

**Report on the STANDING COMMITTEE OF EUROPEAN DOCTORS (CPME)
BOARD and SUBCOMMITTEE MEETINGS,
Held on 26-27th March 2004, in BRUSSELS**

D 0428

1. Keynote Address - Mrs Géraldine Fages, DG Internal Market - Services Unit.

Mrs Fages gave a presentation on the new proposal for a directive on services. Her special area of interest lay in the reimbursement of cross-border healthcare, explained that the European Commission had adopted a strategy in 2000 for removing barriers to service provision across borders. A multitude of disguised protectionist rules had been discovered. The objective was to facilitate establishment by service providers and their freedom to offer their services in EU member states other than their own.

The “country of origin principle” would allow service providers to be bound by the rules of their member state of origin rather than the rules of their country of adoption, but there were both general and specific derogations and the Commission was being cautious, especially where the health professions were concerned.

She cited the possibility of harmonisation in areas such as compulsory professional insurance and was keen to encourage European codes of conduct.

The draft directive was considered a priority for the current Irish presidency of the EU and for the three due to follow with the European Parliament also supportive. The earliest potential date for adoption was late 2005.

In response to the question as to whether doctors were excluded by derogation from the “country of origin” principle Mrs Fages explained that disciplinary procedures would fall within the scope of the current “Doctors’ Directive” (93/16/EC) and the new proposed directive on professional recognition, i.e. the “country of destination” principle would apply. Matters such as commercial communications (which she did not define) would be covered by this directive, however, so doctors would be affected by both.

Later it was decided to set up a working group led by Dr Markku Aarimaa (Finland) which would draw up a formal position paper for the September 2004 meeting.

2. Financial Matters

a) The CPME accountant and the secretariat were working on a new and more transparent, activity-based accounting system, as requested by members, and the 2004 figures should be in this format. There had been significant costs occasioned by maternity leave in the secretariat and the office move, but interpreting and travel costs were lower than in previous years. Although the figures were still provisional, the CPME’s financial situation appeared to be healthy, with a reserve to cover emergencies, and the Treasurer was cautiously optimistic.

b) Contribution Key Working Group. The Treasurer presented a detailed written report on a possible model on which to base a new CPME contribution key. He emphasised that the report was for information only at this stage with a full debate at the September Board meeting and a decision-making process at the November session. It has also been addressing related issues, such as the demand from some delegations for weighted voting on financial matters

The report set out a possible model based on three criteria – number of doctors in country, GDP and population size – weighted 40/50/10. It further proposed to set a standing charge based on the number of doctors, but adjusted so as not to disadvantage associations with large numbers. The minimum number of doctors would be 5,000. The first 100,000 doctors would be counted at 100%, with a factor of 50% for 100,000-200,000 and 25% for more than 200,000.

3. Accession Countries - Latvia and Lithuania

The medical associations of eight out of ten of the Accession states have joined the CPME. The two still missing are the associations of Latvia and Lithuania. The Latvian Medical Association had responded to overtures and was seeking further information about membership. The Lithuanian Medical Association had not responded but the meeting was informed that it was currently setting up chambers of doctors, dentists and pharmacists, so a new partner organisation was in prospect.

4. Future of European Medical Organisations

The UK delegation had submitted a paper to the CPME, and to the other European organisations of which the BMA is a member, outlining a draft plan for the integration of the main European organisations. The Irish delegation had submitted a further paper supporting the UK proposal and suggesting a one-day conference of national medical associations (NMAs) together with the European Medical Organisation to debate the future.

The BMA was opening dialogue on this subject for both financial and political reasons. The CPME and its associated organisations cost NMAs large amounts of members' money, and the BMA and other NMAs were scrutinising their expenditure very rigorously. It believed that the organisations were also weakened to some extent by their multiplicity and by duplication of activity and felt that the medical profession needed to speak with one voice.

