



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
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
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

Document :	AEMH 06/054
Title:	Draft Minutes 59th Plenary Meeting 28-29 April 2006 in Bratislava/ Slovak Republic
Author :	AEMH Secretariat
Purpose :	Information
Distribution :	National Member delegations, Participants in the 59th AEMH Plenary Meeting
Date :	28 August 2006



59th AEMH-Plenary Meeting, Bratislava 28-29th April 2006

Venue : Danube Hotel, Bratislava/ Slovakia

Chairman : Dr. Raymond Lies, President
 Participants : see list of attendance
 Minutes : Brigitte Jencik, Secretary General

Opening : Friday, 28th April 2006 at 8:30
 Saturday, 14th May 2005 at 9:00

Adjourned : Friday, 28th April 2006 at 17:00
 Saturday, 29th April 2006 at 13:30

1. Addresses of Welcome

The President welcomed the delegates and commented the “quality not quantity” of the attendance, which was due to a collision of dates with meetings of other European Medical Organisations and of National delegations. He thanked the Slovakian Medical Chamber for the invitation and regretted the absence of their President, Prof Dragula due to health problems and expressed his wishes for quick recovery. He also informed on the excused absence of the AEMH treasurer Dr Kirschner. Furthermore, the Norwegian delegation had informed about late arrival due to flight problems.

Dr Buzgo welcomed the delegates on behalf of Prof Dragula who forwarded his best regards and wishes for a fruitful meeting.

2. Approval of the Agenda

The agenda was approved without changes.

3. Roll Call of Heads of Delegations

The President proceeded with the call of heads of delegations.

Austria	Prof. Spath	Luxembourg	Dr. Lies
Belgium	Dr. Bertrand	Norway	Dr. Eikvar, delayed arrival
Croatia	Dr. Sobat	Portugal	Dr. De Deus
Denmark	Dr. Aggernaes	Slovakia	Dr. Buzgo
France	Prof. Degos	Slovenia	Proxy to Dr Buzgo
Germany	Prof. Nolte	Spain	Dr. Sanchez-Garcia
Greece	Dr. Antypas	Sweden	Dr. Wedin
Italy	Dr. Reginato	Switzerland	Dr. Guisan

4. Approval of the Minutes of the 58th Plenary Meeting in Athens, AEMH 05/053

Dr Aggernaes asked for deletion on page 2 of the Minutes “Last minutes candidates should not be accepted.” The minutes were approved unanimously with the quoted amendment.

5. President's Report

The President referred to his written report AMEH 06/001 and highlighted 4 topics

1° The future of European Medical Organisations, on which the President of the CPME gave a clear message to the NMAs to put forward practical proposals.

2° The future of the AEMH in means of finances.

3° The relation with the CPME and the importance to get more involved in the sub-committees. In this respect he reported on a workshop on pharmacovigilance organized by the Commission, which he attended on the request of the CPME and as their representative on hospital concerns.

4° The annual AEMH conference for which he wishes a greater support from other organizations and companies.

6. Financial Reports

a. Accounts and Treasurer's Report of Year 2005.

b. External Auditor's Report/ Closing of accounts 2005

c. External Auditor's Remarks on Accounts 2005

In absence of the treasurer the President presented the relevant documents and gave additional information on the unexpected expenses concerning the deposit account at the Dexia bank. The bank interrupted the first contract and the AEMH subscribed a new contract with similar arrangements. Buying of the bonds being subject to an entry fee of 1 %, these expenses occurred thus twice in 2005. This added to the loss on the exchange rate when the account was transferred from Norway to Luxembourg and explained the important shortfall on the financial side.

The President then opened the floor for questions and comments.

