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MESSAGE FROM THE CPME PRESIDENT

Dear Colleagues and friends,

Welcome to the 24th edition of the CPME quarterly newsletter, containing news of the latest developments in EU health politics and recent CPME activities.

This edition opens with a feature article by Dr Gianluigi Spata, President of the Orders of Doctors and Dentists (OMCeO) of Como (Italy) and member of the Central Committee of the Italian National Federation of the Orders of Doctors and Dentists. The article highlights the important issue of vaccination coverage in Italy, a well-known public health problem that is currently also affecting many other EU countries.

Special attention is paid in this Newsletter to the proposal for a Directive on a proportionality test before the adoption of new regulation of the professions. In her interview, Rapporteur MEP Françoise Grossetête calls for the exclusion of the health professions from the scope of this Directive, arguing that the existing provisions already suffice to assess the proportionality of new legislation regulating these professions. In order to provide information about the ongoing discussions on this topic, CPME organised an event together with the Council of European Dentists (CED) and the Pharmaceutical Group of the European Union (PGEU) entitled '[Economics vs Health? EU Proportionality Test for Health Professions](#)', hosted by MEP Lieve Wierinck and MEP Dr Peter Liese. This event brought together at the same table stakeholders, representatives of the European Commission, members of the European Parliament and representatives of Permanent Representations including of Estonia to the EU. The debate looked at the impact of the proposal for the Directive on a proportionality test. The health and social community showed broad consensus for an exemption of the health professions out of the scope of the Directive.

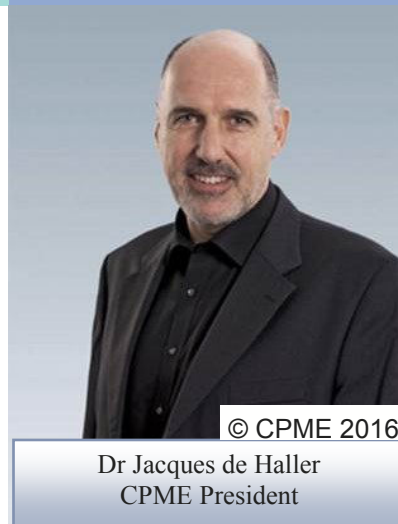
Furthermore, this edition presents recent news from four CPME members, featuring articles from the Estonian Medical Association, the Finnish Medical Association, the Polish Medical Chamber and the Romanian College of Physicians.

Among the guest articles, you will find news on the Estonian presidency of the Council of the European Union, the World Health Organisation (WHO), the European Food Safety Authority (EFSA), the Federation of Veterinarians of Europe (FVE) and the European Union of Medical Specialists (UEMS).

I am sure that you will find these articles most interesting!

Yours sincerely,

Dr Jacques de Haller, President of CPME



VACCINATION COVERAGE IN ITALY


FNOMCeO

Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri

In Italy, as in other European countries, the fall of vaccination coverage below 95% (the safety threshold recommended by WHO) is a well-known issue and is becoming a public health problem. As a result, the so-called "herd immunity" that prevents the spread of those infectious diseases that, until a few years ago, were kept under control and protected those individuals who, for health reasons, cannot undergo vaccination, is absent.

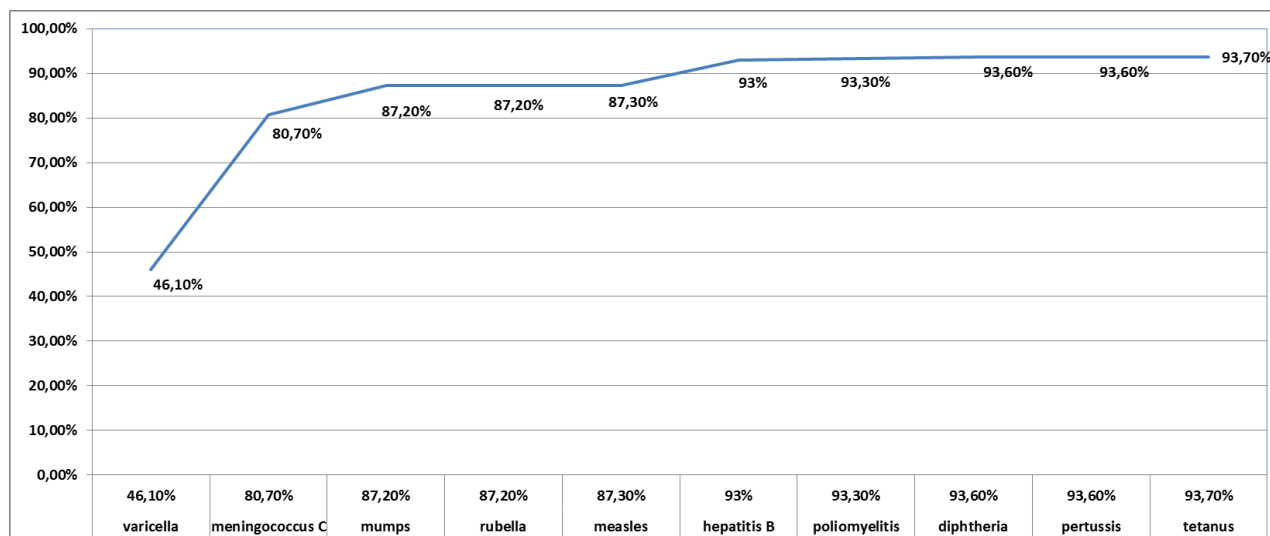

Data from January 1st 2014 to December 31st 2016
Source: Italian Ministry of Health

Table 1, produced by the Ministry of Health, highlights the status of vaccination coverage in Italy.

In particular, it should be stressed that among infectious diseases, measles cases are currently increasing, creating concern for the population. In fact, as reported by the Italian Ministry of Health and the Italian National Health Institute (Istituto Superiore di Sanità-ISS), compared with 844 cases of measles throughout the national territory during the whole of 2016, 4532 cases and 3 deaths were reported between 1 January and 17 September 2017 (see table 2 [here](#)).

The spread of fake news on vaccine side effects and adverse events, the reduced perception by the population of possible complications of infectious diseases and "no-vax" campaigns are among the main causes of the decreasing vaccination coverage on Italian territory. In order to prevent a further reduction in vaccination coverage leading to an increase in other infectious diseases, with associated risks to public health, in July 2017 the Italian government converted into law the decree of 7 June 2017, no. 73 "Emergency provisions on vaccine prevention".

In summary, the law provides for 10 compulsory vaccinations (against poliomyelitis, diphtheria, tetanus, hepatitis B, pertussis, Haemophilus Influenza type B, measles, mumps, varicella) free of charge for children aged 0 to 16 years. In addition, the Regions provide 4 additional vaccinations free of charge (against meningococcus B, meningococcus C, pneumococcal and rotavirus), based on the vaccination calendar and the year of birth.

Mandatory vaccinations are already in effect for the 2017-2018 school year. A vaccination certificate or documentation attesting to the intention to submit children to vaccination must be submitted by 10 September 2017 for nursery schools (0-6 years) and by 31 October 2017 for compulsory schools (6-16 years).

It is clear that, given its limited implementation period, this legislation has created a number of problems from an organisational point of view and has caused further reactions from those who have always objected to vaccinations. The measure is, however, absolutely necessary in order to prevent a public health emergency. For this reason it is important that the Ministry of Health promotes information campaigns and health education on vaccinations for the population, collaborating with the Ministry of Education to organise training days for school staff, teachers and students.

The Italian Federation of the Orders of Doctors and Dentists (FNOMCeO) has long emphasised the importance of vaccinations, organising awareness-raising meetings on the issue in collaboration with national institutions and the press. Of great importance in 2016 was the approval of the "Document on vaccines" by the FNOMCeO National Council, which reaffirms the FNOMCeO's full support for all initiatives to improve communication and promote vaccinations through active collaboration between doctors, who may be tried according to the Code of Medical Deontology if not compliant. The FNOMCeO works alongside the institutions in defending vaccinations, defined in the document as "one of the greatest victories against disease and among the most effective, safe and controlled medical aids ever made available to man."

