Dear colleagues

This edition follows our Board meeting held online on 13 November, when the Board discussed the EU's cross–border alert mechanism, the Clinical Trials Regulation and communication strategy.

In the past weeks, I had the privilege to represent CPME at numerous events. At both the Politico Health Summit and the European Patient Forum's Congress I joined panels on preparedness. I emphasised that there has been too little political action to translate the lessons learnt from the pandemic into better preparedness, in particular when it comes to the health workforce. Further afield, I provided context to the situation of Europe's health workforce at Global Health and Welfare Forum in Taiwan.

We welcome you to read all this and more in this month's edition.

Dr Ole Johan Bakke
CPME President

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Internal Affairs

Amendments to Rules of Procedure

▸ The Board approved the changes to the Rules of Procedure adopted by the General Assembly, in line with the statutory requirements.

Media request on cross-border alert mechanism

▸ The Board agreed to submit the reply to the request from the Organized Crime and Corruption Reporting Project (OCCRP).

The reply notes that CPME has strongly supported the alert mechanism but is deeply concerned about the findings of the OCCRP investigation and calls for the EU and the member states to take measures to ensure the alert mechanism is fully and uniformly implemented.

The Board decided to give the Professional Practice Working Group a mandate to review our policies on the topic.

The response was reported on here and here.

Communication update

▸ The Board took note of the report on recent social media activity and agreed that the secretariat will make a growth strategy for LinkedIn.

Policies

Clinical Trials Regulation Study Survey

▸ The Board approved the draft response and agreed for the secretariat to incorporate the rapporteur for clinical trials' potential input to be incorporated in the draft response and submit it.

European Health Alliance on Alcohol (EHAA)

▸ The Board decided to not apply to the governing bodies of the European Health Alliance on Alcohol as CPME does not have a rapporteur at the moment and the frequency of the meetings would be high. The secretariat will anyway investigate the potential costs of the attendance.

The vacancy for a Rapporteur on alcohol policy was also highlighted.

Recommendation for Prof. Ignacio Malagon for representation of health professionals for EMA Paediatric Committee (PDCO)

▸ The Board approved the draft letter to support Prof. Ignacio Malagon for a new mandate at PDCO.

Doctors, nurses, healthcare workers warn EU: don't scrap EU4Health

On 20 November, 5he European Federation of Public Service Unions (EPSU), the European Federation of Nurses Associations (EFN) and CPME issued a press release warning EU leaders against its plans to scrap the standalone the EU4Health programme, and fold it into a broad European Competitiveness Fund.

EU4Health has funded crisis response, digital tools, cancer prevention and projects to tackle health and care workforce shortages. Weakening or removing this dedicated programme would undermine Europe's preparedness for future crises and deepen existing problems such as staff shortages, rising costs and growing demand. It would risk eroding access to care and public trust in EU institutions. The organisations call on the European Parliament and the Council to reject cuts to EU4Health, keep it as a ring-fenced programme and prioritise long-term investment in Europe's health and care workforce.

"The health of Europeans is not merely a factor of competitiveness, but the foundation of our entire society," says Dr Ole Johan Bakke, CPME President. "A healthier Europe is a stronger, more united, and ultimately more competitive Europe."

EU Healthy Air Coalition calls to speed up reduction and prevention of air pollution emissions

On November 28, as the European Commission concluded the review of the National Emission Reduction Commitments Directive (NECD), CPME and the EU Healthy Air Coalition (EUHAC) members urged to address the current slow pace and narrow scope of mandatory reductions of air pollution emissions at the national level.

CPME President emphasised health workforce preparedness at the Politico Healthcare Summit and EPF congress

Dr Ole Johan Bakke highlighted that a resilient health workforce is key to preparing for a future crisis, at a session during the Politico Healthcare Summit on 18 November, and during the European Patients Forum Congress on 27 November.

To uphold safe working conditions which are a crucial precondition for a high level of patient safety, he called for the European Commission to develop safe staffing guidelines as a benchmark for health systems.

He added that the training of doctors and other healthcare professionals is essential to prepare for cross-border health threats. They must have knowledge and skills to develop and implement the national preparedness plans, implement activities to strengthen crisis preparedness and surveillance capacities.

