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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  
EURÓPSKA ÖVERLÄKARFÖRENINGEN  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΨΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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## 66<sup>th</sup> AEMH-Plenary Meeting, Paris / France

Venue : Hotel NOVOTEL Bercy, 85, rue de Bercy , 75012 Paris/ France

### Minutes

Friday 24 May 2013 9:00 -17:00
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### Opening of the 66<sup>th</sup> AEMH Plenary Meeting

#### 1. Addresses of Welcome

The president thanked the hosts of the meeting and especially Prof Degos for the organisation of The conference and the plenary meeting.

#### 2. Roll Call of Heads of Delegations

[Participants list](#)

The president proceeded with the roll call and also welcomed the new delegates, who attended the AEMH meeting for the first time.

Three delegations could not attend: Bulgaria, Greece, Slovenia.

He welcomed the observers from Denmark and Serbia and the EMOs, Katrin Fjeldsted, President from the CPME, Birgit Beger, CPME SG, , Dr Enrico Reginato, President from the FEMS, Frederic Destrebecq, CEO from the UEMS, Carsten Mohrhardt, president from the EJD .

A special welcome to the past-presidents, Prof Franco Perraro, Dr Manuel Sanchez-Garcia, Dr Lies.

#### 3. Approval of the Agenda

**AEMH 13-020**

Approved unanimously.

#### 4. Approval of the Minutes of the 65<sup>th</sup> Plenary Meeting Varna/ Bulgaria

[AEMH 12-062](#)

Approved unanimously.

The president mentioned the evaluation of the Joint meeting with FEMS, which was very positive and should be renewed.

#### 5. Experiences from the past to build the future: The Floor to AEMH Past-Presidents

**Dr. Erich Bammel** (1986-1988) Germany prevented

Dr Bammel was prevented to attend the meeting but had sent a message to the delegates, which was read by Prof Stolpmann.

**Message**

**Prof. Franco Perraro** (1989-1991) Italy

Prof Perraro exposed the changes in health care policies and the way of assessing hospital governance. He explained his experience in assessing clinical audits.

**Presentation**

**Dr Manuel Sanchez-Garcia** (1992-1997) Spain

Dr Sanchez-Garcia reminded that he served 25 years in the AEMH as a delegate, from which 6 years as president. After a review of the most important events of his presidency, such as surmounting financial difficulties and drafting of new statutes, he reflected on hospitals of the 21st century. He advocated for modular structures, autonomous highly specialized units, with no distinction between

public and private hospitals. AEMH should be a catalyst of change to guarantee the high quality. To enhance the image and influence, AEMH should work closer to FEMS.

***Dr Raymond Lies*** (1998 – 2009) Luxembourg

Dr Lies recalled the year when he was first elected in 1996 in Stockholm and the dinner with 32 dishes was somehow a presage of variety what he had to face in the future. He expressed his thanks to the VLK for the financial, moral and logistic support over the years. With the transition to Brussels AEMH became a key player to defend the interests of hospitals and of senior hospital physicians in the European environment. AEMH has always been a fervent supporter of collaboration with associated medical organisations, which resulted nowadays in common meetings and drafting of common documents. More generally, Dr Lies expressed his fear that the crisis pushes political interests before the medical problems. As example he gave the crossborder healthcare directive, which allows opt-outs for « overriding reason of general interest ». He also advocated to emphasize ethical aspects, which are independent from all political and financial considerations. He thanked everybody for the support during the 12 years of his presidency and expressed his commitment to continue serving the AEMH.

## 6. President's Report

**1963 -2013 : 50 years AEMH "Without the past there is no future", speech** [AEMH 13-061](#)

a) **President's Report 2012** [AEMH 12-035](#)

The president reminded the aims of the organisation, which remains the same over the years.

b) **AEMH Activity Report 2012** [AEMH 12-071](#)

The president highlighted some points from 2012 activities, especially the evaluation of the joint meeting with FEMS in Varna, which was considered positively by 88 % of all delegates. The collaboration is fruitful for both organisations.

He also thanked on behalf of the Portuguese doctors for the support during their protest action. He evoked the speaker invitations to different events, where he could defend the policy of the AEMH.

c) **List of AEMH Documents 2012** [AEMH 13-001](#)

Useful to retrieve documents via the hyperlinks.

