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**General**

I start my report by quoting my report 2004 which ended with the Previsions 2005:
The AEMH starts the year 2005 with a new formed Board and I am sure that the two new elected Board members will give a new impulse with innovative ideas and initiatives and hereby corroborate our overall objective to protect the interests of senior doctors and patients in the hospital sector.
To achieve this goal we need to work on our recognition as one of the main stakeholders for hospital concerns in the European scene.

Our implication in the Patient Safety Conference has been an enormous step forward in enhancing the renown of the AEMH. But also the organization of the AEMH Conference with high level speakers profiled the AEMH positively. This has to be sustained and I am confident that the experience will be reiterated in Bratislava, where each working group will get the opportunity to trump. The role of the coordinator will therefore be of paramount importance to advise and lead all parties involved to an overall coherent end result.

**Main Topics / Meetings**

**-Patient Safety**
In the follow-up of the Luxembourg conference and in compliance with the Luxembourg declaration, the group of stakeholders meet regularly and we are now in process to draft a Stakeholders Position Paper.
The UK Presidency will hold a Patient Safety Summit entitled “Tackling the global Patient Safety Agenda” on 28-30 November in London, which I will attend.
A project funded by the European Commission called SImPatiE (Safety Improvement for Patients in Europe) started this year. It aims to facilitate free movement of services and professionals by developing a Europe-wide commonality in methodology on patient safety for healthcare institutions. The AEMH is not directly involved in this project, but from my personal position, I have been nominated national coordinator for Luxembourg.

I am very keen on a follow-up on this topic and make all efforts to remain involved.

**-The Future of EMOs**
The Conference initiated by the CPME and the debates that followed have given a clear message that the majority of the delegations want the medical profession to speak with one voice, but not necessarily out of one single organization. The CPME plans the distribution of a questionnaire to the members of the CPME in the beginning of 2006. I have alerted the CPME President in a letter on the importance of the questions and the way they are formulated, which the experience of the last referenda in Europe has shown. (letter here attached).
The reference group constituted in Athens will hopefully come with a concrete position and proposal on how to proceed further, because this debate must not monopolize our energy and we must focus on professional topics.

-Change of statutes
The last elections have brought up a subject which I have already submitted in my January report, i.e. a change of the statutes as to the election procedure, which had not been taken up by the Board at that time. The assembly had a democratic debate in Athens and mandated a working group to draft proposals for changes.

Meetings
We have been contacted by the Executive Director of ASMOF -Australian Salaried Medical Officers’ Federation- who asked to meet with a representative of the AEMH to discuss general issues and “no-fault” schemes for medical malpractice. After meeting SG Brigitte Jencik in Brussels, who provided Mr Peter Somerville with general information concerning the organization of European Medical Organisation and the main topics on the European agenda, Mr Somerville visited me in the Kirchberg hospital and we had a fruitful discussion on employment of doctors and quality and safety in healthcare.

I had a meeting with Mrs Pickaert, Deputy Director General of EFPIA, who wants to initiate a working group on “Safe Drug Prescription in Hospitals” together with the AEMH, the European Federation of Nurses (EFN) and the European Patients Forum (EPF). I will discuss this request at the next Board meeting.

During the Patient Safety Summit in London I will meet with Board members from the Royal College of Physicians and Paul Belcher, their EU advisor. The RCP is a professional body that doctors choose to belong and subscribe to. It has its own exacting standards and examinations, exercising a direct influence on the quality of training and the appointment of consultants in all medical specialties. They are looking to join a European organization.

HOPE has changed its name from “Standing Committee of the Hospitals of the European Union” into “European Hospital and Healthcare Federation”. The new President is Prof. Brian Edwards and the Chief Executive is Pascal Garel. Prof. Edwards was the rapporteur of the hospital workshop at the Patient Safety Conference, which I chaired. I will meet both Prof Edwards and Mr Garel on November 7 in Brussels.

Communication
- The ”European PharmacoTherapy”
For the edition 2006 I have been asked to join the Advisory panel. Furthermore, the AEMH will again get the opportunity to advertise its Conference 2006.
- **Hospital**
  I drafted an article on the outcome of the Patient safety Conference in Luxembourg, which has been published in “Hospital”, the Official Journal of the European Association of Hospital Managers.