Training must be financed for all doctors and other healthcare professionals regardless of their attachment to health authorities (national, regional or local level). Cross disciplinary training can facilitate the collaboration among various disciplines involved in the implementation of medical countermeasures, ensuring cohesive and coordinated responses to emerging threats.

Training should also address risk communication and public engagement to ensure that doctors and other healthcare professionals can effectively communicate with the public to convey accurate information about medical countermeasures and other non-medical measures.

Joint webinar held with EJD:

'Charting a European Response to the Health Workforce Crisis'

On 26 November, CPME held a joint webinar with European Junior Doctors, highlighting that we need a multi-sectoral EU strategy to strengthen and sustain the health workforce. The webinar brought together doctors, researchers and policymakers to explore evidence-based solutions to Europe's growing workforce pressures. Dr Ole Johan Bakke. outlined the increasing strain faced by doctors across Europe, including those working in medically underserved areas. The WHO Regional Office for Europe presented the MeND survey on the mental health of doctors and nurses, together with EJD findings on junior doctors' working hours and satisfaction, illustrating the clear link between excessive hours, poor mental health and intention to leave the profession.

Insights from the ROUTE-HWF project reinforced that addressing medical deserts requires tailored, context-specific solutions, supported by stronger cross-border and inter-regional collaboration. During the panel discussion, speakers explored practical measures to retain health workers and improve working conditions, including fair wages, access to professional development and stronger EU cooperation supported by regular, high-quality data collection. A full report with follow shortly.

CPME Vice President Dr Péter Álmos was a keynote speaker in ECDC event on antimicrobial resistance

On 4 December, our Vice President, Dr Péter Álmos was a keynote speaker in ECDCs online event themed on healthcare professionals leading the change for antimicrobial resistance (AMR). He highlighted that there is enormous potential to further tackle AMR in Europe through enhanced cooperation.

He noted that efforts and guidelines to address AMR are hampered by the European health workforce crisis including personnel shortages or lack of funds for salaries

i2x Project: Short survey on needs assessment
Deadline: 2 February 2026

The i2x needs assessment survey will capture doctors' real experiences with the use of electronic health records. The survey is targeted to individual doctors, consists of 20 questions and is anonymous. The deadline is 2 February 2026,

For more information and to participate in the survey, please visit:
https://ec.europa.eu/eusurvey/runner/2e07e9f3-7b0c-dc7c-c26d-50354ab780b8

Your insights will help build a European Health Data Space that is technically robust, clinically relevant, and grounded in practical usability. The survey will be disseminated among health professionals associated with the i2x project, including CPME members, EMOs and other health professions, such as PGEU (Pharmacists) and EFN (nurses).

Background
CPME is a partner of the i2X project – Intelligent Implementations of the European Electronic Health Record Exchange Format. The results will the basis of a deliverable, coordinated by the University of Thessaly (Greece) in collaboration with the CPME, which gathers evidence on the current experience of healthcare professionals using EHR systems. The survey is one of the main contributions from CPME in the project and has the potential to influence the implementation of the future standard for the EHR exchange format.

For questions, please contact: Haralampos Karanikas (University of Thessaly) h.karanikas@gmail.com and Sara Roda (sara.roda@cpme.eu).

Haralampos Karanikas has also contributed a guest article with more information on the following pages.

i2X Project launches survey to aid implementation of European Health Records

Haralampos Karanikas
Associate Professor of Medical Informatics and e-Health Systems
Department of Computer Science and Biomedical Informatics, University of Thessaly
h.karanikas [at] gmail.com

One of the main challenges facing European healthcare is the fragmented nature of digital systems. In most hospitals and clinics, electronic health records (EHRs) are not easily shared between departments, and even worse, between hospitals or countries.

Patient health data is often stored in separate software systems, which requires repeated entry and manual reconciliation, resulting in additional administrative effort.

This fragmentation reduces the time clinicians have available for direct patient care and limits the potential of digital health innovation.

The i2X project (Intelligent Implementations of the European Electronic Health Record Exchange Format), launched in April 2025 with participation from CPME, was established to address this challenge.

The initiative, which is co-funded by the Digital Europe Programme, brings together 38 partners from 12 Member States, including hospitals, technology providers, public authorities and professional organisations.