*Dr Gianluigi Spata
OMCeO Como President
FNOMCeO Central Committee Member*

DOCTOR'S TASK TO DELIVER FACTS ON VACCINATION

Vaccines have become a Europe-wide hot topic in 2017. At the end of May, the European Commission's Directorate General for Health and Food Safety (DG SANTE) organised a workshop in Brussels to explore how cooperation at EU level could increase vaccine coverage, address shortages and strengthen routine immunisation programmes. In his opening speech at the event, Commissioner Vytenis Andriukaitis highlighted that, despite the successes of vaccination programmes, Europe could do better with more effective vaccination programmes and higher rates of uptake.

This was a reference to the ongoing measles outbreaks in a number of European countries and the growing vaccine hesitancy, which is one of the key challenges in low vaccine acceptance and uptake. According to the European Centre for Disease Prevention and Control (ECDC) and national public health authorities, measles caused 43 deaths in EU countries in 2016 and 2017, 34 of these occurred in Romania and three in Italy. Moreover, nearly all European countries have reported measles cases. At the same time, vaccine coverage is decreasing in many European countries, also among health care professionals.

"The challenge is how to break the myths about vaccines. Doctors are needed to deliver facts and increase awareness about the benefits of immunisation. This helps parents to choose wisely!" Prof Dr Rutger Jan van der Gaag, CPME Vice President and Rapporteur on Health Security

The Standing Committee of European Doctors (CPME) has especially focussed on tackling the problem of vaccine hesitancy. In February, CPME joined forces with the World Medical Association (WMA) to prevent an anti-vaccine film screening taking place at the European Parliament. Furthermore, Prof Dr Rutger Jan van der Gaag, CPME Vice President and Rapporteur on Health Security, has promoted the position of doctors at DG SANTE's conference on vaccine hesitancy, and also at the Gastein Health Forum's event to explore the needs and future developments in immunisation records in the EU. At the end of this

month, Dr Jacques de Haller, CPME President, will present doctors' view on developing strategies for a better response to infectious diseases by improving dialogue and cooperation between science and society at the ASSET Conference in Rome.



© CPME 2016

Prof. Dr Rutger Jan van der
Gaag
CPME Vice-President

Moreover, several European countries have been adopting measures to increase coverage rates for routine vaccinations against measles and other diseases. In May, Italy decided to make 12 vaccines mandatory for children attending state schools. France followed Italy's example and will make 11 vaccines mandatory as of 2018. The Romanian government has also committed to conduct a nationwide vaccination campaign.

Vaccination policies are the competence of EU Member States. Depending on the country, vaccinations are either recommended or mandatory. The French National Institute of Health and Medical Research (Inserm) will lead a joint action on vaccination, co-funded by the Health Programme Work Plan 2017, in order to provide perspectives for the further harmonisation of these policies and to address the common goal of increasing vaccine coverage rates in Europe. Work on this will start in 2018.

In May, the DG SANTE workshop was concluded by Director General Xavier Prats Monné, who called for more cooperation and conversation to bridge the gaps between different stakeholders: experts, political decision makers and the industry. Health care professionals should also be part of this multi-sectorial approach. Vaccine hesitancy, policies and research should be interdependent. Vaccinations may not be the top priority of leading decision makers, but immediate actions to address vaccine hesitancy and coverage are necessary. CPME reaffirms that the prevention of communicable diseases through vaccination is safe and effective.

[Markus Kujawa](#), EU Policy Adviser

E-PRIVACY REGULATION – WHAT IMPACT ON HEALTH DATA PRIVACY AND MEDICAL CONFIDENTIALITY?



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With the growing digitalisation of healthcare, doctors and patients increasingly communicate electronically. These communications contain sensitive information regarding patients' health. Not only can the content of these communications be particularly sensitive, but metadata (e.g. location, date and time of a communication) can also reveal medical issues. Considering that the patient-doctor relationship is built on the premise of confidentiality and trust, these data must be afforded the highest possible level of protection.

The development of connected devices - including medical devices and mobile health (mHealth) apps - can also raise some concerns in terms of health data privacy. As pointed out by the European Data Protection Supervisor (EDPS) in his opinion of 6/2017, the simple fact of wearing a device can reveal sensitive information about a patient's health status. In this respect, the proposed regulation does not ensure the same level of protection as the one provided under the General Data Protection Regulation (GDPR). While connected devices are included in the scope of this Regulation, the provisions regarding the tracking of their location do not comply with the requirements of the GDPR, in particular the principle of 'privacy by default'. Consequently, CPME calls upon European legislators to take into account the recommendations made by the EDPS and Article 29 Working Party to ensure at least an equal level of protection to the GDPR for personal health data.

The CPME statement on the Commission proposal for an ePrivacy Regulation was adopted by the CPME Executive Committee on 7 September 2017, and can be found here: [CPME 2017/064 FINAL](#).

[Carole Rouaud](#), EU Senior Policy Adviser



EXPERT NETWORK ON HEALTH WORK- FORCE PLANNING LAUNCHED

On 5 September, a three-year action was launched aiming to implement a health workforce planning and forecasting expert network. The action is led by Semmelweis University and brings together former members of the Joint Action on Health Workforce Planning and Forecasting, i.e. KU Leuven, Agenas and the Italian Ministry of Health, and CPME. The expert network will not only serve as a discussion platform but will also actively disseminate knowledge and good practices by offering tailored technical assistance to stakeholders or institutions interested in developing their workforce planning capacities. In the first step of the action, the network will be activated. Building on this, a mapping exercise, technical workshops and site visits will identify and solve real-life problems in workforce planning processes, by bringing experts together with those who are seeking to build expertise. The objective is to build a living community of knowledge sharing and making a meaningful contribution to improving workforce policy around Europe.

[Eszter Kovács](#) PhD, assistant professor, Semmelweis University

CPME NEW WORKING GROUP ON REFUGEES, ASYLUM SEEKERS, MIGRANTS AND UNDOCUMENTED PERSONS

At the Meeting on Refugee and Migrant Health, held in Rome, Italy, in 2015, Member States of the WHO agreed on the need for a common framework for collaborative action on refugee and migrant health, acting in a spirit of solidarity and mutual assistance, to promote a common response, avoiding uncoordinated single-country solutions. Member States made this commitment keeping in mind that migration is a global phenomenon, which poses key political, social and economic challenges and - given the recent influx of refugees, asylum seekers and migrants to Europe - requires a coherent, regional response.

The framework for the right to health is based on Article 12 of the International Covenant on Economic, Social and Cultural Rights (UNHCR, 1966), which recognises the right of everyone to the enjoyment of the highest attainable standards of mental and physical health. This means that every country involved in the migration process must meet its obligation to respect, protect and fulfil the right to health of all persons within its jurisdiction, including refugees, asylum seekers and migrants.

More than 1,728,000 refugees, migrants and asylum seekers have entered Europe since 2014, while the number of dead/missing people numbered 13,000 between 2014 and 2017.

The relocation plan drawn up by the Member States of the European Union, with the goal of resettling 160,000 migrants across the Union in order to relieve pressure on Greece and Italy, the main arrival points, has collapsed. According to the European Commission, only 28,242 people have so far been relocated from Greece and Italy. Some Central and Eastern European countries have resisted meeting their obligations.

CPME, in response to the great humanitarian demands of this enormous influx to Europe of millions of people fleeing their countries, created a CPME working group on refugees, asylum seekers, migrants and undocumented persons in order to consolidate and elaborate on CPME's policies in this area, and facilitate the exchange of good practice among members.

