboration.  
-CPME Meeting in Brussels
- The president attended the meeting, report later on the agenda.  
-20<sup>th</sup> Anniversary of the Czech Medical Chamber on invitation of Milan Kubek.
- The president took the opportunity to invite the Czech medical Chamber to join the AEMH.

-FEMS General Assembly in Barcelona, 14-15 May 2011, see report Dr Wetzel point 8.

- European Conference co-organised AEMH-EAHM-HOPE in the context of MEDICA 2011 and The German Hospital Day „**Current European Hospital Policy**“ and „**Impact of the European Patients Rights Directive on Hospitals in Europe**“

[AEMH 11-058](#)

## 6. European Affairs update

### a) **EWTD (European Working Time Directive)** state of affairs, Briefing

[AEMH 11-061](#)

- The president stressed the importance of these topics, which are on top of the European agenda. He invited Dr Wetzel to give an update.
- Dr Wetzel reminded that the topic is one of the expertises of FEMS. He mentioned the difficulties for training young doctors in hospitals. He related the shortage of doctors to the working time and the attractiveness of the medical profession. He mentioned the joint statement of the EMOs and the importance of showing unity of the EMOs. He reminded the position of the EMOs, which is opposing inactive periods of resident on-call duties, the postponing of compensatory rest and the abolishment of the opt-out clause. He fears a new revision attempt at the end of the year.
- The president agreed on the importance of the matter and asked the delegates to give their experiences.
- Dr Lies questioned about the collaboration with the CPME and the consensus on this subject. He advocated to make alliance with the patients, their support would be a strong signal to the politicians.
- The president confirmed a good collaboration with CPME and its President Dr Radziwill. Consensus could be reached with exception of PWG. Concerning the patients' organization, he doubted the acceptance of patients to support doctors, who are often the "bad guys". He favours to put a focus on patients safety.
- Prof Chernev warned to be cautious when working with patients' organisation.

### b) **RPQ (Recognition of Professional Qualification)** state of affairs, Briefing

[AEMH 11-062](#)

- The President informed that it was not possible to reach a common reply of all EMOs to the consultation launched by the commission. AEMH therefore send its own remarks to the Commission. The working group will reflect further on the topic and report tomorrow.

### c) **European Health Workforce** Briefing

[AEMH 11-063](#)

- The President pointed the importance of the topic which relates directly to shortage of doctors, which again relates to task shifting.
- Dr Lies, who tackled the problem of shortage during the AEMH Conference informed that he will collect data from other European countries to complete the survey. It seems that smaller countries encounter less difficulties that big ones.
- Dr Wetzel reminded the mandate given to AEMH from the EMO Presidents' Committee to create a task force and reflect on the medical competence including the medical act and task shifting. The aim is to draft a common statement. He also informed on the launch by the CEOM of a European Observatory on Medical Demography, in which FEMS participates.
- Dr Reggiani informed that Italy also faces problems. Firstly due to an increased duration of training and secondly to the fact that in the coming years 3-4 years 16000 doctors will retire.

- Dr Hawliczek reported from Austria that there are 8 times more candidates for medical education than places at the universities. The governments should invest more in health as medical staff is a key factor for societal and economic stability.
- Dr Bertrand agreed that the educational problem is never taken into account although when claiming to abolish the numerus clausus the educational means need to be provided, which is currently not the case.
- Dr Nevander brought the debate to a global approach and asked the AEMH to contribute on the key elements in a global strategy to tackle shortage of doctors also in developing countries.
- The president agreed that politicians do not plan long-term strategies. He learned that in Germany 40% of medical students do not become doctors, which makes planning difficult.

d) **European Directive on Cross-border Healthcare** Briefing [AEMH 11-064](#)