The aim is to show how health data exchange can improve the efficiency, safety and quality of care in real-world clinical conditions.

Unlike earlier research efforts, i2X is an implementation-based project.

Its activities will be conducted directly within healthcare institutions — 12 hospitals across Europe — to test how the European Electronic Health Record Exchange Format can work in everyday settings.

The project aims to ensure that interoperability becomes not just a regulatory standard, but a practical reality that supports the medical workforce.

By connecting patient summaries, ePrescriptions, laboratory and imaging reports, and discharge letters, i2X seeks to build a foundation for the European Health Data Space (EHDS) and for MyHealth@EU, the cross–border exchange infrastructure.

At the centre of this effort is a study coordinated by the University of Thessaly (Greece) in collaboration with CPME.

This study marks the first phase of i2X and will gather evidence on the current experience of healthcare professionals using EHR systems.

The study aims to understand how doctors and other healthcare professionals interact with digital tools, the barriers they face and how these systems could be improved to make them more intuitive and clinically useful.

To achieve this, the project has developed the Needs Assessment Questionnaire for Healthcare Professionals. The questionnaire investigates areas such as the usability of existing EHRs, time spent on documentation, duplication of data entry, access to patient information from other institutions, and attitudes toward artificial intelligence (AI) applications such as automated documentation or intelligent search.

It also explores perceptions of interoperability, terminology standards, and information overload, issues that strongly influence the quality of clinical work.

The results will guide the development of innovative tools and methods that help EHR systems become more aligned with clinical workflows. This evidence will also inform recommendations to European policymakers and health authorities on how to implement interoperable solutions that genuinely support care delivery.

European healthcare professionals are encouraged to take part in this survey and contribute their experience. Their insights will help build a European Health Data Space that is technically robust, clinically relevant, and grounded in practical usability.

For more information and to participate in the survey visit: https://shorturl.at/SDIIZ

Or scan to complete the survey:

Political outlook

Commission publishes interim evaluation of EU4Health Programme

On 25 November, the European Commission published an interim evaluation of the EU4Health Programme,.

The interim evaluation of EU4Health shows that the Programme is on track to achieving its objectives, however its budget has been reduced significantly in recent years, especially due the shift of €1 billion to support Ukraine in 2024.

There is significant progress in meeting targets in key areas such as:
* crisis preparedness and response;
* health promotion and disease prevention;
* cancer; and
* addressing the needs of rare disease patients through ERNs.

The European commission added a factsheet to its publication with its key findings: Some examples:
* 726 contracts signed with partners such as: health ministries; national, regional and other public authorities; healthcare and health research organisations; and non-profit and private entities
* Authorities of 22 countries participating
* 499 organisations collaborating in joint actions across European countries.

Professional Practice

Health at a Glance 2025

On 13 November, the OECD published the _Health at a Glance_, a report that includes comprehensive analysis of key indicators for population health and health system performance across OECD Members. The country health profiles will follow in December.

Key findings:

- 3 million premature deaths among people aged under 75 could have been avoided through better prevention and healthcare
- In 2024 OECD countries spent 9.3% of GDP on health, which is higher than before the pandemic but below the COVID-19 peak
- It is expected that public health spending will rise further by 1.5 percentage points of GDP by 2045
- The health workforce is expanding (1 in 9 jobs), with heavy reliance on foreign-trained doctors (20% in 2023)

On 20 November, CPME Secretariat held a web meeting with OECD to provide updates on recent activities. During the meeting, they highlighted the upcoming revision of the Health Workforce Policies in OECD Countries report, subtitled 'Right Jobs, Right Skills, Right Places', scheduled for release in March, which will address i.a. optimisation, task shifting/task sharing, and the impact of AI.

Pharmaceuticals & Healthcare

Time to act and not react: how can the European Union turn the tide of antimicrobial resistance?

On 18 November, the ECDC published a set of data addressing the topic of AMR in Europe. According to this publication, Europe is not on track to meet four of the five AMR targets set by the EU Council for 2030.

Since 2019, the estimated incidence of bloodstream infections caused by carbapenem-resistant Klebsiella pneumoniae has increased by more than 60%, despite a target of 5% reduction by 2030. Similarly, those caused by third-generation cephalosporin-resistant Escherichia coli have risen by more than 5%, despite a target of 10% reduction.