This has been met with great interest and several NMA members have signed up to participate in the working group. Two web-meetings have taken place and ideas have been actively gathered. Additionally, different aspects are being discussed in frequent email exchanges. In a few days, a questionnaire will be distributed to all participants and data collected from each country will be appraised.

[Dr Marily Passakiotou](#), Chair of the CPME Working Group on Refugee Health



BROAD CONSENSUS IN HEALTH AND SOCIAL CARE COMMUNITY ON EXEMPTION OF HEALTH PROFESSIONS FROM PROPORTIONALITY DIRECTIVE

On 18 October 2017, in a meeting hosted by MEP Lieve Wierinck and MEP Dr Peter Liese, the Council of European Dentists (CED), the Standing Committee of European Doctors (CPME) and the Pharmaceutical Group of the European Union (PGEU) brought EU and national stakeholders together to discuss 'Economics vs Health? An EU Proportionality Test for Health Professions'.

The debate looked at the impact of the proposal for a Directive on a proportionality test before adoption of new regulation of professions on health professions. MEP Lieve Wierinck opened the debate by stating "Proportionality is a general principle of EU law and must be respected. I believe that nobody that has come to the European Parliament today challenges this principle. When it comes to strengthening legislation and enhancing the functioning of the internal market and all the freedoms that it entails, I am one of its biggest fans." Remy Petitot intervened on behalf of MEP Françoise Grossetête to present the ENVI Opinion on this dossier which excludes health professions, he highlighted that "healthcare professionals have a public mission to patients" and "they are also one of the most mobile professions in the European Union today". "Since the publication of the proposal, CED, CPME and PGEU have called for an exemption of health professions from the scope of a future Directive. We very much welcome this opportunity to discuss our position with other stakeholders including the European Commission, the Council and the European Parliament", CED President Dr Marco Landi stated.

"The three organisations believe that there is no evidence that the application of a binding EU proportionality test will generate any benefits with regard to the health professions," Dr Jacques de Haller, President of CPME argued, "but we do fear that there are potential risks to healthcare, for example the danger of creating regulatory chill. We warmly welcome the Opinion of the ENVI committee, which supports our call for an exemption."

PGEU President Rajesh Patel MBE, concluded "Health professions are subject to a proportionality assessment by competent authorities already now. Instead of introducing an additional layer of EU legislation, the European Commission should focus on enforcing the implementation of the Professional Qualifications Directive where necessary."

Agenda

[Questions & Answers on Proportionality and Commission Proposal for a Directive for a Directive on a proportionality test before adoption of new regulation of professions on health professions \(COM\(2016\) 822 FINAL\)](#)

INTERVIEW WITH MEP FRANÇOISE GROSSETÊTE

MEMBER STATES NEED GUIDELINES, BUT HEALTH PROFESSIONS DO NOT NEED NEW LEGISLATION ON PROPORTIONALITY.



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MEP Françoise Grossetête has been a member of the European Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) since 1994. She is currently rapporteur for the ENVI committee's opinion on negotiations on the proposal for a Directive on a proportionality test before adoption of new regulation of profession.

In the context of these negotiations, CPME interviewed MEP Grossetête to learn more on her view on the ongoing and future policy developments, around the following questions:

- What do you believe are the drivers of the Proportionality Directive?
- Why do you believe an exemption for health professions is necessary?
- What other solutions can there be to improving professional regulation?
- What policy trends do you see in the organisation of health systems and professions?

MEP Françoise Grossetête: "Within the framework of its recently released "Services Package", the European Commission has put on the table a proposal for a proportionality test on the introduction of new legislation applying to regulated professions. This text is clearly a follow-up to Directive 2005/36/EC on the recognition of professional qualifications. Indeed, the latter already foresees, in article 59 of its amended version, the screening of Member States' legislation regarding regulated professions to make sure the measures in place are fully justified, necessary and appropriate.

The aim of the Commission is obviously to ensure that the principle of the free movement of professionals is respected and that they are not unjustly denied the right to settle and exercise their professions on the territory of any Member State. I fully share this objective as I think that the regulated professions should not be excluded from the benefits of the Single Market. However, I do believe that, this time, the proposal from the Commission is ill conceived.

Indeed, I think that the scheme for a proportionality test is overly rigid, burdensome and, as a result, difficult to apply in practice. I understand the need for guidelines to help Member States properly conduct the screening and proportionality exercise provided for in Directive 2005/36/EC, however, it is my opinion that setting in stone a long list of criteria to be checked according to a hefty procedure is not the best way to go about this. I would rather have guidelines indicating to Member States and national authorities how they could/should proceed, while granting them the flexibility to act as they see fit with regard to their national laws.

This concern is especially relevant when considering the situation of the health professions. It seems to me that the singularity of their public health mission has not been duly taken into account. Moving from an ex-post, regular screening mechanism to a systematic ex-ante evaluation would most definitely hamper the ability of Member States to "determine the level of protection that [they] wish to provide to public health as

well as the way they organise the provision of healthcare services and medical care by dedicated regulated professions”, a competence that shall lie solely with them, according to the case law of the European Court of Justice.

I admit that there may be issues in some countries or in some cases with the free movement of health professionals. However, an extensive case law has been built around these, which is clear, and which, to my mind, does not need to be codified. Indeed I tend to be very sceptical about the need to legislate broadly and horizontally only to solve a few specific problems.

For all these reasons, I have suggested excluding health professions from the scope of this proportionality test. This does not mean, it is important to understand, that national laws regulating these professions will not have to be justified, necessary and proportionate any more. Neither does it mean that freedom of movement will not apply to the health professions. Indeed, these professions will continue to fall under the scope of Article 59 of the amended Directive 2005/36/EC and, of course, the case law of the Court of Justice will continue to apply. I simply think that these provisions already suffice to assess the proportionality of new legislation regulating the health professions.

In this fight to ensure a high degree of protection of public health in Europe and full recognition of the specificity of the missions assigned to health professionals, I hope that I will be able to count on the broad support of my colleagues from the European Parliament. “

Françoise Grossetête, Member of the European Parliament

THE HEALTHCARE SYSTEM IN ESTONIA



The Estonian Medical Association (EMA), founded in 1921, is a voluntary professional and trade union organisation. During Soviet occupation, the EMA operated (starting in 1945) from Sweden and was known as the Estonian Medical Society in Sweden. The EMA was reinstated in Estonia in 1988. With a population of 1.3 million, Estonia has about 4,500 doctors with two

thirds belonging to the EMA.

The vast majority of Estonian doctors studied and trained at Tartu University. Founded in 1632, it is one of the oldest universities in North Eastern Europe. The EMA works closely with the medical faculty at Tartu University in developing Estonian language programmes. The EMA has close ties to academic organisations, ensuring a future supply of medical students. The Medical Students Association is associated with the EMA, as is the Estonian Junior Doctors Association, which represents medical residents.

The EMA publishes an Estonian language peer-reviewed journal – Eesti Arst (Estonian Medical Journal) - which has been in publication for 95 years. The EMJ is the only scientific publication in which doctors can publish research in the Estonian language. The publication has a leading role in improving medical care in Estonia, as well as in preserving and developing the Estonian language in scientific research.

One of the leading roles of the EMA is to improve ethics in medicine; together with the medical faculty at Tartu University, the EMA published the World Medical Association's Handbook of Medical Ethics in Estonian. Ethical questions are addressed at the annual ethics conference. This year the conference will focus on ethical dilemmas in genetics.

EMA's traditional annual conference is the largest CPD event for doctors, medical students, and healthcare professionals. The conference's topics include scientific research, clinical medicine, healthcare policy, and quality assurance measures etc.

The EMA is also a trade union for its members, and has negotiated better working conditions and salary increases through agreements with healthcare employers and the Estonian government. Estonian healthcare faces a major challenge in doctors leaving Estonia for higher salaries in Finland and Sweden; however, in recent years, salary increases in Estonia have helped stem the exodus of doctors. Salary increases have not come easily – the EMA, together with other healthcare trade unions, organised a month long strike in 2012.

