



## Dear colleagues

This edition follows the Board meeting held on 21 March and our very productive General Assembly from 22–23 March, generously hosted by the Medical Chamber of Slovenia. Thank you to everyone who participated for making the meetings such a success.

In the context of the ongoing longest ever doctors' strike in Slovenia, we published a [press release](#) and held a press conference in support our Slovenian colleagues and calling for action in Europe as a whole.

We adopted statements on the independence of the medical profession, Electronic Health Record Systems and fair remuneration of Greek doctors, and advanced discussions on our ongoing policy work. The adopted documents will be disseminated in the upcoming weeks.

We invite you to read about this and much more in this month's edition.

**Dr Christiaan Keijzer**  
CPME President



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## BOARD OF DIRECTORS MEETING – 21 MARCH 2024

## Finances

### Final 2023 account and draft budget 2024

- ▶ The Board closed the accounts and confirmed that the final accounts 2023 and draft budget 2024 will be presented to the General Assembly for approval.

### Simulation budgets 2025–2026–2027

- ▶ The Board recapped previous measures to cap expenditure and agreed that a balanced budget for 2025 will be prepared for the November GA updated for necessary adjustments.

## Internal Affairs

### Planning for General Assembly

- ▶ The Board reviewed the agenda and took note of the guest speakers at the opening session.

## Policies

### Joint Action Xt-EHR – Extended EHR@EU Data Space for Primary Use

- ▶ The Board agreed to accept the invitation to participate in the Joint Action Consensus Panel and participate in a workshop in Bonn to define guidelines and specifications for interoperability of primary use of health data.

### ECDC Advisory Forum

- ▶ The Board supported the application of Prof. Dr Frank Ulrich Montgomery to the Advisory Forum of the European Centre for Disease Prevention and Control (ECDC).

The European Commission will appoint representatives of NGOs to the Advisory Forum, including one representative (and one alternate) of an NGO representing healthcare professionals, for a 3-year mandate starting on 11 July 2024. In 2004–2008, CPME was represented by Dr Bernhard Grewin, and in 2008–2016 by Prof. Dr Reinhard Marre.

### EU Healthy Air Coalition

- ▶ The Board decided to join the new EU Healthy Air Coalition, building on the successful work done on the revision of the EU Ambient Air Quality Directives.

The global philanthropic organisation Clean Air Fund has offered the Health and Environment Alliance (HEAL) and the European Public Health Association (EPHA) a grant to help set up the Coalition and support it for 1.5 years. The group will continue the work on air quality as the next EU policy cycle will include the evaluation and potentially the revision of the National Emission reduction Commitments (NEC) Directive.

## BOARD OF DIRECTORS MEETING – 21 MARCH 2024

## Joint letter on the right to a healthy environment

- ▶ The Board decided to endorse the joint letter demanding that the Council of Europe's member states take effective steps to protect the right to a clean, healthy, and sustainable environment by adopting an additional Protocol to the European Convention on Human Rights.

The letter is signed by more than 300 organisations, e.g. Amnesty, Greenpeace, and the International Society of Doctors for Environment (ISDE).

## European Label Digital Health organisation

- ▶ The Board declined the invitation to join the new organisation due to lack of capacity. The initiative shall be monitored in case it is of interest to engage in activities in future.

## International Physicians for the Prevention of Nuclear War (IPPNW)

- ▶ The Board decided that before supporting to the request for dissemination assistance, it first must see the exact content of the potential educational web course on humanitarian impacts of nuclear weapons.

## EMSA statement on value of non-clinical internships

- ▶ The Board agreed to support the draft statement prepared by EMSA. It proposed to amend the statement to focus more on the main message. CPME secretariat will liaise with EMSA to coordinate and ensure the internship placements are filled for the autumn semester.

**BOARD OF DIRECTORS MEETING – 21 MARCH 2024****Invitations to join initiatives**

- ▶ The Board agreed to decline the invitation to join an advisory board on healthcare communication on COVID-19 and an informal Working Group on Capacity-Enhancing Innovation, both coordinated by the consultancy RPP Group and financially supported by pharma companies.

