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CPME Meetings 2016-2017 SAVE THE DATES!

8-9 April
2016, Brussels

18-19 November
2016, Tel Aviv

7-8 April
2017, Vilnius

24 - 25 November 2017

MESSAGE FROM THE CPME PRESIDENT:

Dear Friends,

You will read about many different topics in this edition of the CPME Newsletter, they range from [Continuous Professional Development](#) to [transparency with the healthcare industry](#), from [patient safety](#), the management of chronic conditions ([CHRODIS Joint Action](#)) to a [Memorandum of Understanding with the Physiotherapists' organisation](#).

All these matters have of course required decisions from the Board, GA or Executive Committee of CPME. On which basis are these decisions taken? What are our references and values when deciding?

The [new CPME Executive Committee](#) has discussed and adopted two important and helpful documents, in this sense: a Mission Statement, and a Vision Statement. You can read and download them at www.cpme.eu/about/mission. The Mission Statement, based on our Statutes, states why we are here; the Vision Statement explains how we see the future in the coming years.

In adopting these documents, we decided that some fundamental elements are and will remain essential and will lead our political action as the organisation of the Doctors of Europe:

- *Guarantee access to the necessary healthcare for all who need it on our continent;*
- *Protect the patient-doctor relationship as a central element of medicine;*
- *Promote interdisciplinary cooperation;*
- *Advocate for a health-in-all-policies approach to encourage awareness for the determinants of health.*

Important about these Mission and Vision documents is that they are deeply rooted in our experience with the patients who consult us – we see thousands of them every year, and this gives us a huge legitimacy to advocate for the medicine we believe in.



Dr Jacques de Haller
CPME President

CPME MISSION STATEMENT

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through proactive cooperation on a wide range of health and healthcare related issues.

- *We believe the best possible quality of health and access to healthcare should be a reality for everyone.*
- *We see the patient-doctor relationship as fundamental in achieving these objectives.*
- *We are committed to interdisciplinary cooperation among doctors and with other health professions.*
- *We strongly advocate a 'health in all policies' approach to encourage cross-sectorial awareness for and action on the determinants of health.*

CPME VISION STATEMENT

- *Doctors in Europe offer medicine which corresponds to the highest quality standards and is accessible to all who need it all over Europe.*
- *Doctors in Europe enjoy good working conditions; their financial condition allows them to practice good medicine and their well-being is upheld.*
- *Doctors in Europe can practice free from undue interference of administration, economy or insurances.*



COMMENTARY

BIG ON BIG THINGS AND SMALL ON SMALL THINGS. WHERE IS HEALTH?

The summer of 2014 was a milestone in the history of the European Union. For the first time, the European Parliament together with the Council was now responsible for the appointment of Commission President Jean Claude-Juncker. At the time Juncker promised reforms, a new focus, 'big on big things and small on small things'. A year and half later, it seems that 'big things' were not to include health, only in a strictly economic dimension.

The mantra of 'big things big and small things small' translated into a politicised, growth-driven agenda for EU policies: e.g. 1. the portfolio of health technologies and medical devices were moved from DG Santé to DG Grow ([Joint letter to Commission President Jean Claude Juncker](#)) and with pressure from the European Parliament, health NGOs and member states, the pharmaceutical policy dossiers remained within DG Santé ([CPME Press release](#), 22 October 2014); 2. the European Commission strategy on alcohol was not renewed ([Joint letter of resignation from the Alcohol Forum](#)); 3. pilot models of Public Private Partnerships (PPPs) became mainstream models of policy-making competing with regulatory measures rather than complementing them; 4. existing and newly constituted European Commission external stakeholder groups on topics such as HTA, patient safety, chronic diseases, investment in health have either proposed or decided to strongly restrict or even to exclude the participation of doctors. These as well as other similar examples raise a common question: **where is EU health policy in the European Commission political agenda?**

Neither supportive nor existing policies within the health arena saw their absence justified. Existing policies with a proven track record build over the years, such as patient safety or those supporting the innovation front, such as health literacy, were equally recast in a different format which gave high priority to the economic facets.

The Juncker Commission still has some time until 2019 to put into practice a longstanding [health in all policies approach](#). This is also a landmark date for the [Europe 2020 Strategy](#) to come to fruition. Future Commissions and Parliaments may look back on these decisions either as the moment where 'health is wealth' was confirmed or a moment when health became a small thing for decision-makers.