## 7. AEMH Activities 2013

- Meeting EFPIA Director Richard Bergström 1<sup>st</sup> February 2013  
(Dr Joao de Deus, Dr Thomas Zilling) [AEMH 13-021](#)  
Dr Zilling reported from EFPIA's intention to make public support given to health professional by the pharmaceutical industry.
- Centre for Medical Education in Context [CenMEDIC] & FAIMER  
Centre for Distance Learning, 11-13 February 2013 (workshop leader Dr Thomas Zilling)  
Dr Zilling reported on his involvement in the web-based master programme of Keele University on accreditation and assessment in health professional education, in which he wrote the module on CPD. He will present it at next year's plenary.
- "INTERNATIONAL CONGRESS OF MEDICAL COOPERATION" co-organized by the Goa Medical College and AEMH "Clinical Involvement in Health Management – Transforming Health Care"  
(Speaker and Co-organizer Dr Joao de Deus)  
The president had been asked to lecture on doctors' involvement in management, which he presented before at the World Health Congress.

- Med-e-Tel Conference of the International Society for Telemedicine & eHealth , Luxembourg 21 April 2013 (Dr Raymond Lies) [AEMH 13-024](#)  
*Dr Lies* represented the AEMH at this event, which takes place every 2 years. It is a big show case of new technologies. The organisers are interested in contacts with health professional stakeholders. Collaboration is without any financial burden, based on a mutual exchange and participation at the respective conferences. The basis is a contract, which is already contracted with the Junior Doctors.  
*Prof Beloucif* expressed in favour of having links with Med-e-Tel in order to ensure that technique is not overruling medical control . He advocated to join forces with the pharmacists, who are strongly against drugs from the Internet.  
*Dr Lies* agreed on this danger and confirmed that doctors are not enough represented in those conferences and that the political trend is towards the „empowerment of patients“.

**The plenary gave mandate to proceed with this cooperation.**

- Conference, “Efficient Hospital Management” Moscow May 31-1 June, 2013 (Speaker Dr Joao de Deus) [AEMH 13-022](#)  
The president will present AEMH policy on doctors’ involvement in hospital management, patients safety and quality of care.  
IDC's Pan-European Healthcare Executive Summit 2013 “3 Forces of Healthcare Change: Personalization, Integration and Industrialization” , London, 10-11 Sept. 2013 [AEMH 13-023](#)  
The president has been invited to participate in the Advisory Board, and furthermore to moderate at the plenary.
- 2<sup>nd</sup> European Hospital Conference, co-organized with HOPE and EAHM (European Association of Hospital Managers), Düsseldorf, 22 November 2013, [AEMH 13-025](#) [announcement](#)  
This is the second time the EHC will take place. Speakers from the AEMH will be president on topic of centres of excellence. Others AEMH speakers will be Dr Zilling and Prof Beloucif. Dr Lies will have the task to resume the conference.  
*Dr Lies* reminded the importance of such a conference where hospital doctors and managers come together and expressed his hope that many delegates would attend despite the collision in date with the CPME meeting.

## 8. AEMH Office

Past, Present and Future

[AEMH 13-029](#)

The president presented the document on the history, present and future of the secretariat.

Structure, Tasks and Duties European Liaison Office

[AEMH 12-082](#)

Brigitte Jencik proposed to split the work into administrative and policy, and keeping only the administration. For the policy part a EU policy adviser had been recruited by the board. There are no financial consequences, as it also means a split of remuneration.

Presentation of the AEMH European Policy Advisor, Catherine Hartmann

[AEMH 13-055](#)

*Catherine Hartmann* presented her CV. She holds a master in EU law and has proficiency in NGO management. She has specialized during her career in public health policy. Her job within the AEMH: monitoring EU news, sharing information, proposing actions and reactions and to strive recognition of the role of the AEMH by the EU institutions.

## 9. European Affairs Agenda by AEMH EU Policy Advisor Catherine Hartmann

[AEMH 13-056](#)

*Catherine Hartmann* summarized what is currently going on in the field of health in the EU. She started by reminding Article 168 of the treaty which tackles health, but also the principle of subsidiarity. The motto is “Health in all policies”, which implies interactions of different directorates. The so-called crossborder healthcare directive, which will come into force by October this year, was debated widely as to the reimbursement of patients. The “undue” waiting times were also discussed. Catherine reminded that the focus of the EU is mobility and that economy prevails.

### **Disclosure of payment to health professionals by the pharmaceutical industry**

Discussion on potential consequences

*Dr Zilling* questioned whether AEMH should draft a position on this topic or leave it to other EMOs. *Prof Tica* is in favour of transparency but more on the side of conflict of interest, disclosure of contracts might raise a problem of confidentiality.