- Dr Wedin argued that it is not acceptable for an organization to have a deficit and that the strategy of accepting to be broke in 2009 is a bad one. She expressed her surprise that no other proposal had been submitted. Could an increase of 5 % of the membership fees be sufficient? Could one start earlier than 2009 to skip interpretation ?
- Dr De Deus advocated that some delegations need interpretation but questioned whether it is conceivable to ask the National Medical Organisation which is organizing the annual meeting also to support the costs for interpretation. These costs would occur only once in 16 years, if the meetings are held each year in a different member state.
- Dr Guisan pleaded for a larger member representation, more efficiency, a clearly defined competence, which would incite the CPME to forward matters to the AEMH.
- The President reacted on his intervention by referring to the Presidents' Committee, where this collaboration is already going on, but is not a matter for financial income.
- Dr Sanchez-Garcia regretted that discussions on financial problems are always reduced to the interpretation costs. He supported the idea of Dr De Deus, but also asked to look into modern ways of communication, such as video conferences.
- Dr Sobat informed that his organization is willing to support the AEMH by all possible means. He requested to look into a differential membership fee proportional to the need of interpretation.
- Dr Wedin did not agree on one organization supporting all the costs for interpretation. There has to be solidarity and in any case interpretation has to be ensured for at least the next meeting.
- Dr Guisan took the defense of the new member states who could not invite the organization if there is a further financial burden. He advocated to share the deficit amongst the OECD member states. He furthermore regretted that the treasurer had not submitted any proposal.
- Dr Buzgo: The increase of the contribution fees has to be proportional to the deficit.
- Dr Obel clarified the official position of the Danish delegation concerning the languages, which is English with no interpretation at all.
- Prof Degos reminded that diversity of languages represents richness for any organisation. His proposal to the organizing member is to decrease the expenses for the social activities and thus be able to increase those for the work part.

- Prof Nolte reminded the assembly of the decision made in 2004 for the abandon of interpretation as from 2009. Until then the AEMH should stick to the current situation. All delegations should put forward proposals to the treasurer for the financial future of the AEMH.
- Dr Lies expressed his surprise that none had mentioned sponsorship. The EFPIA / CPME guidelines which had been adopted allow sponsorship under certain conditions. He mentioned this year's example of the Slovak Medical Chamber having received financial support from a bank for the organization of the conference.
- Prof Degos requested the support of all for this proposal and reiterated his former appeal to concentrate on the professional activities, which will facilitate the fund rising.
- The president concluded the debate by asking all delegations to send their ideas and proposals to the treasurer via the secretariat.

d. Internal Auditor's Report on accounts 2005

Brigitte Jencik reported from the meeting she had with the internal auditor, Dr Morresi, who could not attend the plenary meeting but had examined the accounting vouchers the previous day. Dr Morresi had drafted his report, which B. Jencik read to the assembly. Document AEMH 06-049.

e. Discharge on Annual Report 2005

The President asked the assembly to discharge the Board on the accounts 2005. The assembly approved unanimously.

f. Draft Budget Year 2007

The presentation of the Budget for 2007 which has been drafted with a deficit of 2479 € raised again the debate on request for solutions.

- Dr Guisan reiterated his proposal to share the deficit amongst OECD countries.
- Dr Lies reminded that a draft budget can only show provisional figures and not be definite, thus one cannot share a provisional deficit.
- Dr Sanchez-Garcia asked nevertheless to increase the contribution fees in order to cover the shortfall.

The President reminded his former request for suggestions to adjust the finances which would also influence the budget and might very well result in a balanced budget. He therefore closed the debate and asked for vote.

The budget AEMH 06/008 REV2 was approved with 2 votes against and 1 abstention.

7. Reports of the Liaison Officers to the Associated Organisations and comments of the representatives of the Associated Organisations

-CPME: AEMH-Liaison officer Dr. Lies

Dr Lies referred to his written report, which he completed by defining the tasks of the Presidents' committee which is supposed to orient the policies to the interests of NMAs and EMOs. Concerning the Social dialogue he demonstrated the importance of involvement of doctors by the example of Luxembourg's efforts to decrease hospitals costs. The deficit could be compensated by negotiation of all stakeholders, central buying and efforts in the prescriptions.