- The president pointed out that the definition of “prior authorisation” is not clearly defined in the directive. He feared discrimination to access crossborder healthcare.
- Dr Hawliczek advocated to improve health services in the home countries, so that patients don’t need to seek care abroad. Doctors should be against.
- Dr Zilling reported that Sweden is very much in favour of the directive. Swedish patients can go anyway and will get reimbursed. It can also be a challenge for some countries to attract foreign patients.
- Prof Degos expressed his approval for crossborder healthcare, which incites competition, which again incites countries to upgrade their health services in order to reach the level of other countries.
- Prof Beloucif highlighted the different national legislations, some medical acts (medical assisted reproduction, ovocyte donation) are illegal in one country and legal in another, thus patients go where they get what they want.
- Prof Tica mentioned that also medical acts are differently handled, reimbursed in one country and not in another. Some countries cannot afford reimbursement. Although in favour of free movement of patients, he thinks that Europe is not ready for this directive.
- Dr Lies advocated that patients who cannot receive adequate treatment in their home countries should be able to seek treatment abroad and get reimbursed.
- Dr De Deus reported that UK citizens become resident in Portugal to benefit from dialysis, which is not provided for patients older than 65 in the UK. The Portuguese NHS has to pay for the treatment.
- Dr Sobat questioned whether there is data on the importance of movement of patients.
- The president remarked that for the time being crossborder healthcare represents only 1 % of health expenditure, but this might increase with the implementation of the directive.

## 7. European Medical Organisations’ Alliance

a) **EMOA Draft Collaboration Agreement** [AEMH 09-079](#)

- a) Report from the past Presidents’ Committee  
 Amsterdam, 31 October 2010  
 Paris, 2 December 2010  
 Ljubljana, 26 March 2011

[AEMH 10-080](#)

[AEMH 11-006](#)

[FEMS 11-031](#)

- The President referred to the Paris meeting and on common EMO documents. He contested the remark made by Dr Montgomery, that if no divergences, a common statement is not needed.

Furthermore, he informed that he has been appointed at the Ljubljana meeting to establish a task force working on a definition on medical competence, which will include task shifting and the medical act. He hopes that a common statement could be signed by all EMOs.

He underlined the good spirit of the meetings and the commitment of the AEMH to collaborate in the framework of an alliance.

- Prof Vlad praised the work within the alliance and pleaded that commonly supported documents should be signed by the presidents. He mentioned the collaboration agreement defining the expertises of the different EMOs, which has been contested by CPME.
- The president agreed but reported that positions changed even on signed documents.
- Prof Nolte expressed the satisfaction of his organisation on the efforts put to establish and to work within the alliance, as this is the only representation of all European doctors. CPME cannot pretend being the only representative body.
- The president agreed and reminded that more than one third of EU doctors are not represented in the CPME anymore since the resignation of France, Italy, Spain and Portugal.

b) Future strategy – not discussed.

c) Domus Medica, Rue de l'Industrie 24, B-1040 Brussels

[UEMS NewsFlash](#)

- The president recalled the position of the AEMH, which is full commitment to collaborate with EMOs, and to study the proposal to integrate a Domus Medica. It is more a political sign than a need of office space, as the AEMH operates from a virtual office.
- Dr Berchicci, UEMS-treasurer, reported from the purchase of a building in Brussels and the invitation to other organisations to join. He expressed UEMS' hopes to unite European doctors in the same house and hereby enhance collaboration.
- Prof Nolte reinforced the positive evaluation of the German delegation on the EMO Alliance and collaboration within a Domus Medica, which is seen as the way forward to demonstrate unity of European doctors in Brussels.
- Prof Degos informed on the position of France, which left the CPME (amongst other reasons) because of its dominant attitude towards its members and other EMOs but is quite prepared to work together in a Domus Medica and to speak with a one voice on topics of common interest
- Dr Bertrand questioned whether CPME would join the premises, which was confirmed by the president.
- Dr Sobat expressed the financial point of view of the AEMH, which is to rent office space at similar conditions as currently paid for the office at Rue Guimard. We await a detailed offer from the UEMS.

## 8. The Floor to Allied European Medical Organisations and/or Reports from

### AEMH-Liaison Officers

a) -**FEMS**: Dr Claude Wetzel (President)

[FEMS11-036 EN](#)

- Dr Wetzel summarized his written report.
- Dr Lies congratulated the board of AEMH and FEMS on the collaboration efforts started under his and Dr Bertrand's presidency. Both organisations represent hospital physicians and are committed to the defence of their interests.
- Prof Nolte joined this opinion and reported that his organisation, VLK, the German Association of Senior Hospital Physicians, equally reflects on the representation of all hospital physicians in the future. Thus AEMH and FEMS have set a sign.