For further information:

[Sarada Das](#), Senior Policy Adviser

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[Miriam D'Ambrosio](#), Communication and Project Officer

TRANSPARENCY OF RELATIONS BETWEEN THE HEALTHCARE INDUSTRY AND DOCTORS

Notwithstanding its different partisans, transparency of relations between the healthcare industry and doctors is a global level movement in full swing. Both literature and practice clearly legitimate the need, the will and the added-value of transparency. In which context should this take place? Mr Codru Vrabie, a longtime Romanian anti-corruption expert pointed to the need to intervene to limit abuse of power and this is where transparency is effective. How to do that? By dismantling monopolies, discretionary power or by increasing transparency (Codru Vrabie, [MedClass: Ethics and the Health System](#), 1h02). These should be measures in the road to healthy relationships between doctors and the healthcare industry.

On 15 November 2014, the CPME Board adopted the '[CPME guidelines on the transparency of relationships between physicians and the healthcare industry](#)'.

The guidelines recognise the importance of collaboration between the medical profession and the healthcare industry, notably in the field of medical research. Pharmaceutical products, medical devices and other health and eHealth technologies are developed by companies which often need the experience, expertise and knowledge of physicians who use the products on a daily basis to treat patients. This collaboration is essential for the benefit of patients and society as a whole.

However, the independence of a physician to prescribe certain drugs, use certain technologies and equipment should not be impaired by any commercial factors. Based on the premise that mutual trust between patients and physicians is paramount in the treatment context, the guidelines establish an ethical framework under which the relationships between physicians and commercial companies should be led.

EU-level collaboration on this matter dates back to 2010 with Antonio Tajani's initiative on corporate social responsibility in the field of pharmaceuticals where CPME joined the European Commission [Platform on Ethics and Transparency](#).

Dr Katrin Fjeldsted, CPME Immediate Past-President addressed this matter both in the 2014 and the 2015 Global Transparency Congresses. She presented the rationale behind the CPME transparency guidelines and gave concrete details regarding their application. Continuous Professional Development should be reviewed and certified by a competent authority or independent body where no such authority exists, the content and materials should be designed by the organisers with no influence by sponsoring companies and the sources of funding should be fully disclosed.

Ms Marie Claire Pickaert, EFPIA Deputy Director General also reminded that '*EFPIA has adopted Codes that should ensure that there is no confusion about the real scientific and educational purpose of companies' interactions between healthcare professionals and pharmaceuticals.*'

The perspective of patients weighs in as well because transparency is ultimately in place in order to guarantee patient safety. Ms Nicola Bedlington, EPF Secretary General reminds that "*EPF is very supportive of more transparency in healthcare*". She further emphasises that "*both patients and doctors have expertise that is crucial to the therapeutic innovation process, and inevitably this leads to interactions with pharmaceutical and medical device companies. Such interactions are perfectly legitimate when conducted under the principles of good governance and transparency. We believe all interests, including payments, should be disclosed.*" The European Patients' Forum was also involved together with industry and other stakeholders in adopting in 2013 a set of Guiding Principles for Good Governance in the Pharmaceutical Industry. Patients equally believe that corruption is an essential matter to be upheld as it can impede patients to access quality care.



HIGHLIGHTS

'the independence of a physician to prescribe certain drugs, use certain technologies and equipment should not be impaired by any commercial factors'

In Transparency International's (TI) [2013 Global Corruption Barometer](#), 17% of people worldwide said they had paid a bribe with the medical sector and 45% believed medical and health services to be corrupt or extremely corrupt. We asked Ms Sophie Peresson, TI UK Pharmaceutical and Healthcare Programme Director about these statistics and overall what is at stake. Ms Peresson said that *"Corruption within the pharmaceutical and healthcare sectors is a matter of life and death. Corruption within the sectors erodes public trust in the healthcare system, leading individuals to forego medical treatment, ultimately impacting the general health of the population at large."*

The [Special Eurobarometer no. 374/2012](#) on 'Corruption' indicates a slightly higher perception of corruption towards private companies (32%) than towards public health services (30%). In the US alone some of the biggest fraud settlements amounted to [3 billion \\$](#) and [2.3 billion \\$](#) respectively. Pharmaceutical companies' fraud settlements exceeded those of the defense industry, who used to be 'the biggest defrauder of the Federal Government under the False Claims Act' (Almashat, S. Preston, C. et. al. 2010, 'Rapidly Increasing Criminal and Civil Monetary Penalties Against the Pharmaceutical Industry: 1991 to 2010' Public Citizen's Health Research Group).