**Members' survey on basic medical education**

- ▶ The Board reviewed the visual representation of the CPME questionnaire on Quality of Basic Medical Education. Two thirds of the respondents were in favour to develop a CPME policy on Basic Medical Education and many also saw improvement in Professional Qualifications Directive.

**Panhellenic Medical Association**

- ▶ The Board reviewed the draft statement of support and the background material provided. It was agreed to accept the request for a change of title and present to the general assembly for decision.

## **Call for action on health workforce, amid ongoing strike action in Slovenia**

As the leaders and representatives of national medical associations from across Europe gathered for the General Assembly of the Standing Committee of European Doctors (CPME) in Ljubljana, we [called](#) for action to support our Slovenian colleagues in the midst of the nation's longest ever doctors' strike.

Slovenian doctors have stopped working overtime to call for previous agreements on salaries to be respected during the 10-week strike launched on 15 January.

The strike takes place as health professionals throughout Europe are experiencing untenable working conditions, excessive hours, and insufficient resources.

CPME President Dr Christiaan Keijzer said "We call for the Slovenian government to respect its previous promises. European doctors reaffirm that all doctors deserve decent and lawful working conditions, and we fully support our colleagues' action.

"In Europe as a whole, the time has come for comprehensive, cross-border solutions that prioritise the health and resilience of the medical workforce, ensuring a sustainable and effective healthcare future for all."

Prof. Dr Bojana Beović, President of the Medical Chamber of Slovenia, added "At the time when the medical profession is facing significant challenges in Slovenia and across Europe, it is an honour to host our colleagues to stand together as a single united voice for European doctors.

"Only adequate infrastructure and working conditions for all healthcare professionals can assure stable and patient orientated public health care system that could fulfil needs of aging population."

## Reaction to European Health Data Space agreement

CPME [takes note](#) of the provisional agreement of the European Health Data Space reached in the trilogue negotiations. We believe that the Regulation has the potential to bring benefits for patients and for research. Throughout the process, we have highlighted the need to safeguard the principles of patient confidentiality and professional secrecy, and we call for them to be taken seriously while the text is being finalised. The profession's ethical principles work in tandem with patient rights.

We are hopeful that the EHDS will not overburden healthcare professionals with administrative tasks, particularly for secondary use, and remain concerned about how this will work in practice, especially on funding and capacity building. Doctors, as direct users, must be involved in the implementation process to ensure as swift and easy adaptation to the new rules as possible.

We look forward to analysing the final wording and to contributing the medical profession's point of view in the next steps.

## Health organisations called on policymakers to support the trilogue deal for cleaner air and better health

CPME and six organisations representing the European health sector, including medical doctors, healthcare professionals, patient organisations and health insurance, [wrote](#) to policymakers to swiftly adopt the deal on the EU Ambient Air Quality Directive, as a sign of the commitment to cleaning up the air that hundreds of millions of people across Europe breathe.

On 8 and 11 March, the EU Council's COREPER and the European Parliament's ENVI Committee endorsed the provisional agreement, which was made in February. Next, the Parliament plenary will vote on the agreement in April, and finally the Environment Council has to approve it, provisionally in June. Please find the provisional agreement [here](#).



## CPME contributes to High Level Conference on the Future of the Health Union

CPME participated in the High-Level Conference on the Future EU Health Union on 26 and 27 March in Brussels. Over the course of two days, participants delved into key issues such as health workforce shortages, medicine shortages, preparedness, alcohol regulation, and critical financing aspects within healthcare systems.

Speaking in the session on health workforce, Vice-President Dr Martin Balzan [emphasised](#) the imperative for "more, better, and happier doctors" without lowering quality standards. Throughout the conference, there was a notable emphasis on prioritising the well-being and retention of healthcare professionals, a key theme highlighted for both the Belgium Presidency and the Commission. The European Union faces complex challenges in implementing unified measures and frameworks, underscoring the pressing necessity for a European strategy to tackle healthcare workforce issues effectively.