*Prof Degos* reported on a new decree that in France contracts have to be submitted to the Medical Order. The pharmaceutical industry must disclose amounts from 10 € up. If not, penalization can be several 10 000 €.

*Dr de Deus* said that in Portugal everything over 25 € has to be declared and is published on-line. He proposes to postpone the debate to the 2014 Conference where R. Bergström from EFPIA will be present. The industry is needed for CME/CPD.

*Dr Maillet* expressed the opinion that doctors will have to comply with this trend, and therefore take the action themselves for an acceptable solution rather than opposing a surely upcoming legislation.

*Dr de Deus* agreed and proposed that all EMOs should take up this transversal problem for a common statement.

Background Documents :

**WentzMiller** Newsletter: Transparency in CME/CPD

[AEMH 13-014](#)

**ESHLSG** (Ethical Standards in Health & Life Science Group)

Consultation launched to promote greater transparency of relationships between healthcare professionals and industry

[AEMH 13-009](#)

## **10. 1) Financial Matters** by AEMH-treasurer Dr. Sobat

### **a) Financial Report 2012**

b) Closing of accounts 2012

[AEMH 13-030](#)

c) Treasurer’s Report of Year 2012

[AEMH 13-003](#)

*Dr Sobat* expressed the satisfaction that the sound financial situation of the last years allowed to spend not much time on financial topics but concentrate on medical and political topics.

The budget is very well balanced, even better than expected. He thanked the member delegation for the timely and full payment of the contribution. He reminded that interpretation is never budgeted but remain the responsibility of the board and the organisers. He took the opportunity to thank the French delegations for the financial support and for having found a sponsor to cover the technical part of the meeting.

He mentioned the costs for the new webpage, which had not been budgeted but needed to be modernized.

Special thanks to the Portuguese Ordem dos Medicos, which supports the travel of the president.

d). Internal Auditor’s Report on accounts 2012 (by Dr Reggiani)

[AEMH 13-049](#)

*Dr Reggiani* presented his report and recommended the discharge of the board.

e. **Approval on Discharging the Board on the Financial Report 2012**

**The plenary voted unanimously the discharge of the accounts 2012.**

**10.2 Draft Budget Year 2014 for approval**

[AEMH 13-004](#)

*Dr Sobat* presented the budget and the respective membership fees, which he proposed to keep at the same level for the 4<sup>th</sup> year in a row. Considering inflation and purchasing power they are even by 8-10 % lower.

He expects the surplus being even better than forecasted. There is some reserve budgeted for the change in the secretariat.

**The plenary approved unanimously the budget 2014.**

**11. Membership Application Danish Medical Association**

[AEMH 12-028](#)

*The president* expressed his satisfaction on seeing the Danish delegation again in the AEMH. He thanked *Dr Zilling* for his intervention in this respect and gave the floor the representative of the Danish Medical Association.

*Mr Fleming Vesteroe* explained that the board of the Danish Association of Senior Hospital Physicians had decided to re-enter the AEMH. Their president was unfortunately prevented to attend this meeting but will be present at the 2014 meeting.

**The plenary approved unanimously the Danish Medical Association as full member.**

**12. European Medical Organisations' Alliance**

**a) The Floor to European Medical Organisations or Reports from Liaison Officers**

**- CPME:** *Dr Katrin Fjeldsted* (President)

*Dr Fjeldsted* expressed her satisfaction having attended the AEMH Conference the day before, from which she retained the evidence for clinical leadership, which she linked to doctors autonomy. Concerning the CPME activities she informed that they tackle topics common to all medical doctors. She advocated strongly to avoid duplication of work within the different medical organisations and to work with all EMOs on general topics, such as climate change, transparency of the relation of doctors and the pharmaceutical industry, and the doctors' health.

**- EFMA/WHO :** Riga - *Dr Hrvoje Sobat*

AEMH 13-

*Dr Sobat* reported that EFMA is not an organisation but a discussion forum which gathered this year 115 delegates from 31 countries and 5 observers countries. The meeting grows every year and it is very valuable for all. Especially for Eastern countries which are not represented in other European Medical Organisation. There were two workshops, one for Medical Journal Publishers and Creative Directors, which examined the opportunities, philosophy and development of European Medical Associations' journals world of abundant information and it is important to find out within this what professional information a doctor gets and in what way. The second workshop was on Psychosomatic Health – Challenges and Opportunities. Furthermore, during the plenary, Session I on "Healthy Professionals" looked at the mental health of doctors, auto medication, drug/alcohol abuse, burn out on the one hand, prevention and support on the other.

