

# AEMH NEWS

European Association for Senior Hospital Physicians  
Association Européenne des Médecins des Hôpitaux

**Issue 3 / December 2015**



## *The word of the President*

The conference on Continuous Professional Development (CPD), which took place in Luxembourg last 18th of December, was a huge success.

Beginning with a speech of the Minister of Health of Luxembourg and with a video message of the European Health

Commissioner, participants had the opportunity to attend excellent presentations on the subject, assist and interact in three different workshops and culminate with the adoption of a joint document of all European Medical Organizations.

It was necessary, in fact, to revisit and update the 2006 document after the revision and publication of the Directive on the Recognition of Professional Qualifications.

At the end, the icing on the cake, the signature of this document by the presidents and / or representatives of the European Medical Organizations.

I was particularly grateful to see the presence of numerous AEMH delegates with representations from Portugal, Luxembourg, Sweden, Germany, Romania, Denmark, Italy and Slovakia.

The success of this initiative and event was due to a large extent to the commitment of the Vice President of AEMH, Dr Thomas Zilling, and I would like to stress that it was with great pride that we saw all his efforts reach a happy ending, in this last act as representative of AEMH, since his mandate expires at the end of the year.

Speaking about Thomas Zilling, I would also underline how important his work has been for our association.

It has always been difficult to capture in words what he meant for us, all the actions he undertook. When some of us saw problems, he saw opportunities. When we had tasks to do and issues to solve, his wise counsels always came on the right moment.

So Thomas, on behalf of all of us, I'd like to say thanks for showing us the power of action and not just words. You got us started, rallying many people to work together. It would be much more difficult without you.

I want to say how impossible it is to measure what you did and how much we admire your dedication to AEMH.

Thomas, thank you.

I want to wish to all AEMH delegates and relatives, to our secretary, to all members of other European Medical Organisations a Merry Christmas and an excellent New Year.

*João de Deus,*

*President*

*Please receive  
AEMH's best wishes of  
good health and success  
for the holiday season  
and the New Year!*



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# Electronic Medical Records: AEMH working group discussion of implementation, advantages and challenges with regard to electronic medical records

## Implementation of medical records / electronic medical records (EMR) across countries represented in AEMH

*by Dr Anja Ulrike Mitchell*

The implementation of electronic medical records varies greatly across the EU. Some countries have nearly abolished paper journals, or are well on the way, e.g. Luxembourg, Denmark and Sweden. Other countries move more slowly, with few not at all embracing the development of electronic medical records, e.g. France.

Some of the problems include accessibility, confidentiality, cost, speech recognition, time-consumption, opt-out (for the patient) and search functions. Accessibility is important but not always available from one region to another, sometimes not even between individual hospitals because of lack of harmonisation.

There are regional differences in some countries, and systems in primary and secondary care are not always compatible. There are different approaches to whether patients have access to their electronic records. Concern about abolishment of time-delay for publishing medical records on-line, and becoming available for patients real-time. Another concern is whether they are entitled to write in their journal. This can raise the issue of patient empowerment and direct interaction via electronic media.

## Stakeholder involvement related to EMR

Doctors' input is regarded as essential, as doctors are working with medical records on a daily basis. There is no consensus within European countries on how to best involve medical doctors in the process of development and implementation of electronic medical records. Doctors may be involved in working groups related to development and implementation of electronic medical records and/or appointed by their medical associations or chambers to projects initiated by governing bodies within health systems.

Patient involvement is just as essential, because of data protection and security issues amongst other issues. Patient representatives are chosen by health service providers in some countries; patient support groups can also be involved.

Health service providers are stakeholders, who often finance and/or develop health services, including the development of EMR. What is the role of governments and the role of medical

chambers and organisations, e.g. with regard to codes of conduct or implementation of laws?

Other stakeholders may be relatives.

## Purpose, advantages and challenges of electronic medical records:

The working group under AEMH agreed that the electronic medical record is a tool for medical doctors, to safely record, plan and guide patient treatment. Good EMR will also support research, thus guiding future best treatment. It needs to be a practical tool with useful functions for medical doctors. Other health professionals will also need to use and have access to EMR for treatment purposes.

Health service providers' may also want use EMR for quality measurements and control of achieving defined targets.

Other stakeholders, such as patients and relatives may have different interests and may state different purposes.

Accessibility is potentially feasible for all stakeholders. Electronic medical records can eventually replace paper records with real time updates of electronic medical journals. Data can also be more easily accessed for research and quality assessment purposes. Systems can be integrated in the future allowing easier consultation across regions and countries.

Accessibility has to be balanced with confidentiality and other safety issues. Different stakeholders (e.g. doctors, patients, health service providers) have different interests. There exist to date no absolutely secure systems. There is a danger of data being used for illegitimate purposes e.g. health data hacking. Insurance companies may also demand access. Issues of patient safety, data safety and confidentiality need to be addressed. Can and should all information be available real-time for doctors and patients? To what extent should patients be granted access? To what extent should third parties be granted access, and how can illegal access be prevented?

Technical problems need to be solved, e.g. regarding search function, integration of systems in primary and secondary care etc.

## Conclusions

- ◆ There is a political and public demand and drive for the development and accessibility of EMR in most countries.
- ◆ There are no simple solutions to the raised concerns.
- ◆ Information technology experts can define what the system can do, but doctors need to be asked what it should be able to do!

The working group started a discussion of a joint statement, which will start to address the raised issues. A draft will be sent to the working group prior to our next meeting to allow preparation of a joint statement.

