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EUROPEAN UNION OF MEDICAL SPECIALISTS

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Minutes of the CPME Meetings

held in the premises of the International Trade Union House on 10th-11th September 2004

Summary

The following policy statements were adopted:

- Euthanasia;
- Healthcare for the elderly;
- Informed patient;
- Equal opportunities;
- Commercialisation in Health Sector;
- Reprocessing of medical devices;
- eLabelling.

Were also approved:

- An Action Plan on eHealth;
- A questionnaire on the European Prevention Programme;
- A frame on obesity;
- The principle of a conference on CPD.

A document of UEMO on the recognition of GPs as specialists was endorsed.

A working group on the European Doctor's ID Card was set up.

**Subcommittee on the organisation of healthcare, social security,
health economics and pharmaceutical industry**

Chaired by Dr. Äärimaa (*Friday 10.09.2004, from 9:00 to 12:30*)

1) Directive proposal on Services in the Internal Market (Dr. Äärimaa)

Concerns were raised about the inclusion of healthcare services in the text. Even if the fundamental principles (free movement of doctors and patients, financial guarantees) were accepted, some delegations found that the CPME statement had not done enough in order to safeguard the medical doctors' professional needs. The problem seems to arise from the possible confusion between business services and healthcare services. This is the reason why the medical profession needs safety provision.

2) Revision of the Directive on Working Time (Dr. Tiainen)

The President of PWG presented a rather pessimistic view on the Commission proposal for reform. Even if the final form is not clear yet, a few points can be considered as agreed: the individual opt-out in the framework of collective agreements; the reference period of 4 months or more; the definition of working time either by collective agreements or by national legislation. According to the timetable presented, an agreement in the Council can be expected for the end of 2004. In this context, it was proposed to promote CPME policy statements and to actively lobby Commissioners and national authorities.

Member States governments were not considered as really active to remove the effects of the original Directive. Some speakers also called on better safeguards in order to promote the third category of working time. Moreover, concerns were raised on whether this definition of working time would be negotiated in the framework of the social dialogue at the national level. Therefore, the collaboration with the European Trade Union Confederation was seen as necessary. It was thus proposed to hold a common forum with ETUC before or during the discussions in the European Parliament.

Dr. Harvey ensured the CPME members that UEMS fully supports what was said.

3) e-Health Action Plan (Dr. Äärimaa)

Dr. Äärimaa presented CPME Action Plan on e-Health and insisted on the importance to have such a document.

Suggestions were made that the problems regarding the increasing use of diagnostic services such as reporting in radiography in other countries be also addressed as there is a risk to lower the quality of the service provided. Concerns were also mentioned on safeguards as well as on guarantees for patients.

Dr. Harvey ensured the attendance that UEMS was supporting this document and recognised the points raised as really relevant.

The document was adopted with some amendments.

Doctor's ID Card (Dr. Äärimaa)

A questionnaire was launched by CPME in order to have an appropriate basis. This point should be deepened.

4) EU Health Policy (Dr. Grewin)

Dr. Grewin presented the high level reflection process and CPME reactions to it. He also insisted on the necessity for CPME to participate in such working groups in order to influence the agenda and the debates.

Dr. Grewin also emphasised the need to agree on a reaction to DG Sanco's new project "Good Health for all". Some speakers stressed the notion of "healthcare" instead of "good health". They also insisted on the necessary limits of such a policy. It was also felt necessary to add a paragraph on the role of the EU at the global level in the field of health.

The text was approved with the above-mentioned changes.

5) Informed Patient (Dr. Leth)

The need to clarify the definitions of marketing communications and information was discussed in order to identify the necessary rules to set up.

A policy statement on "Information to Patients and Patient Empowerment" was adopted.

6) Equal opportunities (Dr. Chapman and Dr. Tilney)

Four recommendations were adopted.

7) Public/Private Partnership in Healthcare (Dr. Podmaniczky)

A policy statement on the "Commercialisation in the Health Sector" was adopted.

8) Patient safety/Clinical risk management (Dr. Poulsen)

The Conference date is not yet fixed.

9) Medical devices (Dr. Poulsen and Dr. Äärimaa)

A policy statement is approved. It encourages devices that can be reprocessed and restrict the use of "single-use" to those that really are.

Subcommittee on Medical Training, CPD and Quality Improvement

Chaired by Dr. Routil and Prof. Joset (*Friday 10.09.2004, from 14:00 to 17:30*)

1) Recognition of diplomas and professional qualifications of doctors (Dr. Grewin)

UEMS reminded that the compromise of 2/5 of countries (which would mean 43 of 52 specialities would be recognised) was better than the original (only 17) but we should not weaken just yet. Dr. Harvey also underlined that the 37 Sections of UEMS were the most qualified to advise EU authorities in any future updating.

