



**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
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Report AEMH activities

1.65th AEMH-FEMS Conference “Working Conditions in European Hospitals”. May 2012

endorsed unanimously

AEMH 12-009 Scandinavian Statement on Training and CPD

Examining of medical specialists and issuing specialists’ diploma should be at national level. Global, pan-Eu examinations should be optional and not a requirement for recognition according to EG/2005/36.

All assessment of specialist training should be formative – and not summative.

Regulations regarding CPD are a national responsibility.

AEMH 12-021 EMO Statement on the Professional Qualifications Directive

The safeguarding of the highest possible quality of medical training for doctors and medical care

for patients must be the guiding value in the revision of the legislation and may not be

compromised by economic or administrative pressures.

The mobility of doctors based on transparent information and decision-making must be ensured .

Partial access must not be applied to the medical profession.

The competent authorities of each Member State must retain their competence to take the final

decision on the recognition of qualifications. The recognition procedure is not subjected to by ‘tacit authorisation’ automatism.

Medical training must be regulated with the objective of achieving the best possible quality and

in full respect of national competences. The involvement of the medical profession must be

ensured in all discussions and activities on the development of the provisions governing medical

training..

The differentiation between ‘medical specialist training’ and ‘specific training in general medical

practice’ is not an appropriate or adequate reflection of the medical specialties.

effective regulation and recognition of qualifications held by specialists in family medicine on

equal footing with all other medical specialities.

The AEMH plenary also held elections for 4 out of 5 members of its board with the following outcome:

President 2013-2015 - Joao de Deus (Portugal)

1st Vice-President 2013-2015 – Thomas Zilling (Sweden)

2nd Vice-President 2013-2014 – Mikulas Buzgo (Slovakia)

3rd Vice-President 2013-2014 – Vlad Tica (Romania)

The AEMH-board is completed by **Hrvoje Sobat** (Croatia), whose position as treasurer still runs till 2013.

At the joint AEMH-FEMS Plenary Assembly the delegates adopted

AEMH 12-058 “Declaration to support the Bulgarian Medical Association “

1. to set a minimum rate patient fee for medical service in private practice;

2. We call for compliance with legal provisions of the Code of Professional Ethics, issued by the Ministry of Health of the Republic of Bulgaria and promulgated in State Gazette number 79 of 29 th September 2000;

4. We hope that the Bulgarian state, in representation by its bodies and institutions, shall respect and safeguard the independence and the right for self-regulation of the Bulgarian doctors by guaranteeing the already established right to set a minimal fee rate for a quality service provision.

AEMH 12-059 / FEMS “Motion on Working Conditions of Hospital Physicians”

maintaining quality in health systems in all EU member countries, requires proper working conditions for European hospital doctors.

AEMH and FEMS delegations call on the governments of the EU member states to:

- Ensure the continued **funding** of health systems at a level comparable to the present average of EU countries,
- Improve the medical and technical **environment** in the hospitals to reach recognized international scientific standards elaborated by peers,
- **Guarantee the basic salary of hospital physicians according to the level of their skill', at least 2 to 3 times the national average income, with the goal of a minimum of the European salaried physicians' average income,**
- Implement fully and promptly into their national law the 2003/88 Working Time Directive,
- Guarantee professional **autonomy** and self-governing of hospital physicians.

Evaluation

At the end of the meeting the delegates were asked to evaluate the meeting by filling in a form.

88 % rated the meeting over all very good/ good.

90 % are in favour of future joint meetings AEMH-FEMS.

2.AEMH-President Dr Joao de Deus was Speaker at the **World Health Care Congress in Amsterdam 23 May.**

He gave a presentation on « **Harnessing the power of clinical involvement in health management to transform health care** »

- Exploring the evidence base that demonstrates the efficiency of involving physicians in hospital management
 - Increasing clinical accountability for the use of financial resources through the devolvement of decision making to a clinical level
 - Lessons from clinically led organisations
- (Presentation AEMH 12-063).

3. AEMH President was Speaker at the **First Conference on Health Inequalities in the New EU Member States in Sofia 20-21 Sept.** The topics he addressed were amongst others:

1. Problems doctors are facing in Eastern Europe and possible mechanism for overcoming them.
2. Doctors' payments and conditions of work
3. Doctors' migration
4. Doctors' Life Long learning

Participants gave support to the consequent Resolution on health inequalities (AEMH 12-069).

4. The AEMH gave support to Doctors in Portugal (AEMH 12-064)

15.07: Peteris Apinis, President of the Latvian Medical Association, Editor-in-chief of the World Medical Journal Estonian colleagues are going on strike mainly to ask for adjusting of their health care system. At present, many Estonian health care professionals have already gone to foreign countries because there are huge disparities in doctor salaries across Europe. Estonian medics choose to go to Sweden, Finland, Germany.

Currently the **doctors' demands** are not too excessive:

1. increase salaries by 11% for doctors and by 20% for nurses.
2. residency system to be adjusted so that the future professionals can be paid a decent salary.
3. the need to lengthen the paid time that the doctor spends working with one patient.

Despite these sound and democratic requests the Estonian **government has publically called the doctors on strike terrorists and extortionists.**

To the Executive: We might send the Estonian government and parliament our support for the activities of the Estonian Medical Association.