Estonia, being on the outer border of the European Union, has drawn both patients and doctors from third countries. It is mainly doctors from the former Soviet Union who are drawn to Estonia. Eastern Estonia has numerous Russian speaking areas where these doctors feel at home. Problems arise because

doctors from the former Soviet Union do not meet the educational criteria of the European Union. The EMA is striving to reach a consensus with the Estonian government that only qualified doctors can work in EU Member States (to ensure patient safety and care).

Estonia features low in the rankings when it comes to financing healthcare in the EU. For over ten years the medical establishment has been lobbying the Estonian government to increase the healthcare budget, which would increase access to, and the quality of, healthcare. A major breakthrough occurred this year when the EMA achieved a collective agreement to reform the healthcare system. Starting in 2018, the healthcare budget will increase substantially.

Estonia is known for its adoption of modern technology. Our healthcare system depends on Information Technology solutions. Our doctors are therefore familiar with both the positive and negative implications of the adoption of Health IT.

One of the most ambitious projects in Estonia has been the digitalisation of prescription medicine (e-prescription), making life easier for both patients and doctors. At the same time, doctors in Estonia are dissatisfied with many of the e-medicine solutions. The most important aspect of e-technology adoption must be the needs of doctors. Doctors must be consulted at the very beginning when developing new IT solutions and also be given decision making authority in systems design.

Estonia is one of the smallest countries in Europe. Since regaining independence 26 years ago, Estonia has developed democratically, throwing off the shackles of Communism and developing a modern healthcare system where patients receive quality care.

"Estonia is known for its adoption of modern technology. Our healthcare system depends on Information Technology solutions. Our doctors are therefore familiar with both the positive and negative implications of the adoption of Health IT."

Estonian Medical Association

[Katrin Rehema](#), Secretary General of the EMA
[Dr Vallo Volke](#), Estonian Medical Association
[Dr Indrek Oro](#), Estonian Medical Association

FINNISH HEALTH CARE REFORM – FMA LOOKS TO THE FUTURE



**FINNISH MEDICAL
ASSOCIATION**

The Finnish health and social care system is facing the most significant changes in its history. The current system has certain defining characteristics, e.g. organisational responsibility lies in the hands of often small municipalities, there are, in practice, two

publicly financed systems and patients have rather limited freedom to choose their provider.

Primary health care does not function in the best possible way. Due to long waiting times, the working age population, in particular, has largely abandoned public health centres and relies more on occupational health care or private services. This has created inequalities and also affected resourcing and the willingness of doctors to work in health care centres. One of the underlying reasons for this development is the current, multi-channel financing system of health care. In addition, the system lacks possibilities for governance at the national level.

At the core of the upcoming reform will be the establishment of larger entities, i.e. counties, that would be responsible for all public health and social services, rescue services, environmental healthcare, as well as assuming the duties of the regional councils and selected other municipal and regional state administrative duties. One of the aims is to strengthen the position of primary health care in the Finnish health care system. Service provision would become more varied than it is now. The reform would probably also increase patient choice. Furthermore, the reform covers the integration of social and health services, as well as reforming the financing of the system. Health and social care reform is very closely linked to a broader regional reform in Finland. The principal aims from the health sector point of view are to enhance financial sustainability, improve cost containment and reduce health inequalities.

Details of the reform are still somewhat foggy, as the reform has proved to be politically and constitutionally challenging. The next draft is expected to be published for consultation in November 2017.

Not only the anticipated reform, but also general developments in society led the Finnish Medical Association to launch a project called "Doctor 2030" a few years ago. The objectives of the project have been to predict future trends related to health care in the 2030's and to support the adaption of the medical profession to changes in the future. The project has mapped future trends affecting the work of doctors. These include digitalisation, increased self-care, increased knowledge (on genome, big data, data collected by the patient), supported decision-making (both for the doctor and for the patient), patient empowerment and increasing freedom of choice, as well as new, more and more frequent electronic ways of patient-doctor interaction.

The driving forces behind the changes are the development of technologies, as well as patients' changing expectations and societal changes. Patients' knowhow on their diseases, treatment and health prevention and promotion is increasing. In the future, doctors' work will focus more on the need to control increasingly complex and multifold information, and the need to translate this information to the patient. New technology brings with it new ethical dilemmas.

The developments described above will modify the skills needed for doctors' work. It is expected that doctors' interaction skills, multi-professional and team work and ability to utilise increasing amounts of information will become emphasised. In addition, doctors need knowledge on more effective analytics, new service channels and know-how to use new tools for governing the information and new electronic services and technical appliances. Dynamism in health professionals' roles is also expected.

The Finnish Medical Association celebrated its centenary in 2010, and a first modern type of strategy was adopted around this time. The strategy period will come to an end this year. The timing coincides with a change in the leadership of the organisation. Our CEO Heikki Pälve retired at the beginning of October and was replaced by Kati Myllymäki. A new strategy is under discussion, and will be approved by the FMA Delegate Committee in December. One of the core tasks of the FMA will be to support its members in the changing working environment.

"Details of the reform are still somewhat foggy, as the reform has proved to be politically and constitutionally challenging. The next draft is expected to be published for consultation in November 2017."

Mervi Kattelus,

Mervi Kattelus, Health Policy Adviser, Finnish Medical Association

PROMOTION OF VACCINATIONS IN POLAND – RECENT ACTIVITIES OF THE PROFESSIONAL SELF-GOVERNMENT OF PHYSICIANS AND DENTISTS



Concerned with the growing activities of anti-vaccination movements in some European countries, including Poland, over the past year, the Supreme Chamber of Physicians and Dentists, which represents the whole professional self-government of Polish medical doctors and dental practitioners at the national and international levels, has taken a number of actions aimed at promoting vaccination in Poland as a safe, effective and proven method of preventing disease.

In November 2016, the Supreme Chamber appealed to all Polish physicians and dentists to actively promote vaccinations, in particular to vaccinate themselves and their relatives, to carry out the obligatory vaccinations of children and young people, and to inform patients about the indications for vaccination.

In July 2017, the Supreme Chamber appealed to the Minister of Health, Dr Konstanty Radziwiłł, former president of the Supreme Chamber and former CPME president, to start a legislative process aimed at making vaccinations a prerequisite for admitting children to kindergarten and school.

The Supreme Chamber, together with the National Institute of Public Health, WHO and the Ministry of Health, was engaged in the preparation of a television spot, available on YouTube, promoting vaccination against influenza.

The initiative "Doctors lead by example" saw members of the Supreme Chamber's council having themselves publicly vaccinated against pneumococcal infection in December 2016, and in September 2017 against the flu. These events received media interest and information about them, including photos, appeared on television and radio and in the press.

Other important initiatives addressed the broadcasting of anti-vaccine programmes on nationwide television channels. In November 2016, after the broadcast of such a programme, the President of the Supreme Medical Council, Dr Maciej Hamankiewicz, intervened and spoke about the merits and necessity of vaccination. In March 2017 Dr Hamankiewicz, the Chief Sanitary Inspector, and the Director of the National Institute of Public Health, sent a joint letter regarding the planned broadcast of a controversial film about vaccination on one of the leading television channels. As a result of this intervention, the release date was postponed and the broadcast was preceded by a discussion in the TV studio.

The Supreme Chamber hopes that these initiatives will contribute to raising public awareness of the necessity of vaccinations and will counteract many unfounded statements made by various anti-vaccination activists.

"The Supreme Chamber of Physicians and Dentists, which represents the whole professional self-government of Polish medical doctors and dental practitioners at the national and international levels, has taken a number of actions aimed at promoting vaccination in Poland as a safe, effective and proven method of preventing disease."

Polish Supreme Chamber of Physicians and Dentists

[Polish Supreme Chamber of Physicians and Dentists](http://www.polskaizba.org.pl)

ROMANIAN MEDICAL MIGRATION IN EUROPE BETWEEN 1997 AND 2015.

