

AEMH NEWS

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

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The word of the President

Yet another year seems to have flown past before we realised it. AEMH, as a European platform for hospital physicians, has tried to meet its goals by encouraging the exchange of ideas and experiences among doctors, patients and politicians with the major objective of promoting health and improving patient safety.

We have sought to develop our fields of expertise - Hospital management based on quality and safety with a larger involvement of doctors, working conditions of hospital doctors and Clinical Leadership in order to have an active voice at European level.

AEMH has been a pioneer in holding conferences at our annual meetings, a path we want to continue to follow: in 2016 we have discussed Corruption in health systems, in 2017 the theme of our conference will be e-health and will take place in the framework of our meeting in Luxembourg (4-6 May). I have been consistently proud to learn of the dedication of each and every member of our association and there is no doubt that all of us have worked hard to seek our accomplishments.

I am also fully aware that our families continue to be significant pillars of strength for our members, so I'd like to take this opportunity to wish everyone a peaceful Christmas and a joyful New Year. May you and your loved ones enjoy good health, and may their companionship bring you every joy. Thank you to everyone who has helped us in so many ways, throughout the year.

Have a happy and safe holiday season. Hope to see you all in Luxembourg.

João de Deus,

President



In This Issue

- AEMH updates
- EU affairs newsflash
- International Calendar



European Antibiotic Awareness Day—Brussels, 18 November 2016

Last-line antibiotics are failing

Each year, drug resistant infection result in at least 25,000 deaths in the EU and EUR 1.5 billion health care and productivity losses. Resistant infections are increasing worldwide—with estimates of the total number of deaths globally rising from 700,000 annually in 2015 to more than 10 million by 2050. Dr Raymond Lies, AEMH past president, attended the 9th European Antibiotic Awareness Day, event organized in Brussels on 18 November 2016. On this occasion, the European Centre for Disease Prevention and Control (ECDC) released its latest EU-wide data on antibiotic resistance and antibiotic consumption. In 2015, antibiotic resistance continued to increase for most bacteria and antibiotics under surveillance. While antibiotic consumption in hospital significantly increased in several EU member states, antibiotic consumption in the community decreased in six EU member states. Dr Vytenis Andriukaitis, European Commissioner for Health and Food safety said: “Antibiotic resistance is one of the most pressing public health issues of our time. If we don’t tackle it, we can go back to a time when even the simplest medical operations were possible, and organ transplants, cancer chemotherapy or intensive care even less so”. He informed about a new Action Plan to be launched by the European Commission next year so as to “ensure that the prevention and control of antibiotics resistance is strengthened within one-health approach”.

ECDC data also show that antibiotic resistance in *Escherichia coli*, one of the most frequent causes of bloodstream infections and community and healthcare associated urinary tract infections, requires close attention as the percentage of isolates resistant to commonly used antibiotics continues to increase throughout Europe. In contrast, the percentage of methicillin-resistant *Staphylococcus aureus* (MRSA) showed a significantly decreasing trend at EU/EEA level between 2012 and 2015. Despite this positive development, MRSA remains a public health priority as eight out of thirty countries reported percentages above 25%.



EU Health Policy Platform Meeting

Brussels, 5 December 2016

Dr Hrvoje Sobat, AEMH treasurer, attended the EU Health Policy Platform meeting on the 5 December. Besides discussing several joint statements, it was an opportunity for AEMH to suggest one topic for the agenda of the platform for 2017, namely “litigation claims—defensive medicine—safety risks from unnecessary examinations”. The Platform aims at establishing an online tool so as to improve the communication between the European Commission and healthcare stakeholders across Europe. The new topics advanced by the Commission for next year are: “Employment of Persons with Chronic Diseases” and “Access of Vulnerable Groups to Healthcare”. Besides the AEMH proposal, there were two other suggestions for topics: “Antimicrobial resistance” (proposed by EPHA—the European Public Health Alliance”) and “Inequalities in Working Conditions and Remuneration in Healthcare” (proposed by FEMS—the European Federation of Salaried Doctors). Once the topics are led by one (or more) organisations, stakeholders are invited to vote on their preferred topics via a poll to be published on the Agora of the web platform. Topics that gather most interest will be opened for work, upon previous agreement from the European Commission.

