

# AEMH NEWS

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

Issue 2/ **September 2016**



## *The word of the President*

“0 tolerance to corruption” was the subject of our AEMH Conference that took place this year in Naples.

We had the opportunity to attend different presentations and to highlight how important this topic is for medical profession. We know it occurs in all EU member states but differently from country to country and how it can affect health systems.

On behalf AEMH, I would like to thank to the excellent organization provided by the Italian delegation.

One of the main topics discussed on our plenary meeting was Clinical Leadership. As we say in our statement, clinical leaders should support and challenge others to achieve professional and personal goals and create engaging environments, listen well and encourage an open exchange of information and ideas and act in a manner consistent with organizational values to yield effective, efficient patient-centred services to deliver excellent care efficiently.

AEMH is the most qualified European medical organization to develop a project of recognition of medical leadership skills and in this sense was approved by the Plenary the creation of a “European Board in Clinical Leadership”.

Being one of our fields of expertise, this project should be one of our main tasks in the near future.

Next year our plenary meeting will take place in Luxembourg in May and our Conference will focus on “e-health”.

Please accept my best regards to all AEMH delegates.

*João de Deus,*

*President*


**Change of date: 2017  
AEMH Conference and  
General Assembly:**

**4-6 May 2017,**

**Luxembourg**

**EUROPEAN  
ANTIBIOTIC  
AWARENESS DAY** 

**18 November 2016  
Promoting prudent  
antibiotic use**

[Read more](#) 

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## AEMH Conference and General Assembly 2016: “26-28 May, Naples, Italy

The [2016 conference of the AEMH](#) explored the issue of corruption as it is encountered in the healthcare systems across Europe. The speakers presented various approaches to the corruption phenomenon as well as the different instances where one can identify corruption in healthcare. Dr Roberta Chersevani (FNOMCEO President) addressed the issue of [prevention of illegal issues and corruption in the health system](#). Among the means suggested were: reducing opportunities for corruption, increasing the capacity to identify corruption and creating an environment unfavorable to corruption. For the containment of the corruption phenomenon, health professionals should adopt a corruption-free code of conduct and a corruption prevention plan and apply transparency on income, sustain independent research, control the donations, increase control; last but not least, they should involve professional bodies and associations as well as the society as a whole.

Dr Jacques de Haller (CPME President) tackled the issue of the [transparency-based medicine and what this means for doctors](#). He emphasized that, as it is a doctor's duty to remain independent and to know her/his limitations, all in the attempt to strive for the best quality, it is also the patients' right to know what influences their doctor. He pointed out that the lack of credibility further triggers the lack of clinical, political and ethical autonomy for doctors. Transparency of relationships between physicians and the healthcare industry is required, while conflicts of interest are to be avoided.

Paul Vincke (Managing Director of EHFCN) presented the [findings of the EU study on the corruption in healthcare](#) ([Study on Corruption in the Healthcare Sector, HOME/2011/ISEC/047-A2](#)) The study eventually shows that there is no single successful policy to fight corruption. The solution seems to lie with a combination of effective generic anti-corruption policies and practices, a general rejection of corruption by the society together with specific-anticorruption measures in the healthcare policies and practices.

Dr Enrico Reginato (FEMS President) attempted to [define the phenomenon of corruption](#) as well as its implications in healthcare. He referred to the WHO criteria of assessing the health system effectiveness (i.e. responsiveness, quality, patient outcomes, accountability, transparency and regulation, fairness and equity and efficiency); furthermore, according to studies, there is no evidence that the private sector is more efficient, accountable or medically effective than the public sector.



Dr Erich-Theo Merholz (AEMH Vice President) presented the example of the [German healthcare system](#). Thus, according to Transparency International, the German system is mostly criticized for forged/faked bills and reimbursements by physicians, pharmacists, patients and the pharmaceutical industry as well as for the lack of transparency in purchasing and prescription procedures and the presumed bribery.

Dr João Grenho (UEMS Vice President) talked about [corruption and the healthcare inequalities across Europe](#). While corruption in healthcare impacts on several issues (i.e. prices, public budgets, markets, medical immigration and others), its major impact is that on access to health in the sense that it prevents the ones in need from accessing the healthcare system. Therefore, one question remains: is corruption a cause or a consequence of healthcare inequalities?



## AEMH General Assembly 2016 - Outcomes: Clinical Leadership and eHealth Statements

Apart from dealing with the regular affairs of a general assembly, the recently constituted **working groups** (i.e. on **Clinical Leadership and eHealth**) elaborated two statements aiming to reflect the AEMH view as well as actions to be taken on the respective issues as follows:

### AEMH Statement on Clinical Leadership

*Clinical leadership is essential in health systems.*

*Clinical leaders should support and challenge others to achieve professional and personal goals and create engaging environments, listen well and encourage an open exchange of information and ideas.*

*Facilitate collaboration, cooperation and coalitions among diverse groups and perspectives aimed at learning to improve service.*

*Clinical leaders must act in a manner consistent with organizational values to yield effective, efficient patient-centered service to deliver excellent care efficiently.*