Between 1997 and 2015, the official number of Romanian physicians who emigrated and had their qualifications recognised in 22 European host countries was 10,089.

The top 5 European countries that welcomed Romanian physicians during the period 1997-2015 were the UK, in first place with 2,549 physicians (25%), Germany, in second place with 2,449 physicians (24%), followed by Belgium with 1,557 physicians, France with 842 physicians, and Switzerland with 567 physicians. These five countries received 79% of all migrating Romanian doctors during this period (Figure 1); half were received in relatively equal proportions by the UK and Germany.

This graph presents the top five countries where migrating professionals had their qualifications recognised. The graph is updated according to the search criteria introduced in the filter above.

Period from: **1997/98**

Period to: **2015**

Decisions taken
by host country: **All**

Country of
qualification: **Romania**

Host country: **All**

Profession: **Doctor of Medicine**

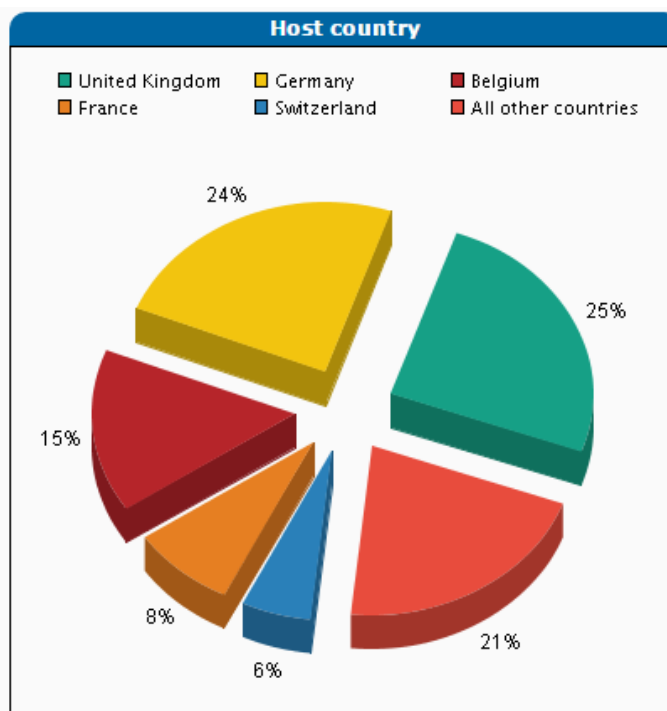


Figure: The top 5 receiving countries of emigrating Romanian doctors
(Source: http://ec.europa.eu/internal_market/qualifications/regprof/index.cfm)

© EU Commission 2017

In 2007, the first year following EU accession, 541 Romanian doctors emigrated, with Germany being the number one destination (37%), followed by Belgium (29%), Hungary (16%), and other countries (9%). Fifth place was occupied by Greece (6%) and sixth place by Ireland (4%). The top three countries in the ranking received 82% of all emigrating Romanian doctors in 2007.

In 2008, 1,166 Romanian doctors emigrated, the top destination being the UK, this time with 24%, followed by Germany with 21%, other countries with 18%, Greece in fourth place with 16%, Belgium with 14%, and Spain with 7%. The first two countries received 45% of all emigrating Romanian doctors.

In 2009, 974 Romanian doctors emigrated, primarily to Germany and the United Kingdom, each with 30%, followed by Belgium with 20%, Sweden with 5%, Italy with 4%, and other countries with 12%. The first three countries of destination received 80% of all emigrating Romanian doctors.

In 2010, of the 1,224 emigrating Romanian doctors, 59% were received by the UK, 17% by Belgium, 7% by Sweden, 5% by Italy, 4% by Ireland, and 8% by other European countries. The first three countries received 83% of the total Romanian migration.

In 2011, there were 1,711 Romanian migrants, the top place of destination again being Germany (46%), with the UK in second place (24%), Belgium in third (11%), followed by Ireland (8%) and Sweden (5%). The first three countries received 81% of the migrants.

In 2012, out of 1,418 Romanian doctors 61% went to Germany, 14% to the UK, Switzerland received 8%, Sweden 8%, other 5%, and Italy 4%. As in 2010, the first three countries received 83% of all emigrating Romanian doctors.

In 2013, 1,281 Romanian doctors emigrated and were received by France (35%), the top destination for the first time, followed by Belgium (17%), the UK (16%), Switzerland (10%), other countries (13%), and Sweden (9%). The first three countries received 68% of Romanian emigrants.

In 2014, out of 1,107 emigrating Romanian doctors, 36% went to France (again in first position), followed by the UK with 22%, Belgium with 19% and Switzerland with 9%, the first three countries received 77% of doctors.

In the last year with official data, 2015, out of 518 Romanian doctors (up to the study date), 42% emigrated to Belgium, 36% to the UK, 20% to Switzerland, and 2% to Spain. The first three countries received 98% of the migrants.

As a general observation, during the first nine years of Romania's membership of the EU, Germany received a quarter of all emigrating Romanian doctors, most of whom were received in 2011 (46% of the total that year) and 2012 (61%), as well as in 2007 (37%), 2008 (21%) and 2009 (30%). In the first 9 years of Romania's membership, Germany was among the top three host countries for 5 years.

In contrast, the UK was among the top three host countries for eight out of the nine years, receiving a more constant number of Romanian doctors, only coming behind Germany in 2007.

France was the favourite country for migration only in 2013-2014, when it was in first place. For the remaining years it wasn't even among the top 6 destination countries.

Since 2011, the year in which migration peaked, the number of Romanian doctors emigrating has decreased annually, most significantly in 2015 (Figure 2).

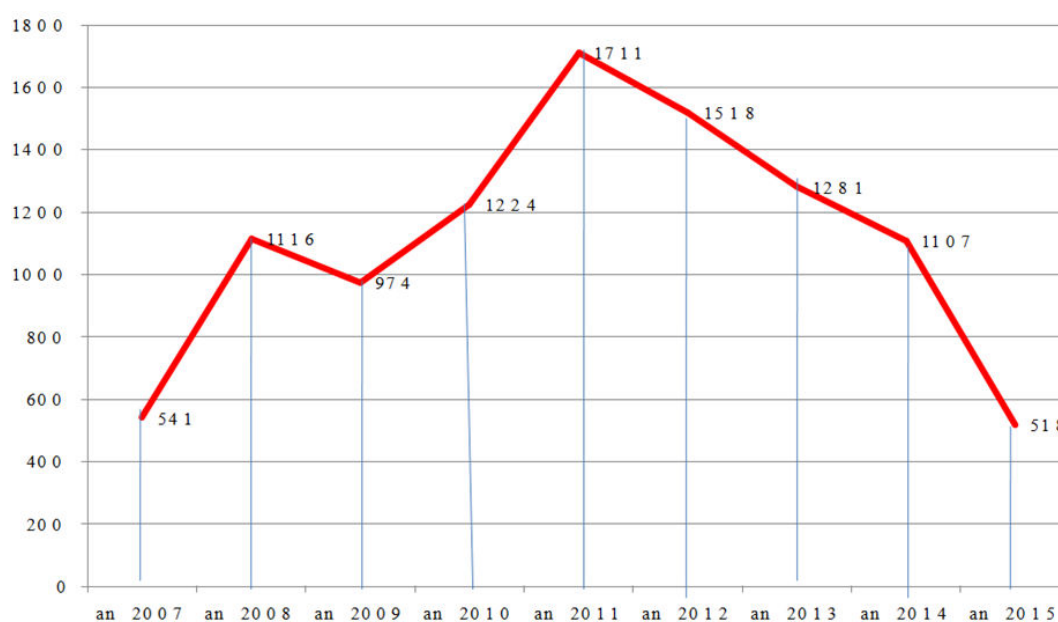


Figure 2: Evolution of the number of Romanian physicians emigrating annually, 2007-2015
Migration figures have changed in the last 5 years according to annual reporting by Member States.

