



The Newsletter of European Medical Specialists

UEMS News 2008 / 05

23rd June 2008

Editorial

After 4 years of intense negotiations, the EU Council eventually has reached an agreement on the issue of working time. Analysts were uncertain as to whether the Commission would have had to launch infringement procedures against the 25 Member States currently in breach of EU legislation. The EU Council's conclusions can hardly be deemed satisfactory for European doctors as there is a great likelihood that these changes will be imposed on national health systems and will jeopardise the way care has been provided to date.

EU Ministers' compromise on Working Time

During the night of the 9th June in Luxembourg, an agreement was reached between the 27 European labour ministers on the Working time directive thus concluding almost four years of negotiation. The text will now be examined in its second reading by the European Parliament before the end of the year, presumably during the December plenary session (See UEMS News 2006/13).

The content of the amendment

The amendment provides that the working time shall be of a maximum average 48h per week while offering the possibility for Mem-



ber States to take specific derogatory measures. Four points of the agreement should be highlighted:

- On-call time: **The inactive part of on-call shall not be counted as working time, except if collective agreement or na-**

tional law provides otherwise. This is in contradiction of the European Court of Justice (ECJ) jurisprudence (SiMAP 2000, Jaeger 2003, Pfeiffer 2004, Feuerwehr Hamburg, Dellas 2005).

- Compensatory leave: This should be taken with "reasonable delay" and no longer is required to be immediately after the working period. This delay shall be determined by national legislation, collective convention or agreement between social partners. Here again, the agreement runs against European jurisprudence.

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The EU directive on patient mobility reworked

After several postponements, it has been announced that the directive on patients' rights in the framework of cross-border health care will be released next month by the Commissioner in charge of Health Ms Androula Vassiliou (see UEMS News 2008/03). Despite the declaration of the Commissioner in charge of the Internal Market and Services, Mr. Charlie McCreevy, who suggested that nothing would be ready before the autumn, Commissioner Vassiliou

informally confirmed that she will present her draft directive to the College of Commissioners on 2nd of July. As announced, this text will be part of a "social package" concerning the solidarity between citizens elaborated in collaboration with the Directorate general for employment and social affairs.

This directive aims to clarify the freedom of movement of patients wanting to be treated abroad. This framework will not affect the laws concerning urgent healthcare nor the issue of

health insurance for workers established in another country.

A new draft

While confirming the common values and principles in European health systems (See also UEMS News 2006/10) and the prime responsibility of national governments on the matter, this legislative project also confirms the rights of patients and introduces further mechanisms of cooperation between Member States.

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Internal market - Infringement proceedings

France - Free movement of services

The Commission has decided to send a reasoned opinion to France regarding a case in which the costs of medical treatment in another Member State were not reimbursed. The reasoned opinion is the second stage of infringement proceedings, the first being a letter of formal notice.

The European Court of Justice (ECJ) has handed down judgments on the question of the reimbursement of health-treatment costs in another Member State on several occasions. It has ruled that,

under Article 49 of the EC Treaty, the Member States must abolish the requirement for prior authorisation for reimbursement of non-hospital treatment in another Member State. The Commission therefore takes the view that, in maintaining a requirement for prior authorisation for reimbursement of certain non-hospital treatment, French legislation imposes a requirement on patients which does not comply with Community law. The Commission is also taking France to task for not implementing the Court's ruling in the Van-

braeckel case (Case C-368/98) as, under French legislation, patients receiving hospital treatment in another Member State are not granted reimbursement at least identical to that which they would have been granted if they had been hospitalised in France.

French authorities now have two months to provide a satisfactory answer, should they fail to do so; the European Commission could decide to refer France to the ECJ.

France required by the European Commission to modify its legislation regarding the reimbursement of hospital and non hospital care

Improving the mechanisms for health reporting

In order to exchange best practice in medical matters within Europe, it is essential to have reliable data which can allow good comparability between the Member States. According to the European Commission, the current system does not always provide information with sufficient quality and comparability. This is caused by the divergence between na-

tional policies and their variety of statistical traditions.

Thus the European Commission, via the Health and Consumers Directorate General (DG SANCO) and Eurostat has formulated recommendations aimed at improving the current system of collection of health information at the European Union level and access to this information. This recom-

mendation proposes the elaboration of a common framework aimed at allowing data collection based on harmonised common bases which would allow better quality and comparability of information. This new system would be established around three elements:

- internationally approved classifications;
- operational systems of data acquisition on the

health conditions of populations (investigations into health status, hospital information, diseases registers, organisation of patients data);

- a summary of measurements and indicators of public health.

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EU Ministers' compromise on Working Time

- Individual opt-out: the agreement places a stricter general framework than the actual directive (2003/88/EC) for an individual employee who decides to opt-out from the working time limit of 48h. The maximum working time would then be of

an average 60h per week (65h if the inactive part of on-call is counted as working time).

- Review clause: the European Commission shall submit a report to the Council on the application of the derogations provided by the

directive four years after its transposition. This report shall be also based on a prior consultation of social partners.

The UEMS is particularly dissatisfied, given its repeated lobbying efforts, that its claims were not taken into con-

sideration by national governments. The UEMS will immediately pursue its lobbying efforts in the European Parliament in order to make its views heard on the issues of inactive on-call time and the individual opt-out.

EU High-Level Conference

European Pact for Mental Health and Well-being

The European Commission and the Slovenian Presidency held a high level conference on mental health on the 12th and 13th June 2008. This conference brought together several European ministers and relevant stakeholders.