The Irish delegation expressed its support, and the UEMO President described the paper as a good start. The Greek, Dutch, Finnish and Spanish delegations were also positive. The Danish, Icelandic and Portuguese delegations and representatives of the Permanent Working Group of European Junior Doctors (PWG) and UEMS supported the idea of a conference, with the Icelandic delegate reminding the meeting not to forget academic (as opposed to medico-political) organisations

The German delegation was sceptical suggesting that pluralism was inevitable and that new organisations would always appear to represent particular interest groups. Rather than promoting amalgamation, the BMA should examine its own priorities. The UEMS President made the point that whilst the diagnosis would be acceptable to some, different treatment options were available. He had not heard complaints about conflicting viewpoints from different bodies. The AEMH representative pointed out that not all NMAs belonged to all organisations (the BMA is not a member of the AEMH) and that not all NMAs were like the BMA. The representative of the European Federation of Salaried Doctors (FEMS) regretted that about half of those at the meeting were discussing the future of organisations of which they knew nothing.

The presidency was given a mandate to arrange for a one-day conference in March 2005 (in conjunction with the CPME meeting).

5. Proposed Directive on Professional Recognition

Now that the proposed directive had completed its first reading in the European Parliament, the priority was to lobby the Council of Ministers to support the amendments submitted by the Parliament. A letter to the relevant Council working group was adopted by the Board. Delegations were urged to continue lobbying at national level as well.

6. EU Enlargement and Recruitment of Doctors

The Hungarian delegation had written to express its fears about a potential "brain drain" from Hungary and other Central and Eastern European countries following Enlargement. It explained that there had been some targeted recruitment over the last few years, but in the last six months an increasing number of recruitment agencies/headhunters were active, with particular concern about an UK agency, which had been seeking to recruit GPs. This posed a dilemma in which the right of doctors to free movement was pitched against the best interests of patients.

The BMA explained that the Department of Health in England only recruited at governmental level where government-to-government agreements were in place. It offered to approach the Department of Health on behalf of any delegations unhappy about recruitment tactics.

The Polish delegation insisted that there should be guidelines to discourage active recruitment, since what was happening at present was unethical. Those recruiting should at least offer only time-limited posts. Countries should also train enough doctors for their own needs. The PWG representative, while supporting the right to free movement, agreed on the usefulness of guidelines and the need to examine "push/pull" factors.

The Slovenian and Czech delegations took a different opposing view. Denmark pointed out that the debate was not new; there had been endless arguments in the Nordic Group over the years. NMAs had a responsibility, however, to press for good workforce planning and to ensure that migrants received equal treatment.

7. European Working Time Directive (EWTD)

This topic caused a heated debate in both the Subcommittee and in the Board.

The PWG President had drafted a paper setting out a proposed CPME response to the current European Commission consultation exercise on the possible revision of the EWTD. The subcommittee had reached a broad consensus on all points except the retention of the individual opt-out. The UK delegation wished to retain the opt-out for consultants, whilst supporting removing the opt-out for doctors in training.

The PWG representative argued that it was counter-intuitive to opt out of health and safety legislation, and called on the CPME to adopt the paper as it stood. The Polish and Slovenian delegations both supported the UK, as they would be unable to run their health services without the opt-out for senior doctors, and the Hungarian delegation explained that it would need time before it would be in a position to do so.

Denmark reminded delegates that they had been discussing recruitment and that there needed to be a level playing field among European healthcare systems, with a “bottom line” about how badly employers were allowed to treat employees.

The Board eventually voted on a text specifying that the opt-out should be abolished for doctors in training and but without the UK addition. This was carried by a majority, with 15 delegations voting in favour, 4 against (UK, Poland, Slovenia, Hungary) and one abstention (Luxembourg).

8. Subcommittees

8.1 Subcommittee on Ethics and Professional Codes

a) Care and Consent in Elderly Patients

A paper setting out broad principles to be applied in treatment decisions involving elderly patients was discussed. Members were particularly concerned at reports of discrimination on the basis of age taking place in several healthcare systems and wanted to add explicit statements about the rationing of healthcare. There was also some discussion about the right of patients to refuse treatment and to obtain second opinions, and about the involvement of proxy decision-makers in some jurisdictions in cases where patients do not have the capacity to make decisions themselves.

b) Questionnaires

The Chairman had produced a number of complex questionnaires on “Professional Codes of Ethics” (wanting to produce a European manual) and “Disciplinary Systems for Doctors across Europe”. There is also one on the “Right to Confidentiality in Children and Teenagers”

c) Relations between Doctors and the Pharmaceutical Industry

CPME representatives had met representatives of the European Federation of Pharmaceutical Industry Associations (EFPIA) and had agreed to work together on general principles to underpin relations between the medical profession and the pharmaceutical industry.