- EFMA/ WHO: AEMH-Liaison officer Prof. Nolte presented a report from a meeting which took place in Budapest/Hungary from April 21-22 2006 with delegates from 28 countries The topics of the 22th meeting of the EFMA/WHO included: Collaboration between the medical profession and the pharmaceutical industry, anti-tobacco activities, threats to health, patient safety, patients records, influence of the National Medical Associations on the health care systems. At the end European Forum of Medical Associations and WHO adopted a statement concerning the use of electronic record systems in health care. The report is recorded as AEMH 06-051.

- FEMS: Secretary General Dr Wetzel reported on the involvement of FEMS in the defense of working conditions and salaries of hospital physicians. He expressed FEMS' concerns on the privatization of state hospitals in East-European countries and confirmed the support to doctors in their fight for specific contracts next to other civil servants. Furthermore, Dr Wetzel backed the Slovakian doctors in the ongoing strike for an adequate remuneration. He also mentioned the lobbying actions of FEMS on the EWTD and made a point on the revision of the directive. The next GA of FEMS will be held 12-13 May in Paris with 2 significant points on the agenda: elections for a new President and modification of the statutes.
- Dr Guisan expressed his concern on the tendency of liberalization of the hospital sector.
- Dr Sanchez-Garcia made an appeal to the assembly for explicitly support the Slovakian colleagues in their legitimate claims.
- Dr Buzgo thanked on behalf of the Slovak Medical Chamber.
- UEMO: Liaison officer Dr. Thors reported on UEMO's fight for the recognition of family medicine as a specialty, which has not been taken into account in the European directive. There is a confusion on having two populations of GP's under Title III and IV of the Directive on Recognition of Professional Qualifications. The UEMO pleads for deletion of Title IV and have a recognized specialty in family medicine in Title III, like all other medical specialties. Dr Thors furthermore expressed the appreciation of the UEMO collaboration agreement with the CPME secretariat. Their critical financial situation had been mastered not by cutting interpretation but reducing social activities. UEMO's next meeting will take place in June in Ljubljana. Dr Isabel Caxeiro from Portugal has been elected President as from 2007.
- UEMS: AEMH-Liaison officer Dr De Deus attended the October 2005 meeting, where the new UEMS Executive has been elected. President is Dr Fras (Slovenia), the Secretary General remains Dr Maillet (Belgium), Dr Lamy (Belgium) becomes treasurer and Dr Hofmann (Germany) is liaison officer. Vice-Presidents are Dr Berchicci (Italy), Dr Borman (UK), Dr Brenning (Sweden) and Dr Magyari (Hungary). The UEMS has adopted a Motion defining the Medical Act.
- Dr Costa attended the March meeting, which dates first collided with the CPME meeting and had been changed. The UEMS adopted a Motion on the directive on professional qualification and another one on the directive on health services. The EWTD is also followed up closely. Their European Accreditation Council for CME (EACCME) is running very well and has signed protocol agreement with national bodies.

Reception of the Delegates by the Mayor of Bratislava in the Town Hall, Visit and Lunch
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During the break the delegates registered for the parallel working sessions and split into 4 groups. The President attended all groups equally.

A) Hospital Management and Budgetisation, Labour Conditions of Doctors

Chair: Dr Guisan, Members: Mrs Blindheim, Dr Sanchez-Garcia, Prof Degos, Prof Spath, Prof. Stolpmann, Dr Bertrand, Mr Jensen.

B) Risk Management/ Patient Safety

Chair: Dr Marie Wedin, Members: Dr De Deus, Prof Nolte, Dr Sobat.

C) Medical Training, Postgraduate Training, CME/ CPD

Chair: Dr Thomas Zilling, Members: Ms Zahazieva, Dr Obel, Dr Pée, Dr Reginato.

D) The Future of the European Medical Organisations

Chair: Dr Helle Aggernaes, Members: Mrs Burénus, Dr Antypas, Dr Eikvar, Observers: Dr Wetzel, Dr Thors.

The reports of the working groups will be presented under point 10 of the agenda.