The Commissioner and the Slovenian minister in charge of health Ms Androula Vassiliou and Zofija Mazej-Kukovic presented the "European Pact for Mental Health and Well-

being". This document is the result of the green paper consultation "Improving the mental health of the population: Towards a strategy on mental health for the European Union" published in October 2005 (see also UEMS News 2005/17), to which the UEMS participated through our Sections of Psychiatry and of Child and Adolescent Psychiatry.

The signatories recognise mental health as a human

right and are concerned about the increase in cases of mental disorders that, according to the European Commission, now affect almost 11% of the European population, suicide, estimated to almost 58,000 cases each year in the EU, and the consequences of mental health problems for the people surrounding these persons and for society in general. The pact proposes actions in five key areas: prevention of sui-

cide and depression; mental health in youth and education; mental health in workplace settings; mental health in older people; and, combating stigma and social exclusion of people suffering from mental disorders. Member States are called on to take concrete measures in this field. The European Commission should present to the Council a draft recommendation on the subject during 2009.

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The new draft of the text, that now includes a communication and a directive forming a 60 pages document, does not present any major changes at this time (see also UEMS News 2007/02 and 2007/03).

It offers Member States the possibility of establishing a system of prior authorisation for hospital care abroad. This is defined as "healthcare which requires overnight accommodation of the patient in question for at least one night" and is completed by a list (to be established) of care without overnight stay at the hospital but involving and infrastructure or equipment highly specialised and costly or involving a particular risk for the patient or the population.

Member States will be also free to fix "eligibility criteria and administrative and regulatory formalities on a patient which seeks health care in

another country". By doing so national authorities would be required to take into consideration diverse criteria linked with the concept of "reasonable delay": health status of the patient, his pain, the nature of his disability or again his capacity to practise a professional activity.

The rules and the scales of the country where the patient is insured will apply for the payment of cross-border healthcare.

Some confirmations

The text also confirms previous provisions concerning:

- The obligation to provide valid information to patients
- The creation of national contact points
- The obligation to cooperate
- The establishment of European references centres network.
- The recognition of medical prescriptions

- The standardisation of electronic information systems (eHealth)
- data collection
- the development of criteria for quality

The issue of health professionals

Concerning health professionals, the proposition includes a relatively short article specifying that professionals working in a "Member State other than that where the healthcare provider resides, is registered or established" must work in "accordance with the legislation of the Member State on whose territory the service is provided".

Commissioner Vassiliou also announced the publication, before the end of the year, of a green book on health professionals which should launch the consultation of stakeholders on this subject. The Commission intends to address the issues of the ageing and the mobil-

ity of the healthcare workforce in Europe as well as the shortage of professionals in certain disciplines and regions. In the end, the conclusions of this consultation should allow to the Commission to assess its options for action that could assist Member states most at disadvantage and help them to plan their resources.

The UEMS welcomes the inclusion of matters related to professionals in the text of the directive as well as the announcement of the Green Paper. The UEMS commits itself to continuing its lobbying of the Commission and the European Parliament in order to defend the interests of specialist medicine in the framework of cross-border healthcare and any future initiative dealing with health professionals.

The EU directive on patient mobility reworked



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information
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Newsletter,
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EVENTS

The World Congress on Controversies in Cardiovascular Diseases

3rd-6th July 2008 - Berlin, Germany

This Congress is intended as a forum for international experts to share and compare experience, in order to outline the right treatment for patients.

More information on <http://www.comtecmec.com/ccare/2008/>

World Cancer Congress

27th-31st August 2008 - Geneva, Switzerland

The Congress programme will focus on public health, prevention, cancer and tobacco control, palliative care and patient advocacy as they apply to high and resource-constrained countries alike.

More information on <http://www.worldcancercongress.org/uicc-congress08.php>

Patients and Practitioners committed to excellence in health care

9th-10th September 2008 - Northampton, UK

This Conference aims to showcase contemporary aspects from health research in five focused conference themes: Methods for Collaborative Research; User and Carer Inclusion in Research; Public Health Research; Emerging and Contemporary Methodologies; Politics and Ethics of Collaborative Research.

More information on <http://www2.northampton.ac.uk/health/patientandpractitioners>

PUBLICATIONS



Cancer screening in the EU

Following the Council Recommendation on cancer screening, adopted in December 2003, the Commission released a report to evaluate the implementation of this recommendation in Europe.

More information and full text on http://ec.europa.eu/health/ph_determinants/genetics/keydo_genetics_en.htm

ANNOUNCEMENT

School Bullying – Speak up - Don't be frightened

School bullying, the intentional and persistent aggressive behaviour between students, affects one out of seven children, aged from 8 to 15 years, with negative effects on their psychological status and ability to learn.

The Association of Psychological Health for Children and Adolescents (APHCA) within the framework of the EU DAPHNE II programme, which aims at preventing violence against youth and women, has implemented a European programme focusing on bullying prevention in Greece, Cyprus, Germany and Lithuania from 2006 till 2008. The programme has raised awareness on bullying among elementary and high school students and has developed guidelines for prevention at multiple levels - children, school, families, community and government officials - while in Germany, it has focused on the bullying of teachers.

The programme has stressed the need for: children breaking silence around their victimisation; awareness of bullying in all involved parties; supportive interventions for both bullies and victims, with special attention to girls; school and children mental health policies that promote communication and respect individual needs and rights.

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