

2017-04-07

Working Group on Professional Practice chaired by Prof. F.U. Montgomery

The proportionality Directive is discussed first. The EC and EP work on this document is quite advanced but it is not clear what will be adopted as a final proposal. CPME proposes to ask for complete exclusion of medical profession from any proportionality proposals (the goal of the Commission is to introduce an obligation for the MSs to consult the EC in case they want to introduce new regulations of professions and the EC would check if the regulations proposed are proportional to the need and goal; overregulation stifles competitiveness and creates barriers to professional mobility) but it is not clear whether an approach allowing exclusions will be adopted. The EC would rather like to try to introduce generally applicable rules. An alternative “second best” CPME proposal is a list of exemptions that would apply to medical professions and it would be proposed to the EC should a total exemption not be adopted. It is proposed to involve other medical professions that should probably also be against proportionality directive. The CPME Secretariat will follow the discussion in EP and by EC and report accordingly.

<This issue was also discussed at the EMOs Presidents meeting and there is another side to it. The directive could prevent MSs from deregulating professions, for example countries with shortages of medical staff could try to deregulate medical professions to make the access to these professions easier. This aspect is not taken into account by CPME, its policy is based on an overwhelming need to preserve subsidiarity of MSs.>

CPME has conducted a survey on doctors’ regulation. 17 MSs responded. The terms of presentation are very general and non-informative. Survey shows that a thorough regulations exist in some 80% of 17 MSs. Only 12 countries responded to questions regarding national action plans (for regulation of medical professions) and 75% reported that they were not consulted. These results show that medical community is not much involved or interested.

EC survey on European Professional Card and on the alert mechanism is reported next. The EPC proposal is not applicable to doctors. The Alert Mechanism is strongly applicable. There are huge differences in numbers of the alerts coming from MSs (UK and NL being the leaders while DE issued only a few). There are problems with large number of alerts coming to NCAs that are unable to properly review this information. There is a need for harmonized rules for issuing and reviewing the alerts.

Standardization efforts by CEN are discussed next. CPME organized an alliance of organizations to participate in the CEN Focus Group but the CEN is not responding to repeated requests to abandon medical standardization. Raising public awareness on the problem was proposed but does not seem feasible. CPME attended several CEN meetings. The question now is whether to participate in the CEN work or not. I proposed to pull out. DE proposed to act through national committees. BMA reports that UK national committee, in spite of clear opinion from BMA, supported the CEN proposals. AT proposes to move out of cooperation with CEN and this proposal is endorsed by the WG.

CZ reports new proposal in CZ to include Chinese medicine as a medical profession. In DE there are “healers” who are regulated as a “paramedical” profession. Similar professions do exist in CH as medical professions. Osteopathy is another example. DE approach is to adopt such methods as a kind of medical special competence and to have it done by medical doctors.

I went to WG Pharmaceuticals next. It is chaired by Dr Podmaniczky. The first topic for discussion is CPME policy on off-label use of medicine. A number of amendments have been introduced and the document will be presented to the Board.

The Chair informed about EMA work on policy on access to documents pertaining to medicines and clinical trials. Another information is about work on cooperation between medical profession and pharma industry. Joint declaration of EFPIA and CPME is going to be revised. EFPIA transparency efforts did not bring a significant change or improvement and a report is awaited. Industry has doubts about procedures that aim at tracing sponsorship and a requirement to have an intermediary for sponsorship. Only general declaration "to increase transparency" is possible at the moment.

On Saturday the meeting started with prominent absence of Lithuanian Minister of Health who was supposed to address the meeting but was repeatedly announced to be delayed and eventually the delays went over the end of the meeting. J. de Haller explained that CPME assembly operates interchangeably between GA and the Board. CPME is "in discussion" with Portugal and Spain about rejoining. Dr H. Palve who is finishing his work in the CPME thanked the assembly for years of cooperation. Prof. Montgomery reported the financial matters stressing that the membership fees are very low for tremendous services provided by the CPME. The Financial Report is prepared professionally this year, apparently under the influence of A. Dearden who is the internal auditor now. Overall, profit of 13000 EUR was recorded in 2016 with total income of 899 000 EUR. The report was unanimously approved.

2017 budget amounts to 900000 EUR and a loss of 26000 EUR is foreseen. Membership fees will be 847000 EUR and observers will add 6000 EUR. The President receives 30000 EUR fee per year and recent change in Belgian law imposes the VAT on these payments. 569000 EUR are staff expenses. Andorra was excluded, Albania asked to repay debt, Croatia asked to pay full membership fees. A. Dearden stressed that CPME is spending more than it gains. He recommends to reduce spending, to develop a reserve policy with half of the operational costs kept aside for the organization safety and a bad debt policy. CPME is not prepared for unexpected expenses. Also, expense authorization policy is needed. The CPME has to change its financial policies because at present it is vulnerable.

New EUROSTAT data should be applied to fee calculation. Total result will be as before but small changes will occur in national fees. A number of delegations (PL included) indicated that the numbers of doctors taken from EUROSTAT are inaccurate. The Members will be asked to provide the actual data. There is a proposal to increase membership fees to 925000 EUR. For PL it would be 62595 EUR fee. The decision will be taken in November when various options will be presented to the GA. SE proposes to consider also reduction of the expenses. Discharge of the Executive, SG and auditor for 2016 was adopted next.

The President informed the Assembly that the extraordinary assembly (proxies) adopted amendments to the statutes and registration is in progress.