- b) –**CPME**: Dr Joao de Deus, Brigitte Jencik [CPME 2010-159](#) + [CPME 2010-160](#)
- The President reported on the meeting in absence of a CPME representative. The AEMH board had decided not to take part in CPME working groups, but to attend as observers. He reported on the change of CPME statutes, especially on the change of length of mandate for the president and the executive committee. They also installed weighted votes and veto in a very complicated system. Portugal has confirmed its resignation from the CPME, but the door remains open for negotiation.
  - Dr Buzgo added that Albania and Macedonia applied for observer status. Macedonia was not accepted due to a problem of denomination contested by Greece and Cyprus.
  - Prof Tica represented Romania in the CPME meeting. He reported that the weighted votes have been introduced as one of the demands of the three leaving countries and as a prerequisite for their return. He expressed doubts on these possibilities.
- c) –**EJD-PWG**: Report Meeting 6-7 May 2011 – Dr Hrvoje Sobat
- Dr Sobat reported from his first meeting as AEMH Liaison officer to EJD and the enthusiasm of the delegates. They have decided on the new name EJD and elected a new president, Dr Carsten Mohrhardt from Germany. They discussed the costs of international exams, the participation in the costs of medical education, the commitment to work for the public health sector in medical deserted areas, the lack or uncertainty of working contracts and burn-out. Their next meeting will take place in Malta in autumn.
  - Several delegates reacted on the insecurity of young doctors working contracts and the danger of burn-out.
  - Prof Chernev advocated that it is the seniors who should make proposals to improve young doctors working conditions.
  - Dr Nevander sees the solution in a stronger involvement of young doctors in trade unions, where we should give them support.
  - Dr Hawliczek stressed the importance of political and societal education.
- d) –**UEMS**: Report Meeting 8-9 April 2011 – Dr Thomas Zilling
- Dr Zilling reported on the UEMS working group on training, where the project of a web-based European specialist exam was discussed. The AEMH would oppose if such exam should become mandatory. These exams can only be done on national level. The working group CME/CPD chaired by Dr Borman reflected on a change of granting CME credit point based on the interactivity of the course, which would create complications and problems as to the reference to the US system, if implemented.
  - The President commented on the European exam and recognition of specialities and expressed concern on UEMS ambitions to recognize specialists, which should remain the competence of national authorities.

## 9. Financial Matters by AEMH-treasurer Dr. Sobat

### 9. 1. Financial Report 2010

- a. External Auditor's Report/ Closing of accounts 2010 [AEMH 11-029](#)
  - b. Treasurer's Report of Year 2010 [AEMH 11-030](#)
- Dr Sobat expressed his pleasure to present the excellent result, which he explained by the introduction of the virtual office and the self-employment of the secretary. Other significant factor was the financial support of the Portuguese delegation for the last plenary meeting, for

which he thanked warmly. He also thanked the delegation for the timely payment. Other income came from the DEXIA bonds, which brought first interests.

Dr Sobat furthermore detailed the balance sheet, closing the accounts 2010, ending with savings, which now corresponds to the recommendation of the auditors for a one-year operational budget. He then introduced the internal auditor's report drafted by Dr Morresi after the examination of the accounts at a visit to Brussels.

c. Internal Auditor's Report on accounts 2010

[AEMH 11-051](#)

d. **Approval on Discharging the Board on the Financial Report 2010**

➤ **The plenary approved the discharge unanimously.**

**9.2. Prevision on finances 2011** in respect of the budget 2011

[AEMH 10-006](#)

No discussion.

**9.3 Draft Budget Year 2012 for approval**

[AEMH 11-016](#)

➤ Dr Sobat presented the budget 2012. Thanks to the good result he proposed not to increase the membership fees for the second year in row.

➤ **The Plenary approved the budget unanimously.**

**9.4 Appointment of auditors**

*AEMH Statutes 15.5 "The auditors 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 2012-2014.