9. National Reports

➤ **Austria, Prof Spath.** The Austrian member delegation has changed statutes and names. The new name is trilingual VLKÖ-Vereinigung der Leitenden Krankenhausärzte Österreichs, Austrian Association of Senior Hospital Physicians, Association Autrichienne des Médecins des Hôpitaux. Due to changes of membership in the Austrian Medical Chamber hospital physicians now dispose of a 2/3 majority. Furthermore the term “Senior Hospital Physician” has been laid down officially in the legal regulations. With January 1st, 2006, the Austrian Health Structure Plan was introduced, dividing Austria in 4 medical supply zones with a total of 32 regions providing complete optimal medical health care for the intra- und extramural areas including rehabilitation and nursing care aiming at the best health care for everybody.

➤ **Belgium, Dr Bertrand** reported on a new agreement between physicians and Social Security for 2006 - 2007. The budget is fixed at 18.427.000.000 € what permits an indexation of the medical honoraria of 2,26 %. Since several years, the government's tactics aims to the division of the medical profession while trying to oppose general practitioners and specialists. Concerning hospitals: patients pay 9,50 € if using emergency services between 6 am and 12 pm for treatment if it is not a real emergency.

Flat rates as per pathology are in process of being implemented.

Doctors have to prescribe a fixed percentage of generic drugs (ex. surgery= 22%).

➤ **Croatia, Dr Sobat** explained the situation in his country.

Membership in Croatian Medical Chamber (CMC) is mandatory for all doctors. CMC has currently 15.560 licensed doctors as members, from whom 6.516 are hospital specialists, thus almost 55% of physicians are employed in hospitals. The majority of hospitals are public institutions.

The health care reform is still in process in Croatia. There is an urgent need for accreditation of hospitals. Payment system for medical services in hospitals must also be altered and new amended DRG (diagnostic related groups) payment system must be introduced.

➤ **Denmark, Dr Obel** informed that a new structural reform has been adopted in Denmark. The regions are responsible for the running and planning of the hospital sector and the health professionals. Each region must provide hospital treatment free of charge for the citizens of the region with free choice of hospital for all patients.

The waiting time is to be reduced to 1 month in 2007. The reform is expected to result in a continuing strong gathering of treatment offers in fewer hospitals and reducing the number of hospitals with emergency departments.

The Danish Specialist Association fights for the principal that responsibility for financing and expense level should be in the same place.

➤ **France, Prof Degos**

The Minister of Health and the Hospital Doctors' Union have finalised a "new hospital governance" framework. One of the main points is the status of hospital doctors, which has seen no changes in more than 20 years. Under the new governance, hospital health professionals are assigned to share responsibility for decision-making and management of the institution together with hospital administrators.

Each hospital doctor is selected by a national jury for their speciality. However, final appointment has to be signed by the Health Minister.

French law requires all doctors to take part in CME. Furthermore, each doctor will also have to submit to an evaluation of professional practice.

The French National Authority for Health (Haute Autorité de Santé or HAS), a newly created State organisation has been entrusted with all evaluations in health matters.

➤ **Germany, Prof Nolte**

1 German legislation on working time

Management and unions have been given time to negotiate agreements how to implement the EWTD until end of 2006. Without such an agreement the work-hours legislation will come into force in its unaltered form on the basis of a maximum 8-hour working day.

2 Exclusion from technological progress averted

Fortunately, the Ministry of Health decided that the stringent requirements which govern the use of new testing and treatment methods for general practitioners should not be introduced to hospitals.

3 Overestimating minimum numbers as an indicator of treatment quality

This ruling has been in practice since 2004 resulting that health insurance companies attempt to set high threshold values for the different categories of services and hereby to reduce the number of hospitals which are able to offer them, and at the same time considerably reducing their costs. Huge effects on emergency care are expected.

4 Shortage of physicians

The average age of general practitioners and hospital doctors continues to increase, one of six practising doctors is under 35 years of age. By 2010 one estimates the replacement of 40 300 doctors, 8 600 in hospitals. Hospitals recruit abroad to fill vacant positions.

➤ **Greece, Dr Antypas**

During 2005, the Panhellenic Medical Association made real efforts in order to improve doctors' salary by negotiating with the Health Ministry. Furthermore, they collaborated in the elaboration of laws, such as the Code of Medical Deontology and the Medically Assisted Procreation (Artificial Insemination).