Antibiotic consumption also increased in 2024, contrary to the 20% reduction target. Meanwhile, the proportion of first-line antibiotics used, which should represent at least 65% of total use – has remained stagnant at around 60%. ECDC estimates that antimicrobial-resistant infections cause more than 35 000 deaths every year in the EU/EEA.

ECDC continues to monitor AMR and antimicrobial consumption across Europe, assessing related public health risks and estimating the burden of resistant infections. ECDC also set concrete targets in its publication:

- Reduce the total consumption of antibiotics in humans by 20%;
- At least 65% of the total consumption of antibiotics in humans comes from the 'Access' group of antibiotics in each country, as defined in the World Health Organization (WHO)'s AWaRe classification;
- Reduce the total incidence of bloodstream infections with:
  - meticillin-resistant Staphylococcus aureus (MRSA) by 15%;
  - third-generation cephalosporin-resistant Escherichia coli (E. coli) by 10%;
  - carbapenem-resistant Klebsiella pneumoniae (K. pneumoniae) by 5%.

Public Health

One in five cardiovascular deaths in the EU, preventable by improving the environment

On 3 November, the European Environment Agency (EEA) published a briefing highlighting that environmental factors such as air pollution, extreme temperatures, and chemical exposure contribute to around one in five cardiovascular deaths in the European Union, yet these risks are largely preventable. The EEA emphasises that targeted policies can reduce environmental risks and improve public health, while integrating environmental considerations into EU cardiovascular health plans and raising awareness among the public and health professionals are crucial for preventing disease and saving lives.

Europe Tobacco Industry Interference

On 12 November, the Smoke Free Partnership published a report, highlighting ongoing influence of the tobacco industry on public health policy in the region and their involvement in policymaking across 25 European countries. According to the report, countries like the Netherlands, Finland, Norway, the UK, and France showed strong safeguards against interference, while Switzerland, Georgia, and Romania showed high levels of industry influence.

This report gives comprehensive overview of:
- Level of Industry Participation in Policy Development
- Industry Corporate Social Responsibility (CSR) activities
- Benefits to the Tobacco Industry
- Forms of Unnecessary Interaction
- Transparency
- Conflict of Interest
- Preventive measures

Outcomes of the WHO's Framework Convention on Tobacco Control (FCTC) meeting

On 17-22 November, 160 parties gathered in Geneva to discuss global tobacco measures under the WHO FCTC that commits countries to ending the global tobacco epidemic. This eleventh session of the Conference of the Parties to the WHO FCTC concluded with a series of critical decisions on global tobacco control, e.g. on tobacco control and the environment, including measures to prevent and manage the waste produced by tobacco and nicotine products and e-cigarettes.

However, parties failed to reach a consensus on two important agenda items dealing with the contents and disclosure of tobacco products; and with effective measures to prevent and reduce nicotine addiction.

European Reference Networks: First monitoring report published

On 17 November, the SANT Committee published the first Monitoring report of the European Reference Networks (ERNs), which includes 24 thematic Networks covering the main clusters of rare, complex, and low-prevalence diseases.

Over the course of the last 6 years, there has been 160% growth in the reported number of new patients referred to ERN clinical centres (416 000 in 2024 compared to 161 000 in 2018), of which there are 1 606 belonging to 375 hospitals. This highlights the added value and positive impact of ERNs on patient care in the 27 EU Member States and Norway.

This first report provides an overall picture of ERN activities according to their areas of work as well as a Member State perspective with the inclusion of country profiles. The inclusion of data from 2023 provides a view into potential trends. This allows, for example, to see the growth across all ERNs of new patients referred to the HCPs or the increased use of orphacodes across clinical centres.

Chemicals: Council greenlights legislative package to streamline chemical safety assessments

On 13 November, the Council formally adopted the legislative package on 'one substance, one assessment' (OSOA). The new rules streamline the EU's approach to the assessment of chemicals and shorten the gap between the identification of a possible risk and the necessary regulatory actions. The package consists of three legislative acts and will also include a database of safer alternatives to chemicals of concern, helping to promote a transition towards safer and more sustainable substances.