Dr Călin Bumbuluț, Vice-President of the Romanian College of Physicians

ESTONIAN PRESIDENCY OF THE COUNCIL OF THE EUROPEAN UNION: 'ESTONIAN PRESIDENCY'S HEALTH PRIORITIES'



PERMANENT REPRESENTATION OF ESTONIA TO THE EU

On 1 July 2017, Estonia assumed the role of the rotating Presidency of the Council of the EU for the first time. The four overarching priorities of the Presidency are an open and innovative European economy, a safe and

secure Europe, digital Europe and the free movement of data and an inclusive and sustainable Europe.

In the field of health, we will continue to advance the European health agenda, focusing on two policy priorities – advancing digital innovation in health and tackling the harmful use of alcohol.

Digital technologies and better use of health data can support overall health policy goals, making people healthier and health systems more sustainable, citizen-centred and transparent. In order to promote cooperation and coordination between Member States in eHealth, we will initiate discussion on potential areas for EU cooperation in the coming years. It is necessary to focus on initiatives that can help to create favourable conditions for developing and adopting new digital solutions for Member States' health systems, building on the principles and opportunities offered by the Digital Single Market. As part of these discussions, we have also launched a wider consultation process engaging different stakeholders to agree on concrete actions. This process will lead to a Digital Health Society declaration, which will be endorsed during the high-level eHealth Conference from 16-18 October in Tallinn. Discussions will also be taken forward at the political level among the EU ministers responsible for health, leading to the adoption of Council Conclusions later this year. At an informal meeting in July, the health ministers welcomed reinforced collaboration, in particular in areas related to ensuring data protection and information security, as well as interoperability and standards, extending the cross-border health data exchange and building common data platforms to facilitate reuse of health data for research and innovation.

Harmful use of alcohol remains a serious public health concern in many European countries. Europe is the heaviest drinking region in the world, with the average consumption level almost twice as high as the global average. This leads to negative impacts on the health of individuals, but also on societies as a whole. While Member States can do a lot at national and local level to reduce alcohol related harm, there are some issues that could be addressed more effectively through co-operation. Therefore, discussions are focused on cross-border issues such as advertising, labelling and cross-border trade, which often have an impact on the effectiveness of national measures. Health ministers discussed alcohol policy in Tallinn at their informal meeting in July. Ministers stressed the need to protect young people from exposure to alcohol advertising, in particular by tackling the challenges presented by alcohol advertising via digital and new media. Another cross-border issue discussed at the meeting was the labelling of alcoholic beverages.



Informal EPSCO in Tallinn
© Estonian Presidency 2017

The fact that alcoholic beverages are currently exempt from the labelling requirements under food labelling legislation prevents consumers from making informed choices. The relevance of alcohol labelling was also stressed in the recently launched European Commission report¹ and is analysed in an in-depth policy document prepared by the World Health Organization². The discussions will be taken forward at the alcohol policy conference on 30-31 October in Tallinn, and the Estonian Presidency will propose Council Conclusions for adoption at the EPSCO meeting in December.



The Estonian Presidency is also bringing forward discussions on antimicrobial resistance (AMR), access to medicines and sustainable responses to HIV and TB. A high-level meeting will take place on 23 November in Brussels to discuss the implementation of the new EU One Health Action Plan against Antimicrobial Resistance

that the European Commission adopted in June this year. Important measures in the fight against AMR are also being discussed in the context of the legislative package on veterinary medicinal products, where the Estonian Presidency will focus all efforts on reaching an agreement on a mandate to start negotiations with the European Parliament.

A senior-level policy dialogue will take place on 12-13 December in Tallinn to continue and expand discussions started by the Maltese Presidency of the Council of the European Union with the emphasis on sustainably integrating HIV and TB services into national health systems. Good practices will be shared to overcome challenges facing disease integration, including aspects of access to diagnosis, medicines, support, cross-border aspects and financial and funding issues, including sustainable health planning.

More information on the Estonian Presidency can be found on the website <https://www.eu2017.ee/>.

¹ COM(2017) 58 final

² http://www.euro.who.int/_data/assets/pdf_file/0006/343806/WH07_Alcohol_Labelling_full.pdf?ua=1

Elen Ohov, Counsellor for eServices (health and social affairs)
Tairi Täht, Counsellor for Health Affairs
 Permanent Representation of Estonia to the EU

WHO REPORT ON THE 67TH WHO REGIONAL COMMITTEE FOR EUROPE



Leen Meulenbergs

WHO's Director-General, Dr Tedros Adhanom Ghebreyesus, used the occasion of the 67th WHO Regional Committee for Europe (RC67), held in Budapest, Hungary from 14-18 September, to share his vision with the European region for a "world where everyone can lead healthy and productive lives, regardless of who they are and where they live".

In his plenary address, Dr Tedros emphasised that WHO's mission is to "keep the world safe, improve health and serve the vulnerable".

Partners are essential to pursue and implement this agenda. A new focus on transformative partnerships, which strengthen work with partners at intraregional, regional, national and subnational levels, was adopted.

In this light, and in order to fulfil this mission, Dr Tedros is inviting stakeholders to comment through an open consultation on the WHO's 13th General Programme of Work 2019 (open until 13 October)¹.

The SDGs and Health 2020 lead the way, leaving no-one behind

Health ministers and WHO's partners in the European region have acknowledged the centrality of health to attaining the SDGs, and equity as its guiding principle. The implementation of the SDGs in the European Region has been the main focus of the RC67. The SDGs agenda is supported by a roadmap to assist Member States in the implementation of the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. The roadmap aims to strengthen the capacities of Member States, to achieve better, more equitable, sustainable health and well-being for all at all ages in the WHO European Region.

Health workforce: the critical pathway to universal health coverage

Several technical resolutions were adopted at the RC67, two of them directly linked to Universal Health Coverage (UHC), "the best and most powerful means the region has for changing people's lives through better health", as Dr Tedros highlighted.

The framework for action towards a sustainable health workforce in the WHO European Region translates to the regional context through the Global Strategy on Human Resources for Health: Workforce 2030. The workforce for health has a very important global component that should not be neglected in a globalized world. WHO estimates that there is a global shortage of almost 4.3 million healthcare professionals. This presents a great challenge to attaining the SDGs and UHC.

The overall goal of the framework is to accelerate progress towards achieving the population health objectives of Health 2020 and the longer-term health goals of Member States in the European Region by sustaining a transformed and effective health workforce within strengthened health systems. It sets out key strategic objectives for Member States in the region, proposes policy options and implementation modalities, and provides guidance to health policy-makers, planners, analysts and others with a responsibility for health workforce issues.

Access to medicines

This is another essential component in achieving universal health coverage. The challenges of providing quality medicines at a financially sustainable price, the lack of transparency in the real cost of medicine development and production, and the complexities of intellectual property rights and trade agreements were recognised as important political issues to tackle urgently.

Health ministers agreed to strengthen collaboration on sharing information and best practices on procurement, negotiations, and health technology assessments to achieve access to medicines, with WHO providing technical support and fostering collaboration.

The agenda ahead is very ambitious and the active involvement of all stakeholders, such as CPME, is crucial.

[Leen Meulenbergs](#), WHO Representative to the European Union and Executive Manager for Strategic Partnerships and Resource Mobilization

STAKEHOLDERS SUPPORTING AND HELPING TO GUIDE EFSA'S WORK



Stakeholders have been contributing to EFSA's work ever since the Authority was established in 2002. Now, as part of its five-year Strategy 2020¹, EFSA is committed to prioritising public and stakeholder involvement in the risk assessment process.