➤ **The External auditors were confirmed in their appointment.**

- **Internal Auditor, term 2012-2014**

Election postponed after point 11 of the agenda.

➤ The call for candidates was unsuccessful. The point was postponed (see after point 11).

## 10. Working Groups - Parallel sessions

**10.1 Pre-, per- und Postgraduate Medical Training: "Learning needs assessment"**

Report under point 12.1

**10.2 Patients Safety and Task Shifting: "Skill Mix in Hospitals"**

Report under point 12.1

**10.3 Recognition of Professional Qualification – Review of the ED 2005/036**

Report under point 12.1

## 11. National Reports

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

Prof Spath presented the report and informed on the recently introduced Medical Act, which foresees medical quality assurance to be subject to ministerial rule, which is unacceptable for the medical profession. He informed on the new anti-corruption-Act and the e-card and the planned introduction of electronic health records. A critical incident reporting and learning system (CIRS) was introduced and rapidly exceeded all expectations.

**Austria**

[AEMH 11-067](#)

➤ Dr Bertrand explained the shortage of the report by the standstill due to the political situation.

**Belgium**

[AEMH 11-055](#)



- Prof Chernev presented the Bulgarian report and reminded that the health minister is a former delegate in the AEMH, Dr Konstantinov. This has improved the relations to the government. He highlighted the problems of migration of doctors. **Bulgaria** [AEMH 11-056](#)
- Dr Sobat highlighted from the national report the merge of hospitals, health legislation regulations for categorisation and accreditation standards and a memorandum signed with Italy and Slovenia for recognition of CME credit points and exchange of young medical specialists. **Croatia** [AEMH 11-069](#)
- Prof Degos reported on a new law to be implemented in France which will give full power to administrative managers of hospitals. **France** [AEMH 11-070](#)
- Prof Nolte summarized the report and highlighted a new law on financing, which should save 3.5 Mio in hospitals to fill the deficit of health insurances. He also informed that Germany has the strictest separation of ambulatory care and hospital care which results in duplication of healthcare services and costs. **Germany** [AEMH11-050](#)
- Dr Christopoulos presented the report and the healthcare reform of **Greece** [AEMH 11-073](#)
- Dr Reggiani reported on a court case stating that the compliance with guidelines does not relieve the physician of its responsibility towards the patient. **Italy** [AEMH 11-074](#)
- Prof Degos reacted on this judgment which could be used by the AEMH to advocate that doctors have the power to decide against normalisation, which increases their freedom to act but also increases their responsibility.
- Dr Lies reported on a strike against a reform introducing a gatekeeper and abolishing the free choice of patients to choose their doctors. The action was successful. The new law calls hospital services to be re-organized around core competencies and are encouraged to federate their activities. **Luxembourg** [AEMH 11-065](#)
- Mrs Blindheim reported on a reform tending to better interaction between hospital services and health services in the municipalities, a big merge and the re-organisation of internship to comply with the European Directive on professional qualification. **Norway** [AEMH 11-052](#)
- Dr Gomes summarized the written report and especially alerted on a reduction of doctors' salaries by 5-10 %. **Portugal** [AEMH 11-066](#)
- Prof Tica gave a presentation on health spending in **Romania**, which is dramatically less than in most EU countries. Salaries of doctors and especially trainees are equally amongst the lowest. He reported on a great discrepancy between the politicians and the Medical College.
- Dr Buzgo reported on the lack of financial resources in health care system, on new capital investments in Slovak hospitals and on the campaign of the Medical Trade Union with the aim to set basic salaries, to improve working conditions, to stop hospital transformation into joint stock company. **Slovakia** [AEMH 11-071](#)
- **Slovenia** [AEMH 11-072](#)
- Dr Font presented the written report, which raised question concerning organ transplantation (no trafficking) and the prescription (no diagnosis) of drugs by nurses. **Spain** [AEMH 11-054](#)
- Dr Zilling reported on the merger which resulted in the two biggest hospitals of Europe with respectively 17000 and 15000 employees. There is no evidence as to cost-saving and improvement of quality of care. **Sweden** [AEMH 11-060](#)
- Dr Cuénoud reported on the change to the DRG system and a new partition of costs which will result in an increase of the health insurance. Swiss patients will in the future be able to choose the hospital where they want to be treated. **Switzerland** [AEMH 11-068](#)
- Dr Moshe Kostiner explained the situation in **Israel** and stated that Israel is facing similar problems as stated in the previous reports. The number of doctors in Israel is 21000. 40 % of health financing



is private, 60 % by government budget. Israel has a shortage of 5000 doctors, which the government tries to overcome by task shifting, whilst the responsibility remains with the doctor.

