PROPOSED METHODOLOGY & TIMELINE

Joint FEMS–AEMH Working Group on the Medical Act

Companion note to: “The Medical Act and the Role of Physicians in the Care Process” — Discussion Paper v1.0

Kick-off presentation

Why a Defined Method, and Why Now

The discussion paper raises the right questions, but does not yet say how the Working Group will gather and compare national experience — or on what timescale. This note turns those open questions into a working method.

F FEMS perspective

Industrial-relations and workforce lens: the lived reality of shortage, workload and working conditions that makes task delegation an operational necessity, not an abstract debate.

A AEMH perspective

Medical-leadership lens: clinical responsibility and physician leadership of the care process must not be diluted as tasks are redistributed to other professionals or to technology.

The method below treats this as a productive tension to resolve jointly — not two agendas running in parallel.

Guiding Principles

1	**Comparative, not adversarial**	Gather national experience systematically through a questionnaire and case studies, rather than debate in the abstract.
2	**Evidence-informed**	Ground conclusions in available safety and outcomes literature on task-shifting, not only professional opinion.
3	**Two-track output**	Separate principles the Group can agree on from areas where different national models may legitimately coexist.
4	**Realistic pace**	Match the pace of work to the urgency created by workforce shortage, while allowing time for real consultation.
5	**Joint ownership**	Every deliverable is reviewed jointly by FEMS and AEMH before circulation — neither framing dominates by default.

Six Components of the Working Method

1

National questionnaire

Structured survey to every member association: legal status of the Medical Act, delegation models, AI use.

2

Rapid evidence review

Non-exhaustive review of WHO, OECD and professional-body literature on task-shifting outcomes and safety.

3

Country case studies

Deeper follow-up with 4–6 countries chosen to represent a spread of regulatory models.

4

Drafting + plenaries

A small subgroup drafts between two full-group plenaries that steer and approve direction.

5

External consultation

Draft shared with other professional bodies (nursing, pharmacy, allied health) before adoption.

6

Formal adoption

Board endorsement in each federation, followed by General Assembly ratification.

Governance: A Genuine Partnership

Every leadership and drafting role is co-held or balanced between FEMS and AEMH, so decisions require agreement — not made by either federation alone.



Proposed Timeline: 12 Months to a Board-Endorsed Statement

1

Months 0–4

Set up & gather

Kick-off, questionnaire, evidence review, case-study selection

2

Months 4–6

Compare & convene

Case studies completed; Plenary 1 agrees direction of the draft

3

Months 6–9

Draft & test

First draft prepared and discussed; Plenary 2 resolves open issues

4

Months 9–12

Consult & finalise

External consultation, final revision, Board endorsement

After Month 12: General Assembly Ratification

The Board-endorsed Statement is ratified by each federation's own General Assembly and published jointly. Because Assemblies meet on their own annual cycle, we recommend confirming both dates at Kick-off and planning backwards from them.

Key Risks and Mitigations

High	**Legal & regulatory heterogeneity**	Member states' frameworks differ widely, making common principles hard to agree.	*Split conclusions into 'consensus principles' and 'areas of legitimate national variation.'*
Med	**Delegation seen as cost-cutting**	Risk that delegation driven by staffing shortage is read as reduced care quality.	*Keep explicit safeguard language; complete the evidence review before drafting conclusions.*
Med	**FEMS / AEMH balance**	One federation's framing could dominate the draft by default.	*Require joint Co-Chair sign-off before any draft is circulated; log unresolved tension explicitly.*

Two further risks — low questionnaire response, and GA-calendar misalignment — are covered in the full methodology note.

Immediate Next Steps (First 30 Days)

1. FEMS and AEMH each confirm their Co-Chair and Co-Rapporteur, and ask member associations to name focal points.
2. Circulate a first draft of the national questionnaire to the Drafting Subgroup for comment.
3. Agree criteria for later case-study country selection (spread of regulatory models, documentation availability).
4. Confirm the date of each federation's next scheduled General Assembly.
5. Schedule the Kick-off and Plenary 1 dates so the full 12-month timeline can be calendared in advance.

Questions & Discussion

Full detail in: Proposed Methodology and Timeline for the Joint FEMS–AEMH Working Group on the Medical Act