- a regulation establishing a common data platform on chemicals
- a regulation and a directive improving cooperation and reallocating scientific and technical tasks among the EU agencies active in the field of chemicals, including the European Chemicals Agency (ECHA)

Council signs off postponing rules on classification, labelling, and packaging of chemicals to 2028

On 17 November, the Council gave its final green light to postpone to 1 January 2028 the dates of entry into application of many provisions in the regulation on classification, labelling, and packaging of chemicals (CLP regulation), which was revised in 2024. The newly adopted law provides more time and legal certainty to businesses. The new regulation also gives more time to the co-legislators to agree on the other substantive changes to the CLP regulation in the second part of the 'Omnibus VI' package. The three regulations to be amended are:

- CLP regulation (EC) 1272/2008 on classification, labelling and packaging of substances and mixtures and the revised CLP Regulation (EU) 2865/2024,
- Cosmetics regulation (EC) 1223/2009 on cosmetic products, and
- Fertilising products regulation (EU) 2019/1009 laying down rules on the making available on the market of EU fertilising products.

Digital Health

Digital Omnibus Regulation Proposal

On 19 November, the European Commission released a proposed a set of technical amendments to a large corpus of digital legislation. The Omnibus aims to simplify and consolidate the EU digital rulebook, reduce administrative burdens, enhance competitiveness and innovation, improve cybersecurity, update outdated legislation and protecting fundamental rights.

The main objectives in the text are:

1. Simplify and streamline the EU digital legislative framework: notably merging the provisions of the Data Governance Act, the Open Data Directive and the Free Flow of Non-Personal Data Regulation, into a single, restructured, Data Act
2. Reduce administrative burdens and compliance costs:
3. Support competitiveness and innovation in the EU digital economy
4. Facilitate safe, trustworthy development and use of Artificial Intelligence
5. Establish a single-entry point for all cybersecurity incidents and data breaches reports
6. Strengthen data protection while providing clarity and consistency [Note: this is still to be seen, as it proposes an amendment to the concept of "personal data", among other aspects]
7. Repeal of the 'P2B Regulation' (platform-to-business regulation), the provisions of which were partially made redundant by the Digital Services Act

Some organisations have commented that the amendments could jeopardise fundamental protection rights without enhancing European digital competitiveness.

The Commission also ran a public consultation with stakeholders to identify challenges in the implementation of the AI Act. Several issues were consistently highlighted:

• Lack of standards, guidance and tools
• Uncertainty about scope and applicable rules
• Risk of overlaping rules between members states
• Limitation of capacities because of the number of surveillance bodies and frameworks

Commission launches work on a code of practice on marking and labelling AI-generated content

On 5 November, the Commission launched work on a Code of Practice for marking and labelling AI-generated content, as required by the EU AI Act. The initiative aims to ensure transparency, to prevent misinformation and to build public trust in AI technologies. Over the next seven months, actions will be taken to develop a voluntary code that will guide AI companies to clearly indicate when content is created by AI, before the new rules take effect in August 2026.

Is your doctor's AI safe?

On 19 November, the WHO published a report highlighting how Artificial intelligence (AI) is rapidly entering Europe's health systems, often without adequate safeguards for patients or health professionals. The analysis of 50 countries across Europe and Central Asia found wide variation in AI adoption, regulation and funding:

- Only 4 countries (8%) have a dedicated national AI strategy for health, while another 7 (14%) are currently developing one.
- Estonia has integrated electronic health records, insurance data, and population databases into a unified platform that supports AI tools.
- Finland has invested in AI training programmes for health workers.
- Legal uncertainty is cited as the primary barrier to AI adoption by nearly 9 out of 10 countries (86%).
- Financial constraints are a major obstacle for 8 out of 10 countries (78%).
- Fewer than 1 in 10 countries (8%) have established liability standards for AI in health, determining responsibility if an AI system causes harm or error.
- Thirty-two countries (64%) are already using AI-assisted diagnostics, particularly in imaging and detection.
- Half of the countries (50%) have introduced AI chatbots for patient engagement and support.
- Twenty-six countries (52%) have identified priority areas for AI in health, but only a quarter have allocated funding to implement them.