The representative of the Panhellenic Medical Association submitted the proposal to create a Disciplinary Council in the CPME. Moreover, the Greek delegation submitted a document to the competent authorities concerning the Balkan Syndrome (depleted uranium). Finally, the CPME approved to support the proposal of the Greek Commissioner, Stavros Dimas, concerning the 7 European Strategies for the Environment.

➤ **Italy, Dr Reginato**

Italian hospital doctors still fight for contracts determining their salaries. Increases based on the inflation rate could only be obtained in 2002 and 2003 and a small indemnity for night duties.

Hope comes from the election of a new board of the FNOMCeO, with at its head after 30 years again a hospital doctor, Dr Bianco. Among the projects of the new board are the reform of the medical associations, cooperation with the Ministry of Health on CME/CPD, updating of the Deontological Code, patient safety and reduction of the long waiting lists. Other problem is the

financing of the National Health Service, which is insufficient and lower than the European average.

➤ **Luxembourg, Dr Lies**

The Ministry of health and social affaires held consultations with all the stakeholders in the health care sector in order to stabilize the sector for the next coming years. This last quadripartite session, mostly dedicated to the hospital sector, elaborated the following decisions.

1. The hospital managers agreed to centralize their purchases in a common virtual purchase centre.
2. A scientific committee will determine guide-lines in health care and secure the quality in health care at affordable costs. The AMMD is called to play a key-role in this committee. The first recommendations of this committee concerned the prescribing of antibiotics, which decreased costs by 30%. Another possibility to save money is the prescription of generics.
3. The legal framework for the organisation of the medical departments in hospital has been initiated. One of its goals is higher integration or participation of doctors in the management of the hospitals.

➤ **Norway, Dr Eikvar** reported on three main topics.

1. Hospital Economy.

The implementation of the new public health enterprises in Norway has led to reorganising many hospitals. The Norwegian Medical Association of Senior Hospital Physicians (Of) fears the possibility to get politicians as directors, who focus on cheaper health care, instead of experienced and professional leaders.

2. Management – hospital departments.

One of Ofs main activities is to ensure medical management in hospital departments; as major decisions in hospital departments are medical.

3. Long lasting negotiations: The negotiations about wage and working conditions for hospital physicians lasted 18 months. Of has been working on a wage system including possibilities of local negotiations; taking into account medical and managerial competence, responsibility, efficient medical treatment, medical research and continuous medical education.

Dr Eikvar furthermore commented on a lack of specialists which seems to be a general worrying trend also in other European countries and should be a topic for the AEMH to work on.

➤ **Portugal, Dr De Deus** replied to Dr Eikvar that in Portugal there are enough specialists but not enough young doctors, which is a problem in emergency departments, as there the age limit is 55 years.

The general situation in Portugal is that the joint stock companies in public hospitals were changed to Company Public Entities. In this CPE, the new workers are no longer public servants but the labour agreement is made on an individual basis and for limited periods of time.

The Portuguese Medical Association got new competences due to new internship regulations, such as accreditation of health departments to have young doctors in training, elaborate the qualification programmes, appoints the jury for the examination to be a specialist.

A new Law-Decree concerning Health Primary Care was published, creating an alternative to public primary health care units, based on medical group initiatives.

Prescription's substitution in pharmacies has been abolished following an old claim of PMA.

➤ **Slovakia, Dr Buzgo** referred to the written report of Dr Kovac, which had been distributed. He introduced Dr Kamil Kvalteni to comment on the current situation in Slovakia and the ongoing strike of Slovakian doctors..

➤ **Dr Kvalteni** reported that in Slovakia health insurance company fix and limit the amount to be spent on health care, including drugs and material. Three of the biggest companies are owned by

financial groups, which also own 1/3 of the pharmacies. This were besides their working conditions and salaries the reasons why Slovak doctors went on strike. These drawbacks lead to a brain drain, which sometimes result to the closure of whole departments.