In 2013, a study looking at the situation across the 28 EU member states was conducted on the topic of Corruption in the Healthcare Sector (HOME/2011/ISEC/PR/047-A2). The study was developed by ECORYS and EHFCN under the European Commission anti-corruption strategy. Some of the conclusions point to degrees of variation as well as types of corruption across the member states, distinguishing between systemic and incidental corruption. This as well as other studies such as Savedoff and Hussman¹ (2006) pinpoint towards the complexity of anti-corruption interventions, dismantling some preconceptions and confirming that transparency is indeed a necessary way forward.

1 — Savedoff, W. & Hussmann, K. (2006). 'Why are health systems prone to corruption?'. Global Corruption Report, Transparency International

[Anamaria Corca](#), EU Policy Advisor

For further information on the CPME transparency policy, please contact:

[Carole Rouaud](#), EU Policy Advisor

CPME, A COLLABORATING PARTNER IN THE JOINT ACTION ON CHRONIC CONDITIONS (JA-CHRODIS)

On 24 February the [JA-CHRODIS](#) Executive Board welcomed the CPME involvement within the joint action. CPME looks forward to a close collaboration in the area of chronic conditions, in particular towards exchange of good practices and a chronic conditions' model. Prof. Dr Gelu Onose is the CPME Rapporteur on chronic conditions management and will provide together with other interested CPME members expertise and support.

For further information, please contact:

[Anamaria Corca](#)



**JA-CHRODIS General Assembly and Stakeholders meeting,
4 February 2016, Madrid.**





REISEARCH - A EUROPEAN MEDIA CAMPAIGN ON CHRONIC DISEASES

Described in the media as a '[necessary bridge between research, policy-makers and citizens](#)' (15 February 2016, La libre Belgique), REIsearch is a European media campaign on chronic diseases launched on 15 February and running until 20 March. 10 European media organisations – including Frankfurter Allgemeine Zeitung, Gazeta Wyborcza, Luxemburger Wort, The Irish Times, Sole24ore, Der Standard, El País, La Libre Belgique and Público – support raising awareness of chronic conditions in their online editions as

well as through REIsearch's IT platform. CPME joined the initiative on 10 December and is actively contributing and supporting the campaign. CPME WGs and Rapporteurs such as Prof. Dr Gelu Onose, Prof. Dr Rutger van der Gaag, Dr Jacques de Haller and others gave specific input to information materials on chronic conditions. Existing CPME policies on chronic conditions management, diet, nutrition and physical activity, eHealth, data protection and healthy ageing were of great added-value. Elsevier, Mendeley, OpenAIRE, and the European Commission's Joint Research Centre support towards an active contribution from the research community.

For further information on the CPME involvement, please contact:

[Anamaria Corca](#), EU Policy Advisor

To join us on this campaign and support the discussion on chronic diseases, please contact:

[Miriam D'Ambrosio](#), CPME Communication and Project Officer



DER STANDARD

EL PAÍS

Frankfurter Allgemeine
ZEITUNG FÜR DEUTSCHLAND

wyborcza.pl

Luxemburger Wort

THE IRISH TIMES

La Libre.be

P

24 ORE

REIsearch in the media:

Der Standard

El País

EuroScientist

Frankfurter Allgemeine
Zeitung

Gazeta Wyborcza

La Libre Belgique

Luxemburger Wort

Público

Sole 24 Ore

The Irish Times

REIsearch on Social media:

<https://www.facebook.com/REIsearchEU/>



<https://twitter.com/REIsearchEU>



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EUROPEAN PHYSIOTHERAPISTS AND CPME CONCLUDE MEMORANDUM OF UNDERSTANDING

To increase the opportunities and impact of dialogue and cooperation, CPME and the [European Region of the World Confederation for Physical Therapy/Physiotherapy](#) have concluded a [Memorandum of Understanding](#). The agreement was officially signed by ER-WCPT President Sarah Basin and CPME President Dr Jacques de Haller on 21 January 2016. Common areas of interest are the regulation of the professions as well as the quality of education and training, the safeguarding of patients' rights and patient confidentiality in the evolving healthcare system and the promotion of responsible policies to ensure the sustainability of healthcare systems. European physiotherapists and doctors look forward to their future collaboration towards better healthcare for patients in Europe.