#### 9.4 Election of Internal Auditor

- Dr Reggiani submitted his candidature for the post. No other candidate.  
**Dr Reggiani was elected by acclamation internal auditor for the term 2012-2014.**

### 12. Reports and Documents for adoption and decision

#### 12.1 Internal Documents from working groups

##### WG 1) CPD –Learning-needs Assessment

- The chairman Dr Thomas Zilling presented the members: Dr Buzgo, Dr Bertrand, Dr de Deus. He presented the outcome of the work and a policy to be adopted, which he detailed by bullet point. The delegates debated the financing of CPD activities and whether the document should include restrictions or recommendations referring to the industry.  
Conclusion: financing was regulated in a former AEMH policy and should be excluded.  
**The plenary adopted the statement unanimously** [AEMH 11-075](#)

##### WG 2) Skill Mix in Hospitals – Task shifting

- The chairman Dr Hrvoje Sobat presented the members: Dr Hawliczek, Prof Degos, Prof Nolte, Prof Stolpmann, Dr Reggiani, Dr Lies, Dr Font, Dr Esteves, Dr Kosnik, Dr Nevander, Dr Cuénoud, Dr Wetzel.  
The document gave the definition of skill mix. It is not a statement but should be seen as a conclusion of the work of the group. It will be circulated to the delegates for further improvement. [AEMH 11-076](#)

##### WG 3) Recognition of Professional Recognition

- The chairwoman Signe Gerd Blindheim presented the members: Prof Spath, Dr Gomes, Ms Napoleone, Dr von zur Mühlen, Prof Sadek, Prof Vlad.  
Mrs Blindheim had drafted the AEMH response to the consultation paper, which had to be sent in March to the European Commission. The working group reflected on this paper and added some comments. [AEMH 11-077](#)

#### 12.2 Internal Documents from Member Delegations

Joint Meetings with FEMS, Austrian proposal [AEMH 10-054](#)  
**The plenary meeting approved unanimously.**

#### 12.3 External Documents

EPHA – European Charter for Health Equity [AEMH 11-048](#)

### 13. Dates and Venues of the next meetings

- 65<sup>th</sup> AEMH Plenary Meeting 2012, invitation by the Bulgarian Medical Association, venue tbc  
Prof Chernev informed that both Sofia or Varna would be possible. He will make proposals in September as to the venue.
- 66<sup>th</sup> AEMH Plenary Meeting 2013, 50<sup>th</sup> anniversary of the AEMH, call for invitation

- Prof Degos proposed to consult the French member delegations if they could host this meeting in Paris, where the first meeting took place in 1963 and where the AEMH has been established.

For information: Venues of AEMH Plenary meetings

[AEMH 11-017](#)

#### **14. Any other business**

- Dr Lies reported on the **1<sup>st</sup> Joint European Hospital Conference** to be held in connexion with the MEDICA on the topic of the Patients Rights to Crossborder healthcare, which will be co-organized by HOPE, the Hospital managers (EAHM) and AEMH. The conference will take place in Düsseldorf on 18<sup>th</sup> November and will be attended by the AEMH-Board and Dr Lies as speakers.
- Dr Lies informed on contacts he had with an organisation from the US, the “Clinical Advisory Board”, which provides best practice research to 2500 leading hospitals all over the world. They asked to be invited to a AEMH conference to present their organisation.

The president thanked the attendees for their active participation, the interpreters and B. Jencik for their work. He addressed special thanks to the host Dr Cuénoud and the Swiss Medical Association.