➤ **Spain, Dr Sanchez-Garcia** reported that the labour conditions of Spanish hospital doctors continue to deteriorate.

The division of Spain into 17 Autonomous Regions (CCAA) is making the differences in means of wages, labour conditions, age of retirement, etc. between Spanish doctors more and more evident. The Doctor's professional career plan has been a longstanding claim by Spanish hospital doctors in order to assure motivation and incentives to health professionals. But due to the regionalisation the professional career has by now 17 different models. The diversity is so big that it will compromise the free movement of doctors throughout the national territory.

Furthermore, the Spanish Medical Organisation opposes the attempt of nurses to get entitled to prescribe drugs, which must be the exclusive competence of doctors.

➤ **Sweden, Dr Wedin** took up this last fact and reported that in Sweden nurses apply for management positions and she claimed for management courses to be included in the education of doctors. This is one of the topics on the agenda of the Swedish Association of Hospital Physicians and the Swedish Medical Association as it directly influences the management of the medical work at the hospitals.

Second important topic is the Doctors' empowerment to regulate their working time. The European working time directive is going to be implemented next year through a new Swedish law where the 48 hours/ week and the 11 hours rest/ day are regulated. The Swedish Association of Hospital Physicians is positive to the directive but some Swedish rules might endanger the working conditions of the Swedish doctors rather than protecting them.

➤ **Switzerland, Dr Guisan**

After more than 5 years of debate, the revision of the health law and especially the financing of the Swiss public hospitals is still debated in Parliament. The problem of treatment of in- and out-patients at the same level, public and private patients having the same rights in public institutions aborted the reform project and ended in a compromise between local governments and insurers. Other compromise is the introduction of DRG's by 1 January 2009. A joint venture partnership project with the German InEK Institute and representatives of all sides including the Swiss Medical Association is in process.

➤ **The Bulgarian Medical Association** had applied formally for membership. The President Dr Kehayov gave a presentation of the BMA, which will celebrate its 105th anniversary this year, being one of the eldest medical organizations of Europe, which counts about 38000 members, from which 15000 hospital physicians. He also commented the Bulgarian healthcare system which faces insufficient funding. The BMA is an active partner in all negotiations.

The assembly approved unanimously to accept Bulgaria as a new member. The vote was received with applause by the delegates.

10. Reports from the parallel sessions

A) Hospital Management and Budgetisation, Labour Conditions of Doctors

- Chair: Dr Guisan reported that the main work was the update of Dr Sanchez-Garcia's questionnaire on Labour Conditions which had been extended to other criteria. It showed that some definitions have a different understanding internationally. This will be worked on and further clarified.
- Dr Sanchez-Garcia who is working on the topic for more than 10 years highlighted the general tendencies, which are an increase of the GDP, a decrease of beds, an increase of doctors and of their competencies.
- Dr Guisan concluded that this important data base needed to be completed to be an efficient tool for the AEMH in its goal to support national medical associations in their fights for better working conditions for doctors.

B) Risk Management/ Patient Safety

- Chair: Dr Wedin. The working group had put the focus on the Luxembourg Declaration seen from the hospital physician's point of view and to make the declaration easier to "sell" and to explain to National authorities. The recommendations were
 - provide patients full and free access to information of their health.
 - assure that all health care providers protect the privacy and confidentiality of patient records in the best interests of the patient and of themselves, while at the same time insuring that information is readily available to relevant health care professionals.
 - introduce a confidential reporting systems of adverse events and near misses in every hospital.
 - work on creating a culture that focuses on learning from near misses and adverse events as opposed to concentrating on "blame and shame" and subsequent punishment.
 - include patient safety in the CME/CPD.
 - stimulate communication between patients/relatives and health care professionals in order that patients/relatives are aware of the work with patient safety and risk management.
- Mrs Tiddens-Engwirda, Secretary General of the CPME commented that this input will be very useful in the better understanding of the Luxembourg declaration, which stands as it is and is now in the phase of implementation. CPME is anxious to keep the link to the European commission and the different European presidencies to maintain patient safety on the agenda. To ensure this continuity CPME has proposed to establish a platform on patient safety with the different stakeholders, the commission and the council.