Ms Sarah Basin, Chair of the European Region of World Confederation for Physical Therapy and Dr Jacques de Haller, CPME President

For further information, please contact:
[Sarada Das](#), Senior Policy Advisor

CPD FOR DOCTORS – JOINT CONFERENCE GUIDES FUTURE POLICY

On 18 December 2015, the [European Association of Senior Hospital Doctors \(AEMH\)](#), the [European Council of Medical Orders \(CEOM\)](#), the Standing Committee of European Doctors (CPME), the [European Working Group of Practitioners and Specialists in Free Practice \(EANA\)](#), the [European Junior Doctors Permanent Working Group \(EJD\)](#), the [European Medical Students Association \(EMSA\)](#), the [European Federation of Salaried Doctors \(FEMS\)](#), the [European Union of General Practitioners \(UEMO\)](#) and the [European Union of Medical Specialists \(UEMS\)](#) hosted a joint conference on 'Continuing Professional Development for Doctors – Improving Healthcare'. With the kind support of the Luxembourg Ministry of Health, the conference brought together international experts on CPD representing the professional, academic and political dimensions of the debate. In parallel working groups, the conference explored approaches and impact of regulatory features of CPD systems, the link between CPD and patient safety and national and European practices to incentivise the up-take of CPD while reducing barriers for professionals to access CPD. The discussions showed a rich variety of approaches to organising CPD and the benefits of continued exchange on this topic. As an affirmation of the medical profession's commitment to CPD, the hosting European Medical Organisations signed a [consensus statement](#) highlighting the key principles for doctors' CPD. The consensus statement will guide the organisations' future contribution to debates. A report on the conference will be published here shortly.



For further information, please contact:
[Sarada Das](#), Senior Policy Advisor

EMSA HOSTS SUMMIT OF EUROPEAN HEALTHCARE STUDENTS' ASSOCIATIONS

On 13-14 February, the 2nd European Health Care Students' Associations Summit took place in the CPME offices in Brussels. The European Medical Students' Association (EMSA) chaired and organised the meeting of delegates of the European students' associations from medicine, dentistry, pharmacy and psychology (EFPSA, EDSA, EMSA, EFPSA). Together the associations represent over 675,000 European health care students. The press release is available [here](#). The main objective of the annual meeting is to work collectively on improving the quality of education that is offered to students. During the summit the healthcare students associations identified key issues of inter-professional collaboration and multidisciplinary approaches between healthcare professionals, two policy papers have been drafted and a plan for the future collaboration has been outlined. Additionally, the Summit was used as a platform to recognise the possible collaborations on advocacy and educational activities and a Memorandum of Understanding (MoU) has been created between all of the organisations. This Summit presents a milestone in the development of inter-professional collaboration in the healthcare sector and the associations are looking forward to continuing the collaboration further in future joint projects.



For further information, please contact:

[Jannis Papazoglou](#)

EMSA President

REMEMBER THE 1ST OF DECEMBER? COUNCIL CONCLUSIONS ON PATIENT SAFETY — WHAT NEXT?

This year is one of delivery, not of the Europe 2020 Strategy but of an equally important policy impetus, the framework for a sustainable cooperation on patient safety at EU level. It is clearly stated in the [Council conclusions on Patient Safety of 1 December 2014](#) that such a framework should be proposed by December 2016, taking into account the [Joint Action on Patient Safety and Quality of Care](#) (PASQ JA). Since the adoption of the Council conclusions very few steps have been taken to prepare the proposed framework for collaboration. Partners of the PASQ JA such as CPME and HOPE have encouraged and reaffirmed the need for urgent action. EU patient safety policy received proactive support from CPME since its inception. CPME is also member of the [Expert Group on Patient Safety and Quality of Care at EU level](#) which has supported EU patient safety policy since 2006. CPME sent [a letter](#) on the 3rd of February 2016 calling for preparatory work to develop a proposal for sustainable cooperation. Given its added value in the past 10 years, the expert group may also be an adequate platform to support such preparation.

We asked our leadership why is this an essential follow-up for patient safety policy? CPME President, Dr Jacques de Haller stated: *"Patient safety is at the core of the CPME Mission Statement. As European doctors we remind of our longstanding support for an EU Network on Patient Safety and Quality of Care".* CPME Rapporteur on Patient Safety and Immediate Past-President, Dr Katrín Fjeldsted was active to contribute with a reminder of her own: *"I represent CPME in the Expert Group on Patient Safety and Quality of Care and similar to previous years I was expecting a spring meeting of the expert group to give our support and advance on presenting a proposal for collaboration. As the meeting we expected to have this spring was cancelled, we sent a letter. We look forward to a new calendar ahead to deliver what is asked by the Council on time and meet the demand of member states for a fruitful collaboration on patient safety. Patients deserve this."*

HOPE Secretary General, Mr Pascal Garel gave a similar view: *"Patient safety and the delivery of good quality care are of utmost importance for healthcare providers. HOPE was at the forefront of the EU debate since the creation of a real policy in this area in 2005. We are committed to see this work continue through the establishment of a EU Network on Patient Safety and Quality of Care and we firmly advocate for the inclusion of this priority in the 2016 Health Programme Work Plan"*.