The German delegation urged the CPME to proceed with caution as the industry’s interests frequently ran counter to the interests of the medical profession and society. There followed a long discussion but the German delegation remained adamant that while it had no objection to dialogue, it could not accept any joint statement or “agreement”, as this would undermine both the CPME’s standing and professional self-regulation. After a vote a working group was set up.

d) Paediatric Medicines

A draft regulation on paediatric medicines, published recently by the European Commission, was welcomed. Comments from an expert in the UK were noted in that it would be many years before sufficient drugs were licensed for use on children and that clinicians would therefore need to retain the freedom to use unlicensed drugs in certain circumstances.

8.2 Subcommittee on Organisation of Healthcare, Social Security, Health Economics and the Pharmaceutical Industry

a) Telemedicine

A document on *Enhancing telemedicine in Europe* which covered the creation of a European e-health Highway, a doctor's identity card and a European health insurance card was discussed. Comments were broadly in favour of the developments, but were keen to emphasise patient confidentiality and data protection and the need to enhance communication between doctors. The Board adopted the amended document unanimously.

8.3 Subcommittee on Preventive Medicine and Environment

There was a very long agenda, but little new material.

a) Public Health Threats – European Centre for Disease Prevention (ECDP)

John Bowis (MEP) had prepared the European Parliament report on the proposed ECDP. One question remaining to be answered was whether the Centre would be empowered to deal with serious health threats other than communicable diseases, and what form such threats might take – bioterrorism for example.

b) Reprocessing of Medical Devices

EUCOMED, the Association for Medical Technology, had been lobbying for a directive banning the re-processing of medical devices declared as single-use by the industry. The European Association for Medical Device Reprocessing (EAMDR) had approached the CPME recently with a view to re-opening the debate and had invited the CPME to a seminar held in January 2004. The Dutch delegation advised the CPME to be cautious about being caught in a battle between lobby groups, but agreed that it would be useful to establish guidelines on the proper use and re-use of devices.

b) Health and Safety at Work

A report on progress in this area was received. The UEMS section for Occupational Medicine was helping with the development of a single voice for occupational medicine in Europe. The Bertelsmann Foundation, an international network of multinational companies, was helping to promote the development of "healthy organisations".

c) Prevention of Drug Abuse

The Board approved a statement emphasising the need for better provision of treatment for drug abuse in young people, better provision of treatment in prisons and more education about HIV risk from drug misuse.

8.4 Subcommittee on Medical Training, Continuing Professional Development and Quality Improvement

a) CME/CPD

The chairman proposed to set up a working group with the UEMO and UEMS to explore a common European accreditation system for CME/CPD activities although it was explained that UEMS had already established the successful EACCME. After much discussion about definition of terms and an undertaking to involve the PWG as well, the subcommittee agreed to this.

Funding of CME/CPD had proved contentious with the main area of disagreement being funding by the pharmaceutical industry. Views remained divergent at this meeting, so the subcommittee asked the Executive Committee to seek a way forward.

b) Patient Safety

Following a survey, the CPME is planning a joint conference with other stakeholders, to take place at the end of 2004. A particular area of interest is the way in which patient safety issues are dealt with in medical curricula.

c) Europass

Europass is a proposal for a single framework for the transparency of qualifications and competencies, presumed to be outside the legal framework created by the Doctors' Directive and its likely successor. The subcommittee agreed to monitor its progress.

d) Recruitment to the Medical Profession

The Slovenian delegation suggested to consider the declining interest among young people in medicine as a career, suggesting that this might be because of the length of postgraduate training. Others disagreed advancing a range of views - a study in Finland had shown that length of training was not a factor, but that working conditions, hours, pay and lack of autonomy were. The subcommittee asked the PWG to lead work in this area, and the PWG president agreed to give a progress report in September.

9. Future Meetings

- 10-11 September 2004, Subcommittees and Board, Brussels
- 12-13 November 2004, Board and General Assembly, Sweden

With grateful thanks to the BMA and Ms S Nicholas from whose own report this is derived.