C) Medical Training, Postgraduate Training, CME/ CPD

- Chair: Dr Zilling, rapporteur Dr Reginato.
The working group underlined that the main goal of CPD is to ensure patient safety. Their work consisted to give an input to the Consensus statement on Continuing Professional Development in Medicine elaborated by Dr Borman for the CPME conference, which will take place in Luxembourg in December 2006. The working group implemented the views of the AEMH into the document, which Dr Zilling will further promote in the CPME working group in charge to prepare the conference and the final draft declaration. The final objective is to set standards to be shared all over Europe.

D) The Future of the European Medical Organisations

➤ Chair: Dr Aggernaes

Dr Aggernaes started her report by giving a historical overview on the development of the cooperation of the CPME and the AOs. The aim of the working group was to review the document drafted by the AEMH Board on the “Future of the AEMH in the European Medical Organisations” (AEMH 05-061 REV3).

She strongly advocated the point of view of the Danish Medical Association which favours one single organization. A lively debate on the expression of “one voice” started, which often was confused with “one single organization”.

➤ Mrs Tiddens-Engwirda clarified that one voice only means to avoid contradictory views expressed towards the European institutions. She furthermore reminded the current state of affairs, which is that CPME invited all National Medical Associations to make proposals on the way how to further proceed.

➤ Dr Guisan welcomed this procedure, which is most democratic and reproached that the AEMH document added confusion and therefore opposed its adoption.

➤ The President reminded that neither the juridical point of view nor the financial aspects of having one single European medical organization had ever been analyzed and asked the delegates to decide whether the document with the amendments of the working group was ready for approval.

The assembly approved by majority with one abstention to postpone the adoption. The President urged the delegations to send their comments and proposals for a final text to the secretariat.

AEMH Conference 2007 resumed in the “AEMH Declaration on Hospital Management based on Quality and Safety”.

➤ Dr de Deus presented a document resuming the outcome of the AEMH Conference on “Hospital Management based on Quality and Safety”. The bullet points of the declaration are

- Changes in multiple organizational components and budgeting.
- Developing quality measures
- Larger involvement of doctors in hospital management
- Improvement of working conditions of hospital doctors
- Health professionals education and training

The debate that followed showed that further amendments were necessary and that due to lack of time the document could not be finalized during this meeting.

The assembly approved by majority with one abstention to postpone the adoption. Comments and amendments must reach the secretariat within two weeks after this meeting. The document is recorded as AEMH 06-50.

11. Submission of Documents

a) **for adoption** by the Plenary Assembly,

- Revision of Statutes

Several articles of the AEMH statutes needed revision and some delegations had sent comments on the revised version drafted by Mrs Blindheim, legal adviser of the AEMH. The Plenary went through the document and each amendment was put to vote.

Proposal 1: Decision postponed

Proposal 2: Decision postponed

Proposal 3: Approved unanimously

Proposal 4: Approved unanimously with addendum: “In urgent matters the Plenary Assembly has the right to propose additional items and documents at the meeting.”

Proposal 5: New text “Any physician of the Plenary Assembly still actively working in hospitals is eligible to be appointed to the administrative organs of the AEMH”.

Approved by majority with two abstentions.

Proposal 6: Result of the vote: 7 in favour, 5 against, 4 abstentions. The proposal was thus rejected.

Proposal 7: Approved with 14 votes in favour, 2 abstentions.

Proposal 8: The proposal was rejected with 5 in favour, 5 against, 6 abstentions.

Proposal 9: The proposal was rejected 12 against, 1 in favour, 1 abstention.

Proposal 10: Approved de facto with proposal 7.

Proposal 11: Approved unanimously.

Proposal 12: only technical change of position within the text.

Proposal 13, 14, 15, 16 were postponed until the next meeting to clarify the mandate and number of auditors. See also Proposal 1 and 2.

Proposal 18 was withdrawn.

Proposal 19 was rejected by 15 votes against and one abstention.