For further information, please contact:

[Anamaria Corca](#), EU Policy Advisor

EU Institutional News

19 February 2016	European Council meeting in Brussels, Belgium. The Council conclusions may be found here .
15 February 2016	The European Union launched the European Medical Corps to help mobilise medical and public health teams and equipment for emergencies inside and outside the EU. Please further information here .
18 February 2016	The European Parliament's public health committee had a hearing with representatives from the World Health Organisation on the Zika Virus. You may find the press release here .
22-23 February 2016	The thematic Conference on Product Improvement hosted by the Dutch Ministry of Health in Amsterdam addressing obesity and other food-related conditions. More information is available here .
14-16 June 2016	The eHealth360° International Summit will be held in Budapest, Hungary, with the patronage of the European Commission. More details to the event can be found here .

CPME NEWS



On 2 December 2015, CPME Secretary General Birgit Beger attended the launch event of the MEPs Interest Group on European Patients' Rights and Cross-Border Healthcare. Please find more information [here](#).



On 9 December 2015, CPME President Katrín Fjeldsted attended the Board of the Finnish Medical Association co-meeting in Helsinki.



On 11 December 2015, CPME Secretary General Birgit Beger attended the General Assembly of the Patient Access Partnership (PACT) which was followed by a meeting of the new elected Steering Committee members. Please find more information [here](#).



On 19 December 2016, CPME President Katrín Fjeldsted attended the EMOs Presidents meeting in Luxembourg.



On 22 January 2016, CPME Secretary General Birgit Beger attended the Associations Conference Forum (AC Forum) Annual Meeting in Copenhagen. Please find more information [here](#).



On 22 January 2016, CPME President Dr Jacques de Haller spoke at the Final Conference of the Joint Action on Mental Health and Wellbeing in Brussels. Please find more information [here](#).



On 18-19 February 2016, EU Senior Policy Advisor Sarada Das participated in the third Joint Action Conference on Planning & Educating Health Workforce without Borders in Varna. Please find more information [here](#).



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Thank you

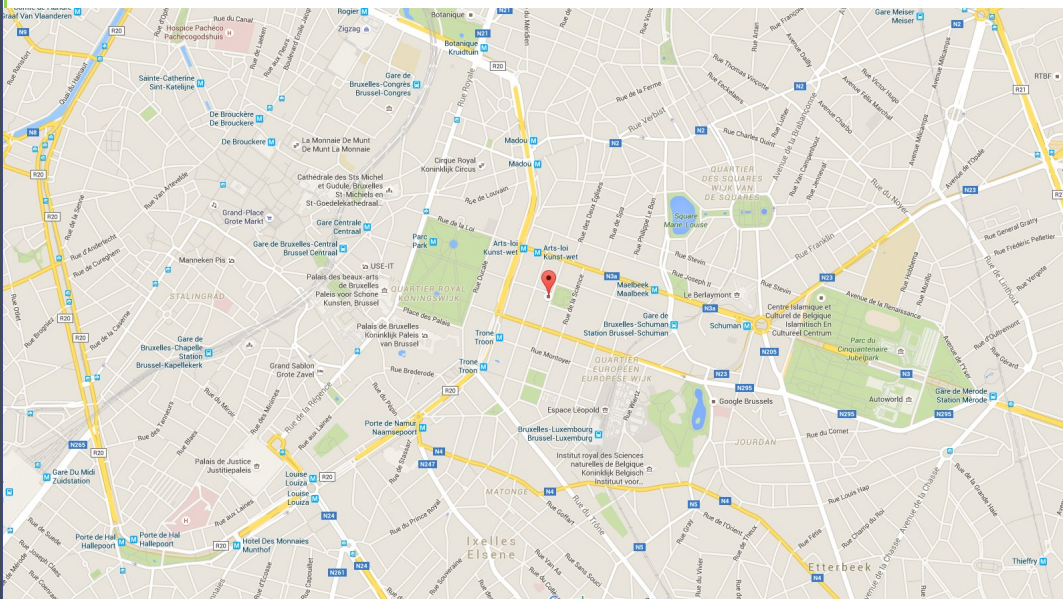
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