2) CME-CPD (Dr. Routil, Prof. Joset, Dr. Grewin)

CPME proposals encountered mixed reaction from the delegations. The term "mandatory" was extensively commented: ethical obligations vs. compulsion. Due to the lack of interest in the questionnaire proposed, a working group, in which Dr. Halila will represent UEMS, was set up in order to elaborate a new. UEMS remarked on its EACCME update.

Some speakers also stressed that social and professional issues affecting the medical profession were neglected most of the times during the medical education. It was agreed to take stock of these items in order to include them in life-long learning programs. A working group was set up for this purpose.

Regarding a CPME conference on CPD, Dr. Halila mentioned the good signal that it would give EU authorities. This conference is scheduled to be held at the beginning of 2006 which would coincide with the Austrian Presidency.

3) Interest in the Medical Profession (Dr. Bitenc and Dr. Tiainen)

PWG is leading on this issue. Their interest focuses more on why doctors leave the medical profession rather than attitudes in schools, which are difficult to assess.

4) Bologna Declaration (Mr. Schneider)

The signatory countries have agreed their education system into a easier readable and comparable degrees which introduce a Bachelor and Masters System in all higher education institutions with a credit transfer system. Most of the Member States are pushing for reforms to divide the medical curriculum in a preclinical Bachelor (basic sciences) and a clinical Master degree. EMSA has commented on some of their concerns, especially when all efforts in recent years is to remove the barrier between the basic and clinical parts of training. Mr. Schneider called on CPME to adopt a statement proposing not to divide the medical education.

Board Meeting

Chaired by Dr. Grewin (*Saturday 11.09.2004, from 09:00 to 17:30*)

1) Presentation by Guest Speaker “Public Health in the Enlarged EU: a WHO Europe perspective” (Dr. Milagros Barbero, WHO)

Dr. Barbero pointed out the similarities in the priorities and the contradictions in the approaches between WHO and EU. Cooperation started in 1972 but effectively led to common priorities in 2000. These include promoting health, reducing risk, improve access to drugs, better watch the emergence of communicable diseases and improve the treatment of AIDS/HIV. She also underlined the priority given by WHO to health systems in developing countries and stressed the importance of telemedicine alliance (cross-border compatibility) and the need to assess ID cards and technology.

2) CPME President’s Report (Dr. Grewin)

The report was received without comments or questions.

3) Presidents’ Meeting

An oral report was presented. The proposed conference on the “Future of the European Medical Organisations” is fixed for March 2005.

4) Euthanasia

The policy statement proposed is approved.

5) Reports of the Subcommittees

a) Preventive Medicine and Environment

A questionnaire on the European prevention programme is approved.

The proposed policy statement on healthcare for the elderly is adopted.

The proposed policy statement on obesity adopted as a frame.

b) Organisation of Healthcare, Social Security, health Economics and Pharmaceutical Industry

The policy statement on the Directive proposal on Services is referred back to the subcommittee for further elaboration. Some delegations felt that healthcare services should be excluded from the text. The UK delegation restated their major concerns and objections to this project due to the major flaws in it. The German delegation supported the aspirational aims but fears many dangers.

Regarding the revision of the Directive on Working Time, the third category was discussed and considered.

An action plan on eHealth was adopted.

The policy statements on Informed Patient, Equal Opportunities, Public/Private Partnership, Medical Devices and eLabelling were approved.

A mandate was given to a new working group on the European Doctor's ID Card.

c) Ethics and Professional Codes

The adoption of policy statements was postponed.

d) Medical Training, CPD and Quality Improvement

The adoption of policy statements was postponed.

The principle of a Conference on CPD was approved. A working group was set up for this purpose.

e) Policy papers to be endorsed

A policy paper from UEMO on the recognition of GPs as specialists was endorsed.

6) Finance & Budget

The Treasurer of CPME explained the proposals of the working group on the new repartition key (the review of international statistics notably). The introduction of a "cost per doctor" in each country which, is claimed, justifies a proportionality split of 40 (doctors) / 50 (GDP) / 10 (population). A long debate reflecting the national interests followed (numbers and language preferences were challenged). The decision on this issue was postponed until the General Assembly Meeting.

The question of weighted voting proposed by Germany and supported by France, Italy, Spain, Poland and UK entailed a very spirited debate. This matter will have to be considered in Executive and reported to the General Assembly.

Frédéric Destrebecq

Assistant to the Secretary General

(With grateful acknowledgements to Dr. Harvey, Liaison Officer)