Should the AEMH topic be accepted, a proposal of a joint statement on the issue will need to be elaborated by June 2017. We will use the opportunity of the next General Assembly in Luxembourg to consult all AEMH delegations.



ECDC Acting Director, Dr Andrea Ammon further stressed that “antibiotic resistance in *Klebsiella pneumoniae* is of increasing concern in Europe. More than one third of the isolates reported to ECDC for 2015 were resistant to at least one of the antibiotic groups under surveillance and combined resistance to multiple antibiotic groups was common”.

⇒ Member State Data on cross-border healthcare following Directive

2011/24/EU: The European Commission published a [study](#) regarding 23 EU countries as to their use of the cross-border healthcare directive in 2015. The data shows that most members states only received a few hundred information requests in 2015. Of the 23 countries, 6 implemented mechanisms that can be used to limit access to cross-border healthcare according to Article 4(3) of the Directive. However, according to the available data, these mechanisms have not yet been put into practice. A majority of the Member States received less than 100 requests for prior authorization during 2015. On average 50.2% of the processed requests were authorized. The average processing times relating to such requests vary from 3 working days (Romania) to 3.4 months (Greece). Furthermore, the number of requests for reimbursement relating to healthcare not subject to prior authorization was generally low. On average, 78% of the processed requests were granted. Most requests for reimbursement have been granted for treatments in Germany, followed by Spain.

⇒ **New Health at a Glance report.** On 23 November OECD together with the European Commission launched their [joint report](#) examining the health status and systems in EU member states, also highlighting obstacles that prevent them from being effective and accessible. According to the report, 27% of the EU patients address the emergency ward because they lack access to primary care. 15% of health spending is paid directly out of pocket by patients and poor Europeans are generally 10 times more likely to have problems in getting the proper healthcare. Each year, for example, the EU economy loses some 115 billion Euro in productivity due to the premature – and often preventable –

deaths of working age adults. Next, country health profiles of all 28 EU countries will be produced, summarising the state-of-play and underlining the particular characteristics and challenges of each EU Member State. These profiles will be ready by this time next year.

⇒ Study on Obstacles to Recognition of Skills and Qualifications

The European Commission published the results of a study into the obstacles that students and professionals face in getting their educational and professional qualifications recognized in other EU countries. The study attests for 34 obstacles to recognition across the different stages of the journey to recognition, concerning various types of mobility and target groups. More obstacles tend to occur for certain types of mobility (e.g. between the academic and vocational forms of learning, seeking recognition of informal/non-informal learning to re-enter education after leaving compulsory education) and for certain target groups (e.g. third country nationals with qualifications or skills obtained in third countries, the low-skilled/early school leavers, refugees with no documentary proof of skills and qualifications). The full study is available [here](#).

⇒ EC urges two more member states to transpose RPQ Directive:

Latvia and Romania are the latest member states to receive reasoned opinions from the EC regarding their failure to communicate the transposition of Directive 2013/55/EU on the recognition of professional qualifications into the national law. The deadline for transposition was 18 January 2016. 14 member states were sent reasoned opinions in September, for also failing to transpose the Directive into national legislation.

EMOs Meeting Calendar

- 7-8 April 2017, CPME Meeting, Vilnius, Lithuania
- 27-28 April 2017, UEMS Council Meeting, Tel Aviv, Israel
- 4-6 May 2017, AEMH Conference and General Assembly, Luxembourg
- 11-13 May 2017 FEMS General Assembly, Rotterdam, the Netherlands
- 24-25 November, CPME Meeting, Brussels, Belgium (tbc)

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