➤ Prof Spath reminded the new trilingual name of his organization which should be changed in the annex. Bulgaria has to be added in this annex as new member.

The amended statutes will become effective once approved by royal decree and publication in the Belgian official journal.

-Documents issued by external sources

CPME and AOs: “Management of Documents from the AOs submitted to the CPME”. The document CPME 2004/003 FIN was approved unanimously.

b) for decision

-Patients’ Rights in Europe

AEMH 06/033

-Presentation Patients’ Rights and Patients’ Day

AEMH 06/034

-European Charter of Patients’ Rights

AEMH 06/035

These documents had been submitted to the delegations to inform about a European funded project initiated by a European Citizen organization on Patients Rights in Europe. The AEMH had been invited to participate in the dissemination of information and implementation of patients rights in European hospitals.

➤ Brigitte Jencik clarified that the assembly was not requested to approve or disapprove the documents but rather to give an opinion on whether or not the AEMH should participate in such a project. Any costs which might occur would be covered by the European Commission.

The delegates voted unanimously in favour of an active participation of the AEMH.

c) for information

-European Guidelines for Healthcare Professionals on Confidentiality and Privacy in Healthcare and European Standards on Confidentiality and Privacy AEMH 06-018, 019.

There was no further debate on these documents.

12. Elections

Elections of Members of the AEMH-Board as to Article 13.2 of the AEMH Statutes in secret ballot and individually

a.) 2nd Vice-President for the term 2007-2008

➤ Dr Zilling had announced his candidature for his reelection on Friday and excused his absence on the day of election due to family reasons.

- Dr Antypas expressed his disapproval and doubted the legality of election of an absent candidate. He therefore announced his candidature.
 - The President asked the plenary assembly to express its view whether an absent candidate can be elected. 15 delegations agreed, one abstained. Finally the Greek delegation withdrew the abstention and Dr Antypas his candidature.
 - The President proceeded to the vote and nominated Brigitte Jencik and Prof. Degos as tellers. The assembly expressed its vote in secret ballot. From 16 delegations, 15 voted. 12 in favour of Dr Zilling, 1 null, 2 abstentions.
- Dr Thomas was elected 2nd Vice-President of the AEMH for the term 2007-2008.

b.) 3rd Vice-President for the term 2007-2008

- Dr De Deus expressed his wish to stand for re-election for a second term, which he justified by his implication in the works of other European Medical Organisation, as the CPME, the UEMS and the FEMS.
- The assembly expressed its vote in secret ballot. From 16 delegations, 15 voted. 14 in favour of Dr De Deus, 1 null.
- Dr de Deus was elected 3rd Vice-President of the AEMH for the term 2007-2008. He thanked the assembly.

13. Dates and Venues of the next Plenary meetings

- Plenary meeting 19-21 April 2007 in Vienna/ Austria.

- Prof Spath delivered the regards of Prof Waneck, President of the VLKÖ and former secretary of state, who could not attend due to other professional obligations. He cordially invited all delegates present and many more to attend next year's meeting, which organisation is already in preparation as two of the persons in charge had visited the Bratislava meeting to gather information. The venue of the meeting will be the SAS Radisson in the center of Vienna.

- Plenary meeting 2008.

- Dr Sobat transmitted the invitation of the Croatian Medical Chamber to host the AEMH meeting in Croatia. He gave a short presentation of the capital Zagreb, which he praised as a city of architecture and art. But the venue is not definite, Dubrovnik could be an alternative. The invitation was embraced with applause by the delegations.

14. Miscellaneous

- Prof Degos presented a resolution resuming the difficulties expressed by some countries on the current situation and the tendencies in European hospitals. Dr Eikvar and Dr Reginato made some additional statements which met the approval of the assembly and were implemented in the original text. The final “**Resolution on the Current Situation in European Hospitals**” was adopted unanimously.

No other business was brought forward and the President closed the 59th AEMH-Plenary Meeting by thanking the delegates for the respect and fairness of the debates. He furthermore thanked Dr Buzgo and the Slovakian Medical chamber for the organization, the secretariats for their assistance and the interpreters for their accommodating professionalism.