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President’s Report - Presidency 2010 – 2012

First of all, I want to reconfirm my thanks and gratitude to Dr Raymond Lies for his 12 years’ commitment as a President. With his help I will endeavour to ensure a smooth take-over. Having served in the board since 2005 from which last year as 1st Vice-President, I learned that respect, tolerance and open-mindedness lead to find solutions to problems in a consensual manner. Therefore, my motto will be “Change in continuity” in respect of the adopted core values, aims and means of the organization and by implementing the action plan, which needs to be up-dated and adapted continuously.

Internal affairs

Procedural matters

1. AEMH Presidency
   Although the statutes do not formalize decision-making procedures, it has been so far considered that all decisions and official documents first have to be approved by the plenary, which only meets once a year. I consider that by electing its President, the plenary entrusts a person, who they think represents and defends best the interests of the organization and its member delegations in all matters. This automatically confers a decision-making role and a great responsibility to the President. This is the way I intend to lead the AEMH, always with the support of the board, which comprises an equitable panel of AEMH members, and the precious work and dedication of our Secretary General.

2. AEMH Board
   The members of the board meet currently three times per year: beginning of the year, in connection with the plenary meeting (spring) and in autumn. Considering that the activities will need diligent reactivity in all matters, we might use additionally teleconferencing, which does not burden the finances and requires little availability. It goes without saying that besides this we will be in close contact with each other and the secretariat by telephone to follow the events on the European scene.

3. AEMH – European Secretariat
   The change is that the secretariat is going “virtual”, but in continuity as it remains entrusted to Brigitte Jencik, who enjoys our all complete confidence. Modern communication tools will ensure mobility and flexibility for the secretarial tasks. Lobbying and networking opportunities take place at the different meeting venues and will of course continued to be exploited and practiced. Continuity also as to the official address.

Internal affairs and Activities

4. Financial Sustainability
   In spite of the fact that we are in a balanced budget it’s crucial to maintain a financial sustainability and this is possible thanks to the good work of our treasurer but also by trying to bring new countries to our organization and that can only be accomplished by demonstrating the benefits of being members of AEMH.
5. Working Groups
Currently the working groups rely on individual initiatives of the coordinators, i.e. members of the board, who prepare the meetings, draft the documents and chair the working sessions during the plenary meeting. This is not the definition of a working group. Furthermore, the circulation of questionnaires finds little enthusiasm and to get results is very laborious.

What is the reason for this lack of eagerness to participate in the activities? Before the next plenary meeting I request to receive an answer on this from all delegations in order to adapt possibly our working programme, should this be the reason. My aim is to motivate all delegations to get involved in the activities of the AEMH.

External affairs

EMOs

6. EMOA – European Medical Organisations’ Alliance
The collaboration agreement, which the Presidents’ Committee adopted at the last meeting in Porto on 5 December 2009, is a first commitment to cooperate and recognizes the expertise of each EMO. The AEMH has been recognized the expertise in risk management, involvement of doctors in management, accreditation of hospitals and working conditions (the latter with FEMS and PWG). This recognition means also a responsibility to take appropriate actions in these matters on behalf of all doctors represented within the EMOA. The collaboration agreement still needs to be approved by the respective general assemblies of all EMOs before entering into force. Furthermore, nothing is yet decided on the concrete implementation.

Nevertheless, it is a first step in the direction AEMH and FEMS are heading for. The Domus Medica should be the next step. The collaboration agreement should then be enlarged to common activities and common staff. Until now the term Domus Medica was employed for sub-renting office space in the same premises. This is what AEMH has experienced the last 9 years and which did not result in any collaboration with the renter organization and is thus not an option. That is the reason why our strategy has been to start first collaboration, the Domus Medica has to follow as a logical and natural consequence.

7. FEMS
The collaboration AEMH-FEMS is a precursor and example for the EMOA. It is indeed the document drafted by FEMS’ SG Bojan Popovic based on the past 5 years’ experience which set the frame for the EMOA collaboration agreement together with the strategy paper drafted by the AEMH board.

The common meeting of the two boards in January has now become a confirmed habit and this year’s meeting with partly new board members has to be a Kick-off meeting of a new era of further enhanced collaboration.
8. **PWG**

From all EMOs besides FEMS, the Junior Doctors are the closest linked to AEMH activities. Under the presidency of Rui Guimares AEMH was asked last year to make an offer for hosting and handling their secretariat. As the same demand was made to CPME, the AEMH board decided not to compete our “umbrella organization” in their own premises. PWG then decided not to locate their secretariat in Brussels. The strategy has changed under the new presidency of Bernardo Pinto and PWG has signed a one-year contract with an external consultant firm, which is run by the former CPME legal adviser Marie-Christine Bonnamour, who has also convinced the UEMO to leave the CPME for the services of her firm. I hope this will not compromise our common goal for a domus medica.

**AEMH Member Delegations**

In compliance with the core values, aim and means adopted by the plenary assembly in Zagreb, I intend to visit national member delegations and if possible attend their general assemblies. The objective is to get acquainted with their concerns and on the other hand inform on the representation of doctors at European level in general with a particularly focus on the activities of the AEMH, and furthermore debate on our respective expectations.

**Other Organisations and Institutions**

During the first months of my presidency I intend to meet and get acquainted with the Presidents and CEOs or Secretary Generals of other healthcare organizations and institutions, such as

- HOPE (European Hospital and Healthcare Federation)
- EAHM (European Association of Hospital Managers)
- EAHP (European Association of Hospital Pharmacists)
- EFN (European Forum of Nurses)
- UEHP (European Union of Private Hospitals)
- EFPIA (European Federation of Pharmaceutical Industries and Associations)
- EPF (European Patients’ Forum)

One of the topics I would like to discuss is whether there is a need and/or will for creating a European Hospital Accreditation Council.

**Conclusion**

I hope from the above it is understood that my intention is not to lead the AEMH as an absolute ruler but in a team work. My objectives are

- to involve as many delegates as possible in the activities of our organization;
- to promote our corporate image;
- to enhance collaboration with FEMS and within the EMOA;
- to update our core values, aims and means in compliance with the expertise recognized by the EMOA;
- to strengthen our presence in Brussels.