D0455

Report on CPME Board & General Assembly
12-13th November 2004 in Gothenburg, Sweden

BOARD

1. The meeting opened with a guest presentation on “the Commission’s Proposal for a Directive on Paediatric Medicines” by Mrs Sancristan Sanchez, Senior Advisor in the Pharmaceutical Unit of DG Enterprise. She emphasised that it was intended to encourage the companies in this field by the use of incentives such as extension to patent life. The role of research was raised during the subsequent debate.

2. Reports from the President, previous meeting of the Board in September and Executive meeting reports were received without comment. The last Presidents’ meeting had been considerably altered the previous day and there was a short oral report of that.

The audited reports by the external accountants, Price Waterhouse and also that of the internal auditor were accepted.
The treasurer then presented the proposals for the budget for 2005, which would held to the same level as 2004 with proposed expenditure of € 992.000.00 (cf. UEMS €200.000)

4. Use of Languages.
These costs have now been separated out from the overall budget. The Treasurer presented a paper, which broke down the costs between infrastructure
costs (wiring, booths etc.), sub-committees and main meetings, actual usage of each language and choices by the delegations whether active or passive between the 5 languages.

5. **Report on Weighted Voting.**

The current situation is one country one vote.

The paper analysed possible weighting solutions into 3, 4, 5 and 6 groups depending on size. The ensuing debate followed very predictable lines. Ultimately, the President proposed a working group of 5 persons representing all shades of opinion to produce a report for the Spring meeting.

6. **Conference on the Future of the European Medical Organisations.**

After a general debate, it was unanimously agreed to hold the Conference on 7th April 2004. A number of speakers from the National Medical Associations stressed their wish to limit the number of organisations to support.

7. **Revision of the European Working Time Directive.**

This topic caused a long debate.

The previous opinion was re-emphasised with a new addition to state:

“As far as the medical profession is concerned, the compensatory rest period need to be taken immediately following the work period unless otherwise decided by collective agreement.”

8. **Policy Papers for adoption.**

a) **Directive on Paediatrics Medicines.** A CPME Declaration was changed and amended by debate to reflect the concerns of the committee and UEMS with regard to academic research.

b) **Directive for “Services in the Internal Market”**. Following a fierce debate in September, the working group had re-examined its paper to produce a new Declaration adding a formal conclusion, which now calls for health services to be excluded as well as a number of other changed recommendations. Further modifications to strengthen the new document were agreed.
c)  “Bologna Declaration”. This paper whilst containing many good agreements but does propose a dual BA/MA structure in medical education which CPME opposes.


For adoption:

a) Management of Documents from other European Medical Organisations.

After considerable debate and modification in the Presidents’ committee, the Board was unhappy with the paper so that an electronic working group (PWG, UEMS, UK and Poland) was proposed to further refine the document before the next meeting.

For endorsement:

a) AEMH statement on “Quality Assurance and Control in the process of Professional Development”. Certain concepts in the paper caused concern so that it was simply received for information.

b) FEMS Motion on “Working Time Directive”. This was endorsed.

c) PWG Policy Statement on “Importance of Research in Postgraduate Medical Training”. This comprehensive position paper was unanimously endorsed.

For information:

a) UEMO – Health of Adolescents & young People.

b) UEMO - Objectives for Healthcare Information Systems and Electronic Health Records in Primary Care

c) FEMS – Working Time and Medical On-call.

d) UEMS – Declaration on “Promoting Good Medical Care”.

These papers were received without comment.

GENERAL ASSEMBLY

1. Guest Presentation by Mr F Sauer, Director DG Sanco on “EU Health Strategy”.

Topics discussed were: the High Level Reflection Process on Health; Conference on Patient Safety next April in Luxembourg; problems of an Aging Society; Benefits of Health to the Global Economy; Importance of consultation and co-operation with many organisations; European Centre for Disease Control; anticipating a doubling of the EU Health budget.

2. President’s Report.

The President gave an oral report on his first year in office. He complimented the staff on the activity in lobbying the European institutions. The Presidents’ Committee continued to strengthen co-operation with important steps towards a common Domus. He looked forward to the Conference next April. He referred to the work on the new transparent distribution key which he hoped would be approved. He noted for the future the need for continuing to work on the proposed Professional Recognition Directive; and the conference on Patient Safety.


The audited reports by the external accountants, Price Waterhouse and also that of the internal auditor were approved.

The treasurer then presented the proposals for the budget for 2005, emphasising that was unrelated to the question of the distribution key, which would hold to the same level as 2004 with proposed expenditure of € 992,000.00 (cf. UEMS €200,000). This was carried unanimously.

The Treasurer raised some concerns regarding the personnel from PWC and billing (€ 6,500.00 anticipated) and felt there might be a need to review the contract.

4. Membership Fees.

Contribution Key. The Treasurer recalled the principles used based on Physicians, GDP and Population, with Eurostat figures, which were unbiased, being relied on. A difficult debate ensued with those countries required to give the largest amount needed time to adapt. The Treasurer proposed that:
a) interpretation costs would be extracted and added separately according to need and
b) the new key would be phased in over 3 years with old key also used (ie year 1
1/3 new; 2/3 old)

5. Membership of Latvia – Accepted.

6. Reports of the Associated European Medical Organisations.
Reports from AEMH, FEMS, UEMO, UEMS, EANA, and EMSA were all received without any comment or debate.

All were received without debate or comment.

Leonard Harvey
Liaison Officer