The Board part is started next with the same people in the room. The President reported that he's travelling a lot around Europe and does enjoy it. Smaller countries need to get involved in CPME work. SG reported on participation in discussions about Big Data, eHealth, pharmaceuticals etc. The Executive meetings report was mentioned too. Greece reported on problems with the refugees (CPME has a WG on refugee health). Number of the refugees is increasing in spite of arrangements with Turkey. Numerous health problems and threats due to refugee influx are listed. Unaccompanied children are particularly vulnerable group. Financial crisis and austerity measures in Greece make taking care of refugees health very difficult. EU action is needed.

CPME policy on obesity is adopted next.

National reports follow. BMA appealed to doctors to behave like a children of divorcing parents, loving and supporting each other in spite of adversities. BMA thanks EMOs for supporting importance of healthcare that is also recognized by EC. IE expresses support to BMA and indicates that there is an ongoing cross-border cooperation that should be continued. Croatia reported that doctors have limitations in professional mobility imposed by a kind of civil conscription with an obligation to pay if they don't work in the prescribed place. Obtaining a specialization is in high demand and to large extent obligatory for doctors. The laws were introduced that force to work in the same institution where a training took place for the same number of years after obtaining a title of specialist. If one wants to leave, 35000 EUR have to be paid. Tuition fee is calculated as only 1600 EUR and the rest is an arbitrarily imposed penalty. The Croatian Chamber stresses that residents provide a lot of work. Junior doctors ask for support from European organizations. They consider these laws a violation of free movement principle. Few national lawsuits are going on already. In discussion taking a legal action including a European suit is advised. The CPME Executive adopted already a letter to Croatian authorities. Luxembourg has passed a law on hospitals which would place all executive powers in the hands of CEOs. This is likely to reduce doctors' role in hospital management. Greece reports again on problems with economic crisis and refugees causing degradation of healthcare services. Additional pressure arises from refugees returned to GR from other EU countries. Romania proposes that only doctors should prescribe medicines and the pharmacists should be banned from it. CPME will follow the discussion on this issue that unfolds in many EU countries.

Here the Board switched again to GA mode. Associated Organization reports included WMA, EMSA, EUMASS. WMA will hold a conference on end of life bioethics in Vatican in middle of November (reportedly, it is going to be expensive).

EMOs reports followed. I reported on DME, EACCME 2.0 and changes in procedures that will increase UEMS bodies' participation in discussion. UEMO reports that the family physician specialty should be recognized in PQD. CPME and BMA supported UEMO move, other EMOs' support is not mentioned (even though it was expressed). Professional burnout is more frequent in family physicians. UEMO is strictly against giving prescription privileges to pharmacists. CPME Executive decided to sign statement on family physician specialty. FEMS complains that European Union is not doing enough to fix refugee problem. It supports making exceptions in Brexit for healthcare and patients. France health expenditure is presented by the FEMS representative too. EJD is interested in professional mobility issues and supports Croatian Medical Chamber in their fight against attempts to reduce the mobility. Integration of refugee doctors is also an important issue. CEOM will hold its meeting in Modena in June. AEMH informed about its core goals and on its conference on corruption in healthcare. Website has been renewed (www.aemh.org). Organization of a European Board in management competencies is planned in consultation with the UEMS. EFMA will have its meeting in July in Israel where full day will be dedicated to IT.

Next CPME GA will be in Brussels on 24-25.11.2017. Spring meeting will be on 13-14.04.2018 in Geneva.

Presidents Committee took place shortly after the GA adjourned

The topics discussed were already included in the CPME GA agenda and there was not much more said than during the CPME meeting.

The longest discussion was on CEN standardization effort. Each EMO agrees that participation in CEN work is useless but I raised the issue of standardization and practice guidelines. CPME repeated the CPME policy that is to preserve full competency of Member States and to prevent EU from any effort in this area. It considers itself the most representative organization that has clear mandate from the most representative NMAs to continue this policy. UEMO indicated that many countries would benefit from European harmonization because locally there is little effort to improve quality of care or medical education. I said that EMOs should support European projects instead of constantly promoting subsidiarity and that MS oppose European regulations but very often (particularly big states) excessively regulate their doctors and in general bureaucracy is indicated by doctor globally as the number one obstacle in medical practice. EMSa stated that they would not like to become doctors who will be regulated.

Short Brexit discussion took place too. BMA reported that they had much better possibility to talk to EU bodies involved in the Brexit than to British Government. I asked if the information was available on how many doctors supported the Brexit and P. Laffin said that no data was available on this but he did not know any doctor who said he voted for Brexit. What is known is that people's with higher education (doctors included) support for continuing EU membership is very high in comparison with other groups (the highest was among students - voters currently in full time education).

Support for UEMO's move to have Family Practice recognized as a European specialty was reiterated. UEMO is asking EMOs to support their statement (attached). CPME already signed the joint statement with the UEMO, other EMOs said they'd consult the text and will inform UEMO accordingly. During this discussion a question was raised by EJD how the specialties are established and what is the EMOs' policy in this area. I explained that there were many reasons, coming mainly from healthcare systems and education area, to have the number of medical specialties reduced or at least not growing. The opposite tendency is also common and comes mainly from groups of doctors interested in gaining a specialist status. The doctors as whole have no clear or predominant position on this issue.

The next meeting of the Presidents Committee will take place in October in Brussels after the UEMS Council meeting.

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