AEMH, together with HOPE (European Hospital and Healthcare Federation) and EAHM (European Association of Hospital Managers), organized the **3rd Joint EUROPEAN HOSPITAL CONFERENCE (EHC)** as part of MEDICA 2015 and the 38th Congress of German Hospitals on **19 November 2015** in Dusseldorf. The conference addressed different political, medical and economic topics from across all of Europe. The event was directed by the Gesellschaft Deutscher Krankenhaustag (GDK). The topics addressed were:

- ♦ **Patient-oriented hospital care in the future**
- ♦ **Patient-oriented hospital care in the practice**

The conference was attended by top decision-makers from European hospitals, as well as high level officials from the European institutions.

At the level of speakers and moderators, AEMH was represented by its President, Dr João de Deus, its past-president, Dr Raymond Lies, Dr Hrovje Šobat (AEMH Treasurer) and Dr Pierre-François Cuénoud (AEMH 3rd Vice-President)

*From left to right:*

*Prof Vlad Tica, Dr Thomas Zilling, Dr João de Deus, Dr Hrovje Šobat, Dr Pierre-François Cuénoud, Dr Erich-Theo Merholz*



**3rd European Hospital Conference, 19 November 2015, Dusseldorf (source GDK)**

Following the conference, and with the kind support of GDK, the AEMH board met on 20 November. The board discussed internal organisational issues of the organisation and tackled strategic paths to be further explored by AEMH.



## EU affairs Newsflash

- ♦ **[Call for proposals to improve European digital services, including e-health](#)** Through Connecting Europe Facility, €17 million in funding is available to improve European digital services, including e-health. The deadline for application is 19 January respectively 15 March for the different calls. Click on the link above for the detailed calendar and more information on each call.
- ♦ A report on the state of play of the Cross-border Healthcare Directive shows significant legislative advances at EU-level in the past two years coupled with genuine efforts at national level. It shows that European citizens' awareness about their right to choose healthcare in another

EU country remains low, the same as patient mobility for planned healthcare. The report is available [here](#).

- ♦ A cost/benefit analysis of self-care systems in the European Union was released on 14 October 2015. According to the study, a prerequisite for successful self-care initiatives is the change in "culture" so that patients take responsibility for their own health. Patients have to be "empowered", and they require access to reliable and understandable information about how to engage in self-care. An inevitable part of patient information related to self-care must be clear communication that self-care cannot substitute health care by professionals. Patients have to be taught to distinguish minor ailments from serious cases. (click [here](#) for the full report).



On 18 December 2015, in Luxembourg, the representatives of AEMH, CEOM, CPME, EJD, EMSA, FEMS, UEMO and UEMS officially signed the following

## **Consensus statement regarding Continuing Professional Development (CPD) for doctors, Luxembourg, 2015**

1. It is an ethical obligation for every practising doctor to ensure that the medical care they practise is safe and based on valid scientific evidence. In order to achieve this, every doctor must engage actively in CPD which is appropriate for her/his identified learning needs.
2. Continuing Professional Development for physicians designates all the professional development activities that occur after specialist qualification has been obtained. It includes many forms of education and training that allow individual doctors to maintain and improve standards of medical practice through the development of knowledge, skill, attitude and behaviour.
3. The organisation of healthcare is a national competence in line with the principle of subsidiarity and Member States have taken a variety of approaches to CPD. There is no evidence to suggest there is a single best way to regulate CPD. However, regardless of the system, it is highly desirable for the profession to be responsible for CPD. To strengthen national systems and improve cross-border cooperation organisations involved in CPD should exchange information, establish and disseminate best practices at national and European levels.
4. Learning needs arise from daily practice. Some degree of formalisation and appropriate documentation, such as records, of CPD is necessary both for the doctors themselves, for employers and society.
5. Investment in CPD benefits the healthcare system and patients' health. Therefore, irrespective of the nature of the healthcare system – whether employer-based, direct paying, or insurance remunerated – time and resources must be allocated to ensure that doctors are able to take part in CPD. Support for CPD should include educational activities, access to information technology, time for doctors to engage in education, peer support for a learning culture, financial resources and educational structures. The employer's financial responsibility must be made clear through funds in the budget being set aside for continuing professional development.
6. There is a lack of evidence that recertification or revalidation methods are helpful in the detection of poorly performing doctors or making healthcare safer. While regulation can establish basic conditions for CPD and encourage up-take, overregulation at EU or national level will not enhance professional mobility and will not assure cross-border quality of care.
7. The pharmaceutical industry and suppliers of diagnostic and medical devices, must be attentive to the needs of patients and of the profession for objective information and education not tied to promotion of products. CPD events have to be clearly separated from commercial activities and must be designed and held in ways that the integrity of the medical profession cannot be questioned. National or international codes of ethics must always be respected.
8. To assure unbiased CPD the medical profession must take the responsibility for the approval and/or accreditation of CPD activities. This should include the accreditation of specific events as well as validation of CPD providers. It is possible for national accreditation bodies to opt-in to European-level accreditation systems led by European professional organisations representing medical doctors to facilitate the recognition of CPD activities undertaken outside their own country, to ease the exchange of CPD activities in Europe and globally through international agreements with non-EU countries.

## **EMOs Meeting Calendar**

- 8-9 April 2016, CPME Meeting, Brussels, Belgium
- 22-23 April 2016, UEMS Council Meeting, Brussels, Belgium
- 6-7 May 2016, FEMS General Assembly, Kyrenia, Cyprus
- 13-14 May 2016, EJD Spring Meeting, Vilnius, Lithuania
- 26-28 May 2016, AEMH Conference and GA, Naples, Italy
- 30 September –1 October 2016, EJD Autumn Meeting, Porto (Portugal)
- 7-8 October 2016, FEMS General Assembly, Bucharest, Romania
- 18-19 November 2016, CPME Meeting, Athens, Greece (tbc)

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