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On 7 July 2016, the CPME Executive Committee adopted the 'CPME Consultation response on the regulation of professions: Member States' National Action Plans and proportionality in regulation' (CPME 2016/060 FINAL)

CPME Consultation response on the regulation of professions: Member States' National Action Plans and proportionality in regulation

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 pro-active cooperation on a wide range of health and healthcare related issues.¹

CPME welcomes the opportunity to respond to the consultation on the regulation of professions and would like to reaffirm its position as regards general principles for the regulation of the medical profession.

CPME strongly holds that policy decisions relating to the regulation of the medical profession must serve the objective of attaining the best possible quality of care for every patient. Under no circumstances may quality of care, access to care or patient safety be put at risk by decisions driven by other agendas, in particular economic concerns.

CPME therefore underlines the importance of effective regulatory frameworks for doctors. Regulation regarding education, training or professional practice should not be considered disproportionate 'red tape', but rather seen as a crucial tool to ensure legal clarity.

As confirmed in the 'Charter for Liberal Professions', the regulation of doctors, including the self-regulation of the profession, serves a public interest in terms of safeguarding the quality and availability of doctors' services. Where governments have delegated the task to representative bodies of medical profession, there is the understanding that the self-regulation will optimally employ the expertise and ethics of the profession to achieve these objectives and develop legally binding professional regulation.

¹ CPME is registered in the Transparency Register with the ID number 9276943405-41.

It is vital to acknowledge that national preferences for regulatory models derive from the sociopolitical context of the system and are intricately linked to the broader legal framework. Different approaches to regulating the medical profession have proven effective in achieving the public interest objectives described and must therefore be supported.

We also reiterate that healthcare services cannot be equated to services which are purely commercial in nature. Nor is the demand and supply of healthcare services or choice of provider subject to conventional market forces. Applying assumptions as to the economic effect of (de-) regulation from market-based sectors to the regulation of the medical profession without taking its specificities into account must therefore be opposed.

The consultation and engagement of professional organisations in the policy process improves the quality of policy decisions and facilitates their implementation. National action plans and recommendations for implementation should therefore emphasise the need to involve national medical associations at all stages of a policy process.