In June 2016, EFSA's Management Board adopted a deci-



© EFSA 2017

Stakeholder Bureau meets for the first time, Brussels 19 September 2017

sion on the criteria for establishing a list of stakeholders, the Stakeholder Forum and Stakeholder Bureau². This new approach is linked to a broader set of transparency and engagement policies, which are currently subject to a major transformation process under the umbrella of EFSA's Transparency and Engagement in Risk Assess-

ment Initiative (TERA)³.

Representatives of the food industry and business, farmers' organisations, consumer and environmental NGOs, distributors, practitioners and of academia now have the opportunity to engage with EFSA and provide input at different stages of the risk assessment process and communications.

The aim of this new engagement is to provide stakeholders with a better understanding of EFSA's scientific decision-making processes and to improve the quality of its scientific output in order to better meet stakeholders' needs. Stakeholders can engage with EFSA through a set of permanent and targeted mechanisms to suit their

interests and allow them to contribute more effectively to our work (e.g. EFSA's definition of its mandate, collection of data, developing methodologies, enhancing communication tools, crowdsourcing). The registration process remains open-ended, with the list of registered stakeholders updated on a quarterly basis.



© EFSA 2017

The Stakeholder Forum gets down to work, Parma, Italy, 30-31 May 2017

EFSA held the first meeting of its Stakeholder Forum on 30-31 May 2017. This is a new structure designed to let registered stakeholders provide strategic input on EFSA's work plans and future priorities. The meeting was attended by over 50 stakeholders representing seven different categories: consumer organisations,

NGOs, the food industry, farmers' organisations, practitioners, distributors and academia. "We want to engage with stakeholders at all stages of the scientific risk assessment process and to allow society to contribute to the advancement of EFSA science," EFSA Executive Director Bernhard Url said.

The event programme was developed with input from the participants in advance of the meeting. After a plenary session, participants attended three parallel workshops where they held more in-depth discussions on specific aspects of EFSA's work, for example transparency, quality of data and clear communication.

Prof. Rutger Jan van der Gaag, Vice President of CPME, attended the first meeting of the Stakeholder Forum and actively contributed to the discussion at the break-out session on Transparency and Independence in Risk Assessment. "It's very important that EFSA finds ways to open up as much as possible to make sure replication can be done without jeopardising the trust of applicants. I believe the only way to deal with this is to establish absolute transparency in the processes and decisions. EFSA needs to permit people who pledge not to divulge secrets to look into your methods and data, and eventually replicate them," Prof. van der Gaag said.

Alongside the annual Forum and the Bureau, stakeholder groups will have the opportunity to engage with EFSA through a number of targeted activities throughout the year, organised according to their interests and expertise. These include discussion groups on particular topics, roundtables, info sessions and working groups.

EFSA Executive Director Bernhard Url said: "We are striving to understand on how society can contribute to the advancement of EFSA science and we want to engage with stakeholders to make our science better and anchor our science more in society".

¹<http://www.efsa.europa.eu/en/corporate/pub/strategy2020>

²<http://www.efsa.europa.eu/sites/default/files/Document18992.pdf>

³<http://www.efsa.europa.eu/en/corporate/pub/openefsapreliminaryimplementationplan150327>

*Goran Kumric, Stakeholder Engagement Officer, External Relations Unit,
European Food Safety Authority*

VETERINARIANS' ROLE IN THE FIGHT AGAINST ANTIMICROBIAL RESISTANCE AND THE LEADING ROLE OF FVE



The Federation of Veterinarians of Europe (FVE) is the leading European veterinary organisation. It comprises 46 national veterinary professional organisations from 38 European countries. Through its members, FVE represents around 240 000 European veterinarians active in many different positions: clinicians, researchers, academics, food hygienists, policy-makers, etc.

FVE's mission includes enhancing animal health and public health and the protection of the environment by promoting veterinary medicine and the veterinary profession. FVE is strongly committed to the One Health concept, addressing health risks at the animal-human-ecosystem interfaces. Humans and animals share the same environment, therefore the health of animals can affect the health of humans and the environment, and vice versa.

Animals are also vulnerable to diseases in a similar way to humans. Veterinarians' role is to help animal owners and keepers to keep their animals healthy. Veterinarians advise on biosecurity and hygiene, vaccination and health plans etc. Nevertheless, as with humans, animals may still get sick. The veterinarian then has a crucial role in examining the animal(s), diagnosing disease and treating as appropriate. In the case of infectious diseases, the effective treatment of the animal(s) with the right medicine is fundamental to it being cured, as well as to preventing the spread of disease to other animals, to the environment, and possibly to humans.

Veterinarians also protect consumers' health by ensuring that food comes from healthy animals. By assuring food safety and quality, veterinarians contribute to the health and well-being of people.

"Animals are also vulnerable to diseases in a similar way to humans. Veterinarians' role is to help animal owners and keepers to keep their animals healthy."

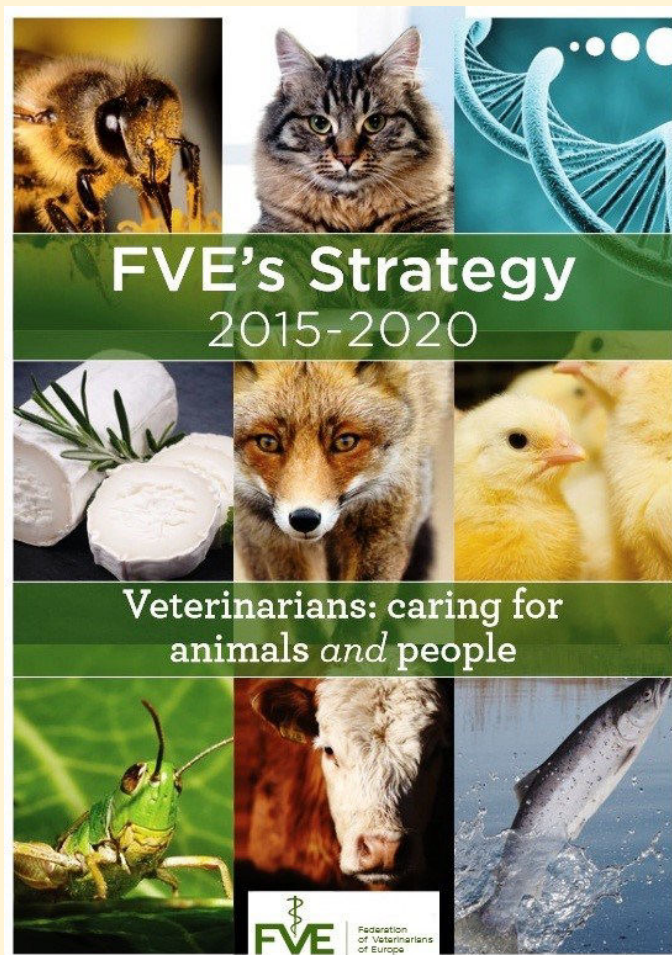
Jan Vaarten (FVE)

Moreover, veterinarians also contribute to the prevention and early detection of zoonoses. Even nowadays, zoonoses remain a serious threat; about 60% of human pathogens are of animal origin, while 75% of emerging animal diseases can be transmitted to humans.

Considering the above, veterinarians have assumed responsibility and taken a leading role in the fight against antimicrobial resistance (AMR). The fight against AMR has been a key strategic goal of FVE for many years, and is part of our Strategy Plans.

In delivering its strategy, FVE has taken [numerous actions to promote the responsible use of antimicrobials and to reduce their use in animals](#). These actions include: raising awareness, promoting disease prevention in order to reduce the need to use antimicrobials in animals, promoting the responsible use of antimicrobials, and contributing to research projects. FVE particularly invests in joint efforts and engages with many different stakeholders against antimicrobial resistance, both at the European level and globally.