*They must identify, establish and communicate clear and meaningful expectations, measure and evaluate outcomes and correct direction if appropriate.*

*Clinical leaders should question and challenge the status quo, identify issues, solve problems, design and implement effective processes across systems and stakeholders, create a climate of continuous improvement and creativity aimed at systemic change, scan the environment for ideas, best practices and emerging trends that will shape the system and contribute actively to change processes that improve services and organizational performance. This need for change can benefit from leadership skills which will make them more capable of bringing about the necessary improvements.*

*Many doctors should, and will, be called to occupy directorship posts and expected to perform as leaders, such required leadership skills can, and should, be enhanced before that.*

*Doctors occupy a central role in healthcare system daily management. So, involvement of physicians in hospital management is vital. Evidence shows that clinical leadership improves clinical results, patients'*

*satisfaction and financial outcomes.*

*In this context AEMH support the National Medical Associations in their efforts to develop clinical leadership skills among doctors.*

*Furthermore the plenary of AEMH decides to create an European certification in clinical leadership "European Board of Clinical Leadership".*

*Accordingly, the AEMH plenary mandates the Board to develop contacts and / or partnerships with European Universities with proven experience in this field, invite a group of teachers to establish, in cooperation with the AEMH, the prerequisites for admission of candidates and draw up the evaluation rules.*

This initiative (if endorsed by the future General Assemblies) may allow AEMH to further capitalize on its clinical leadership expertise and to benefit professionals across Europe who would like to have a certificate recognized European wide.

The **eHealth working group** elaborated a statement on [Medical Records and Electronic Medical Records](#) that will constitute the starting point of 2017 AEMH conference (to take place in Luxembourg, on 4 May 2017), with the kind support of [AMMD](#) (AEMH member organisation in Luxembourg), which will also host the next general assembly of AEMH (5-6 May 2017).



## EU affairs newsflash

- ⇒ **European Antibiotic Awareness Day: 18 November 2016:** In the context of the World Antibiotic Awareness Week (14-20 November 2016). The European Centre for Disease Prevention and Control (ECDC) is organizing, like every year, the European Antibiotic Awareness Day on 18 November 2016. The campaign builds on successful [national campaigns](#) to raise awareness about the threat to human health of antibiotic resistance and communicate about prudent antibiotic use. The EAAD provides a platform and support to national campaigns about prudent antibiotic use in the community and in hospitals. Health professionals play a key role, both in primary care—by ensuring that patients are well informed about the correct use of antibiotics—and in hospitals—by ensuring the correct prescribing, dosage, duration and selection of antibiotics. Information and campaign materials are available on the [ECDC website](#) in all EU languages—see, for instance, the [Toolkit of briefing materials aimed at hospital prescribers](#). Join the global twitter chat on 18 November as well as the EU launch event on the [EAAD Facebook](#) and [Twitter](#) accounts.
- ⇒ **Database of experts for scientific committees.** The European Commission is launching a call for external experts that may contribute to the work of its scientific committees for the period 2016-2021. The database is open to scientists wishing to contribute to the work of the scientific committees on specific issues, on an ad hoc basis, as members of working groups or for scientific hearings and workshops. More information as well as the application form are available [here](#).
- ⇒ **Cross-border healthcare** On 24 October 2016, the European Commission organizes in Brussels a [Conference on the cross-border healthcare Directive: “Towards amplified awareness of EU rights to cross-border care”](#). The conference aims to:
- ◆ Improving information provision to enable patients to cross-border healthcare;
  - ◆ Fostering better coordination between NCPs;
  - ◆ Amplifying NCP cooperation with patient organisations, healthcare providers and healthcare insurers for the benefit of patients.
- The provisional programme is available [here](#). The conference will be also broadcast live via a [web streaming channel](#).
- ⇒ **“Memorandum—Reflections on Hospital Reforms in the EU”** The Expert Panel on Effective Ways of Investing in Health adopted a memorandum on hospital reforms at its 14th plenary meeting (3 May 2016). The experts agreed that hospital reform cannot be undertaken in isolation. It must be part of system wide changes that ensure that patients are managed in the most appropriate setting, which is likely to require a greater investment in primary care. You may read the entire report [here](#).
- ⇒ **News from other EMOs:** On 12 November 2016, in Amsterdam, UEMS will organize a conference on **CME-CPD**. The UEMS Conference will be preceded by the **9th Annual European CME Forum** that will take place on 9-11 November 2016. You will find more information regarding the programme as well as the registration process [here](#).

## EMOs Meeting Calendar

- 7-8 October 2016, EJD Autumn Meeting, Porto, Portugal
- 7-8 October 2016, FEMS General Assembly, Bucharest, Romania
- 20-22 October 2016, UEMS Council, Brussels, Belgium
- 18-19 November 2016, CPME Meeting, Tel Aviv, Israel
- 1-2 December 2016, CEOM Plenary Meeting, Paris, France
- 7-8 April 2017, CPME Meeting, Vilnius, Lithuania
- 11-13 May 2017 FEMS General Assembly, Rotterdam, the Netherlands

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