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On 19 November 2020, the CPME Executive Committee adopted the 'CPME response to public consultation on Social Europe' (CPME 2020/114 FINAL).

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### CPME response to public consultation on Social Europe

*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 and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues<sup>1</sup>.*

CPME welcomes the opportunity to respond to the consultation on reinforcing Social Europe. With a view to future action to achieve social fairness and just, green and digital transitions, CPME would like to highlight several points relating both to access to healthcare for every person in Europe, and the specific need to ensure safe and decent employment and working conditions for European doctors.

#### *Regarding Principle 16 on Health care*

- CPME has the long-standing belief that doctors must take action against health inequalities. The COVID-19 pandemic has underlined this. The [status reports](#) CPME has been collecting from its members since March, to understand how doctors are experiencing the COVID-19 pandemic, have confirmed existing and new inequalities in terms of access to healthcare.
- One source of barriers to access in healthcare are the shortages in systems' capacity. CPME is therefore calling for a review of health workforce planning at national level, to build a baseline capacity which is sufficient to ensure universal health coverage as well as surge capacities which can be deployed to deal with extraordinary situations.
- Inequalities among patient groups have been aggravated by the pandemic. It was reported that hard-to-reach communities, which do not engage with media or authorities for example for religious reasons, could not be informed effectively. From the United Kingdom, the data shows that the Black, Asian, and minority ethnic population is disproportionately represented amongst the COVID-19 deaths of patients but also of healthcare professionals. The situation of refugees living in overcrowded facilities has been especially acute. CPME has supported [calls](#) for their resettlement, in particular [after the fire](#) destroyed the camp Moria in Lesbos, but so far there has been only limited action at EU level.
- But it is also important to prevent new inequalities. In a letter to the G20 calling for a '[Healthy Recovery](#)', CPME joins the appeal to ensure investments in restarting economies and building

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<sup>1</sup>CPME is registered in the Transparency Register with the ID number 9276943405-41.

More information about CPME's activities can be found under [www.cpme.eu](http://www.cpme.eu)



resilience do not have detrimental health and environmental impacts. The cuts to the EU budget for health proposed by the European Council show that at highest political level health is still not prioritised. Lastly, current efforts to find a medical breakthrough against COVID-19 must be based on transparency and solidarity. CPME has joined other health stakeholders in supporting a set of [‘Principles for Global Access, Innovation and Cooperation’](#) that underline the need for fair and affordable pricing of innovations so they can be provided free to the public at the point of care in all countries.

*Regarding Principles 1 on Education, training and life-long learning, 2 on Gender equality, 6 on Wages, 9 on Work-life balance, 10 on Healthy, safe and well-adapted work environment and data protection*

- To ensure future attractiveness of the medical professions, there is a need to review the legislation and policies on health professionals’ working conditions to provide safe and lawful terms of employment, including in emergency situations.
- Safe working conditions are also dependent on safe staffing levels and sufficient overall health workforce capacity.
- In the context of the COVID-19 pandemic, this includes decent and safe Personal Protective Equipment and working conditions for professionals who form part of the surge capacity, as well as those working in the health system.
- These policies under the European Social Pillar are important to effectively support further health workforce policies addressing i.a. recruitment and retention, with specific regard for rural areas or the gender dimension, for example.