Session II tackled the relation of Doctors and the Pharmaceutical Industry; while Session III developed Professional Autonomy and Self-Governance.

- **EJD-PWG:** Dr Carsten Mohrhardt (President)

*Dr Mohrhardt* informed on the topics discussed at the recent EJD meeting, amongst which the decrease of healthcare budget in time of economical crisis resulting in high unemployment rates for junior doctors in several European countries. He also highlighted EJD involvement in the Med-e-Tel conference, where they presented a survey they had carried out. EJD strives for quality of medical training comparable all over Europe. They adopted a statement on funding of medical training. Furthermore, EJD is discussing the Bologna process, especially the third cycle. All documents and works are available on the website <http://juniorDoctors.eu/>.

- **FEMS:** Dr Enrico Reginato (President)

*Dr Reginato* reminded that most members of FEMS are trade unions, which care besides the common European topics, mainly about working conditions. Lately, FEMS adopted a document on European standards and issued a statement, which has been the basis for a common EMO document, which is still discussed in the presidents' committee on healthcare in time of crisis. He pointed on some sensitive points in the professional qualifications directive, such as the alert mechanism and the level of training of doctors. He advocated for a supranational control of the quality of training.

FEMS supported the Slovak doctors in their fight against the criminalisation law.

FEMS decided on a protest against cuts in healthcare budgets, deterioration of working conditions etc. during an Action Day in May 2014 all over Europe, which each country can fill in according to their local needs and level of acceptance. He appealed to other EMOs to join.

- **UEMS :** Mr Frederic Destrebecq (CEO)

*Mr Destrebecq* reported on the activities of the UEMS, which key areas are postgraduate training, CME/CPD and quality assurance in medical practice. He reminded that UEMS has installed the European Accreditation Council of CME 12 years ago. In 2012 900 events have been accredited. He informed on a conference to be held on 28<sup>th</sup> February 2014 on the new accreditation criteria adopted beginning 2013. Another body created by UEMS is the European Accreditation Council for Medical Specialist Training, which aims to establish e-portfolios in order to track trainees and doctors throughout their careers.

UEMS has advocated strongly quality of training to be included in the professional qualification directive. UEMS is involved in the Joint Action Health Workforce.

*Dr Buzgo* took the opportunity to thank all European Medical Organisations for their support to fight the criminalisation law in Slovakia.

**b) Reports from last past Presidents' Committees**

- Limassol 24 November 2012
- Dublin, 27 April 2013

[AEMH 13-026](#)

*Dr De Deus* gave a short report on the past meeting, which he considered as very fruitful. He thanked all presidents for the collegial and friendly atmosphere.

He recommended the EMO statement on medical standards to the plenary.

EMO Statement on Medical Standards in crisis  
Standards for Medical Practice

[AEMH 13-035](#)

**c) Domus Medica, Rue de l'Industrie, Brussels, update**

*Mr Destrebecq* gave a feed-back on the building which should host the Domus Medica. UEMS bought a building of 810 square meters, which needed renovation and expansion. Due to difficulties with the urban department of the city of Brussels the project needed to be reviewed entirely. The problems seem to be settled and they expect an opening of the Domus Medica in one year's time.

**13. Parallel Working Group Sessions**

The plenary split in break-out sessions, reports at point 16 of the agenda

**A. Professional Qualification / Training**, Chair: Dr Thomas Zilling

**B. Role, Practice and Future of Senior Hospital Physicians**, Chair: Dr Mikulas Buzgo, Prof Vlad Tica

**14. National Reports**

**Austria** [AEMH 13-031](#)

The Austrian Medical Chamber made a national survey on working conditions of doctors. Major complaints were working hours and income. A 2<sup>nd</sup> survey on medical training showed a rating very average. The healthcare reform is mainly on cost cutting. Healthcare spending will be linked to GDP, meaning to the economic situation. Senior physicians will have to cover in the future one position for several departments in several hospitals.

**Belgium** [AEMH 13-034](#)

After a long period without a government, now there is one, which does not make big changes but operates by small cuts here and there. The country is going through a reform of regionalisation of the healthcare system. Differences are already very big in means of reimbursement in the Flemish (Dutch speaking) and the Wallonian part (French speaking), Brussels being even more difficult due to the bilingualism. Belgium has a no-fault liability system since a couple of months, payment will come from the social security fund.