FVE works with European stakeholders in the animal health sector through [EPRUMA](#) to ensure a coordinated approach and dissemination of responsible use practices. As FVE, we are very pleased to see that, thanks in part to our actions, the use of antimicrobials in animals is going down in many European countries. In the countries with the most significant decreases, the first indications have started to appear that resistance is also going down. This is very encouraging and it underlines that we are on the right track. At a global level, FVE works collaboratively with our counterparts in the United States and Canada ([AVMA- CVMA – FVE Joint Statement on responsible and judicious use of antimicrobials](#)), as well as through the World Veterinary Association.



Additionally, FVE works with its European counterpart in the sector of human medicine, CPME, to ensure a holistic approach to antimicrobial resistance. FVE appreciates very much the joint vision shared with CPME, which was ratified with the [CPME-FVE Memorandum of Understanding](#) and many joint initiatives (e.g. [CPME-FVE joint conference](#), [advice to the public](#) and [advice to Health Professionals](#)). FVE is grateful for the good relations with CPME. We look forward to continuing our fruitful collaboration as health professionals together.

[Jan Vaarten](#), Executive Director

[Despoina Iatridou](#), Veterinary Policy Officer
Federation of Veterinarians of Europe



JOINT STATEMENT EMOS – USE OF FORMALDEHYDE

The European Medical Organisations representing the Medical Profession at EU level welcome the European Commission efforts to improve and strengthen high standards of worker protection against the risk to health and safety at work.

We understand that the European Commission will present in early 2018 a third amendment of the Carcinogens and Mutagens Directive (2004/37/EC) which may comprise a modification of the classification of formalin.

Following the Joint Statement of the European Society of Pathology and UEMS Section of Pathology dated November 2016 (see annex 1), the European Medical Organisations would like to strongly request that the European Commission refrain from any classification of formalin that could restrict its use in Pathology Services and threaten the future health of EU patients.

We would like to kindly recall that currently, formalin is the only agent available for the preservation of human tissues for the diagnosis of disease and its ban would threaten the delivery of proper healthcare to all patients.

We would be very happy to set a date to meet with you in order to further explain our position, at your best convenience.

Sincerely Yours,

Joao de Deus President of *Association of European Hospital Physicians*- AEMH

Jose Santos- President of *European Council of Medical Orders* - CEOM

Jacques de Haller - President of *Standing Committee of European Doctors* - CPME

Sascha Reiff - President of *European Junior Doctors* - EJD

Stefan Ulrich Hardt - President of *European Medical Students Association* - EMSA

Enrico Reginato - President of *European Federation of Salaried Doctors* - FEMS

Aldo Lupo - President of *European Union of General Practitioners* - UEMO

Romuald Krajewski - UEMS President of *European Union of Medical Specialists* - UEMS

Please click [here](#) to access the Joint Statement European Society of Pathology & UEMS Section of Pathology.

CPME NEWS

On 1 June 2017, CPME Vice-President Prof. Dr Rutger Jan van der Gaag and Policy Advisor Markus Kujawa attended the EU platform for action on diet, physical activity and health, DG SANTE in Brussels (Belgium). More info available [here](#).

On 22-23 June 2017, CPME President Dr Jacques de Haller and Vice-President Dr Patrick Romestaing attended the CEOM Plenary Meeting in Modena (Italy). More info available [here](#).

On 29 June 2017, CPME Vice-President Bernard Maillet attended the AIM General Assembly - session on Big Data in Antwerp (Belgium). More info available [here](#).

On 5 September 2017, CPME President Dr Jacques de Haller and Vice-President Dr Istvan Éger attended the EMSA General Assembly in Budapest (Hungary). More info available [here](#).

On 11-14 September 2017, Dr Erzsébet Podmaniczky attended the WHO Regional Committee Meeting in Budapest (Hungary). More info available [here](#).

On 15-16 September 2017, CPME President Dr Jacques de Haller attended the ZEVA in Ljubljana (Slovenia). More info available [here](#).

On 4-6 October 2017, Vice-President Prof. Dr Rutger Jan van der Gaag attended the 20th European Health Forum Gastein. Further info available [here](#).

On 5-7 October 2017, CPME Vice-President Bernard Maillet attended the FEMS Autumn Conference and General Assembly in Màlaga (Spain). More details available [here](#).

On 11 October 2017, CPME Immediate Past President Dr Katrín Fjeldsted attended the 2nd GENCAD Conference in Brussels (Belgium). More info available [here](#).

On 11-14 October 2017, CPME President Dr Jacques de Haller and Secretary General Annabel Seeböhm attended the WMA General Assembly in Chicago (United States). More details available [here](#).

On 19-20 October 2017, CPME President Dr Jacques de Haller, Vice-President Prof. Dr Rutger Jan van der Gaag and CPME Treasurer Prof. Dr Frank Ulrich Montgomery attended the Congress of the French National Council of Physician Doctors Order in Paris (France). More info available [here](#).

On 23-24 October 2017, CPME President Dr Jacques de Haller and Policy Adviser Markus Kujawa attended the PRO-STEP project Final Conference in Brussels (Belgium). More info available [here](#).



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EU INSTITUTIONAL NEWS

29 August 2017

On 29 August 2017, the European Medicines Agency (EMA) formally replied to the letter from the European Ombudsman notifying the opening of a strategic inquiry into EMA's pre-submission activities. In its [response](#), EMA's Executive Director, Guido Rasi, highlights that the EMA is fulfilling a legal obligation when interacting with medicinal product developers before an application for marketing authorisation. According to EMA, pre-submission activities are required and conducted in accordance with EMA's Founding Regulation No 726/2004. The Director also stresses that the risk of bias can be managed by having the necessary safeguards in place. In this respect, EMA manages this risk by adopting strong policies in relation to conflicts of interest, an independent process for evaluation of medicinal products, and a high level of transparency for EMA's operations.

13 September 2017

On 13 September 2017, Commission President Jean-Claude Juncker gave his annual [State of the Union](#) address. In his speech he set out the vision for the EU in the coming months and years, calling i.a. for more cooperation on security and migration as well as on economic and financial policy. Juncker also addressed the need to improve equality in the EU, including in access to healthcare. He specifically mentioned childhood vaccinations as an indicator of inequality, stressing that no child should have to die of vaccine preventable diseases regardless of where they are born. The speech was concluded with some proposals for fairly significant institutional reforms: Juncker proposed to merge the posts of Commission President and President of the European Council (currently held by Donald Tusk), while at the same time announcing that he did not plan to stand for another term of office. He supported the nomination of Spitzenkandidaten to recruit the next President and called for pan-European electoral lists in the next elections for the European Parliament. He called for the continued integration of Member States' activities, proposing not only to approach the roll-out of the Eurozone and Schengen with greater determination, but also suggesting the creation of more EU-level structures, such as an EU-level authority to improve the enforcement of labour law, the nomination of an EU finance minister. He also announced the launch of a taskforce on 'proportionality and subsidiarity' under the lead of Commission Vice-President Frans Timmermans. Lastly Juncker mentioned Brexit, stating that although the EU shall always regret the UK's withdrawal, the future of the EU was not determined by this decision, but is already moving towards a new level of cooperation.

12 October 2017

On 12 October 2017, the European Parliament's ENVI committee adopted an explicit call for an exemption of health professions from the future Proportionality Directive in its Opinion adopted yesterday. This is a success and gives an important signal in the European Parliament's internal drafting process, in particular as the IMCO committee, which is leading the European Parliament's work on the draft law, seems to be less clear on its position on the question. While the lead IMCO Rapporteur MEP Andreas Schwab proposed the exemption of health professions in his draft Report, recent statements of his seem to indicate that he may be looking to revise this position, despite support from various MEPs. In the IMCO committee, the different political groups are currently assessing the opportunities for compromise amendments on the amendments to the draft law; the question of the exemption is very likely one of the topics covered.

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SAVE THE DATE! - CPME Meetings 2017 / 2018

24 - 25 November
2017, Brussels (Belgium)

13 - 14 April 2018
Brussels (Belgium)

9 -10 November 2018
Geneva (Switzerland)



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