**Bulgaria** [AEMH 13-042](#)

No representative, no oral report.

**Croatia** [AEMH 13-038](#)

The Croatian health minister created temporary management teams in 25 hospitals to find solutions to avoid to increase the debt, which is currently 700 Mio Euros. Another measure is a decrease by 30% of payment to the hospitals. The government cancelled all contract with private providers, waiting lists doubled and they had to sign new contracts but they decreased prices. The entering into the EU will bring significant changes, the Medical chamber will become responsible for profession qualification. Unpredictable is the consequence on migration and crossborder working. Croatia lacks already doctors of all specialities, nurses and midwives.

**Denmark** [AEMH 13-050](#)

The Danish Medical Association supported a new law on patients' rights defining the delay of being treated within utmost two months. The government plans to restructure hospitals and concentrate specialised care in fewer units.

**France**

In 2011 the territorial hospital law was implemented, with the change of government the law will be reviewed, especially concerning hospital governance and the medical representation therein. Besides, a readjustment of the mapping of hospitals is carried out, meaning a concentration of neighbouring hospitals, with as result that patients have to travel sometimes long distances for treatment. Another innovation, a trial will be made in Paris' most famous hospital Hôtel Dieu, which will become a technical theatre for all kind of practitioners, but without beds. Working conditions and pension rights are currently negotiated.

**Germany** [AEMH 13-027](#)

The German Patients' Rights Act has been in effect since late February of 2013, which codifies the physician liability. The legislature has created a statutory obligation to incriminate oneself and others, which otherwise does not exist in the German legal system. It will remain to be seen to what extent this Patients' Rights Act will lead to an increase in patient lawsuits, which in turn could result in further increases of already high insurance premiums. Consequently to the organ donor scandal revealed in 2012, the German Hospital Federation had to issue recommendations — in agreement with the German Medical Association — which ensure that financial incentives for individual services will be eliminated. The VLK celebrated its 100<sup>th</sup> anniversary.

**Italy**

In Italy contracts and salaries have been blocked for a couple of years and will remain as such for the years to come, which adds to other difficulties such as working conditions. Furthermore, a new law imposes mandatory insurance, a liability system and regulation of careers. There are also changes in the appointment of senior positions in hospitals.

**Luxembourg** [AEMH 13-043](#)

The reorganisation of the hospitals sector is going on. 15-20 years ago Luxembourg counted 16 small hospitals, now the attempt is to reduce to only 4-5 hospitals, which is difficult to achieve with the liberal system. The patients' rights law is being reviewed and there are discussions about introducing a no-fault system. A court case concerning nosocomial infections assigned the responsibility to the hospital where the infection was detected.

**Norway** [AEMH 13-041](#)

Although Norway is a rich country, there is a big focus on economy in the hospital sector with constant pressure to reduce costs, and a poor balance between tasks and resources. The restructuring of hospitals in 2012 was denounced by auditors. The Norwegian Medical Association advocates for a hospital plan based on medical advice. The NMA committed to get more doctors in leading positions and have introduced management training into the scholarship.

**Portugal** [AEMH 13-044](#)

The difficult economic situation results in severe cuts in the healthcare sector. Last year, the government tried to "outsource" 2.5 million hours by contracting companies at low costs. By the biggest strike ever, doctors forced the ministry to step back. Nevertheless, the situation remains

difficult, careers are frozen, and due to the lack of finance and resources doctors cannot take good care of their patients.

### **Romania**

Although the health budget has increased, the health sector is still sub-financed. The income of doctors is between 200€ for residents and 500 € for senior physicians. The request is to increase to 400€ for residents and the minimal salary for a specialist should be 3 times the average national salary. There are 400 hospitals in Romania, which equipment is not always adequate. Migration is a sensitive point, as 12.000 Romanian doctors work abroad, not only for financial reasons, but also for better working conditions, career opportunities and technical conditions. This creates a lack of doctors resulting in unsatisfactory provision of care. Moreover there are big discrepancies in the repartition between regions.

### **Serbia**

Serbia has a population of 7.5 Mio citizens. This number is decreasing. The average age of the population is 40,9 years. Life expectancy is 73,5 years (70,7 years for men and 76,2 years for women). Health care in Serbia is provided through three separate systems, the public, the military and the private sector. It is mainly financed by mandatory contributions to a social health insurance scheme. Health care in Serbia is financed according to the Bismarck model, through the system of obligatory contributions, from wages of employees (12,3% of gross personal income), which amounts to, at the moment, 220 – 240 euros (average value). Uninsured persons are financed from the budget of the Republic of Serbia. There are about 30.000 doctors in Serbia.

### **Slovakia**

[AEMH 13-046](#)

Hospitals in Slovakia are still indebted, despite all liabilities had been paid in 2011 by the government. The government tries to decrease by layoffs, buying cheaper medicines and increase the charges. The Medical Chamber and the Trade Union call for more transparency, accountability and less political influence. Slovakia has still not implemented the DRG system. The trade union succeeded to negotiate the increase of wages of doctors. A junior doctors will earn 1.3 times and specialists 2.3 times the national average wage. Besides this positive development, the government has introduced stringent punishments for doctors and other health workers, which restrain their autonomy and can stop their professional career.

All medical organisations have given their support to fight this law. **Support** [AEMH 13-040](#)

### **Spain**

[AEMH 13-048](#)

The situation in Spanish hospitals since the change of government in November 2011 has not improved the working environment and the functioning of hospitals. On the contrary the result is uncertainty and disappointment due to the announcement of outsourcing of management in some public hospitals, which provoked rejection from workers and patients. Due to innovation and new technologies doctors have to play more and more a technical role in health institutions. The critical financial situation makes it difficult to ensure the sustainability of the NHS. Some are claiming a centralization of health care competences.

### **Sweden**

[AEMH 13-037](#)

Sweden has reduced hospitals beds to 2.7 per 1000 inhabitants, which is half of the OECD average. Following the new directive, the usual training of 5 ½ years followed by 18 months internship will have to be replaced by 6 years medical school.

**Switzerland** [AEMH 13-039](#)

The report having been submitted in French and English, there were not additional comments, unless maybe next year the presentations could be done in reversed alphabetic order!

**15. Election according to AEMH statutes**

- **Treasurer (member of the Executive Committee 2014-2016)**

Dr Hrvoje Sobat candidate for another term. **Election by acclamation.**

**16. Reports and Documents for adoption and decision**

*Dr Nevander* presented the request from FEMS President to contribute to the survey on hospital Physicians' salaries.

*Prof Beloucif* proposed for next year's meeting to show the concern of hospital physicians to the [Declaration of Helsinki](#), which has been adopted in 1964. The AEMH could pay a tribute for next year's 50<sup>th</sup> anniversary by demonstrating the link between hospital physicians and research and care, protection of life, integrity, right to self-determination of patients.

**a) Internal Documents from Working Groups**

**A. Professional Qualification / Training, Chair: Dr Thomas Zilling**

*Dr Zilling* was pleased about the attendance and active participation of representatives from other EMOs at the working group.

He presented a draft statement to the plenary, which had the consensus of the working group.

**The document was adopted unanimously**

[AEMH 13-047](#)

**B. Role, Practice and Future of Senior Hospital Physicians, Chair: Dr Mikulas Buzgo, Prof Vlad Tica**

*Dr Buzgo and Prof Vlad Tica* presented a draft statement based on the AEMH Conference 2013, during which each speaker gave a key message, which has been incorporated in the document.

**The European Hospital Declaration was adopted unanimously**

[AEMH 13-052](#)

**b) External Documents**

**EMO Statement on Medical Standards in crisis  
from other Organisations**

[AEMH 13-035](#)

**17. Dates and Venues of the next meetings**

- AEMH Conference 2014, Stockholm 29 May 2014
- 67<sup>th</sup> AEMH Plenary Meeting, Stockholm 30-31 May 2014

*Dr Zilling* presented a video on the city of Stockholm, the Scandinavian Venice.

- AEMH Conference and 68<sup>th</sup> Plenary Meeting 2015, joint meeting with FEMS in Austria (tbc)

*Dr Gruber* proposed the date of **8-10<sup>th</sup> May 2015**, the city has not been decided.

**The Italian Delegation invited the AEMH for the next meeting.**

For information: Venues of AEMH Plenary meetings

[AEMH 13-033](#)

[International EMOs' Calendar CPME 2013-001](#)

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

*Prof Vlad* proposed that clinical leadership should become a major topic for the AEMH. Seniority means leadership which is embedded in its name. AEMH should develop activities on clinical leadership, establish a formal working group or training workshops. This would have two main advantages: enhance the image of AEMH and sharing good practice and knowledge.

*The President* thanked the delegates for their participation, the representatives of the EMOs for their attendance, the board for the collaboration, the secretary and the interpreters for their work. And last not least he expressed in the name of all special thanks to the organisers. He closed the session.