Access plenary session streams on YouTube: <https://www.youtube.com/@EU2024BE/streams>

## Webinar on the Role of the Healthcare Sector in Climate Resilience, 13 May

On 13 May, CPME will co-organise a webinar on the role and responsibility of different actors of the healthcare system in climate change mitigation and adaptation. The discussion will be based on the new European Climate Risk Assessment (EUCRA) report and the European Commission Communication on Managing Climate Risks. The event is done in cooperation with four other health organisations and the European Commission. Please find the agenda and a link to register [here](#).

## **CPME/PGEU Conference on Shortages of medicines, medical devices and healthcare professionals**

On 11 June, CPME is organising jointly with the Pharmaceutical Group of the European Union (PGEU) a conference on the critical issue of shortages in medicines, medical devices, and healthcare workforce.. The event will take place at the NH Amsterdam Leidseplein - Conference Room in Amsterdam. See the agenda [here](#).

Please register for the conference [here](#), by selecting the "10:00 - 17:15 Annual Conference \*" option on June 11th. Additionally, if you wish, you can also register for the "19:00 - 22:00 Gala dinner \*" on the same day. The link to book your [accommodation](#) is provided at the beginning of the registration form and should be completed by April 9th.

## **European Medicines Agency requests healthcare professional organisations to monitor medicine shortages**

EMA’s Executive Steering Group on Shortages and Safety of Medicinal Products (MSSG) recommended to continue close monitoring of the availability of several antibiotics and medicines used for treatment of fever in children. EMA is requesting patient and healthcare professional organisations to report any early signals of disruptions in supply for these medicines.

We invite you to report any such shortages to CPME [secretariat@cpme.eu](mailto:secretariat@cpme.eu) so they can be passed on to EMA.

Antibiotic	Situation
Amoxicillin/clavulanic acid	<e.g. Member states X, Y, Z: limited/no availability of paediatric formulations requiring HCPs to switch to <X > as alternative antibiotic treatment >
Azithromycin	
Clarithromycin	
Cefotaxime	
Ceftriaxone	
Piperacillin/tazobactam	
Paracetamol and ibuprofen in formulations such as syrup and suppositories	
Cough syrups for children	

## MONITORING

## EU Political Outlook

### Cost of non-Europe in health policy

The European Parliamentary Research Service has published a [study](#) on 'Cost of non-Europe in health policy'. Focusing on Research and development (R&D); Availability of prescription medicines; and Delivery of preventive healthcare, the analysis recommends 'more Europe', i.a. by

- Establishing a European health infrastructure that could: Build a portfolio of most-needed medicines; Oversee EU-run clinical trials through hospital networks; Carry out comparative medicine effectiveness trials; and Promote sustainable innovation (e.g. green patents) to reduce the carbon and environmental footprint of the healthcare sector.
- Providing financial incentives for early-stage R&D for small and medium-sized enterprises (SMEs) and biotech companies.
- Sharing information and transparency between Member States about public health needs, negotiations with pharmaceutical companies and the setting of reference prices.
- Promoting a common pharmaceutical culture that fosters more standardised drug prescribing practices and labelling of prescription medicines.
- EU-level screening recommendations and prevention programmes, supported by European networks of excellence to facilitate knowledge sharing between hospitals, healthcare services and research institutes, including the use of artificial intelligence to review scan results.
- Joint EU-level procurement of medical equipment (e.g. MRIs, PET scanners, CT scanners) and/or guidelines on placement, utilisation and replacement.

Health professionals are not in the focus of the study, but it is highlighted that to optimise the use of AI tools e.g. for screening, professionals require training for increased digital literacy.

## MONITORING

## Professional Practice and Health Systems

### EU4Health call for a programme of continuous learning within a European Health Union Professional Network

HaDEA has [published](#) a call for tenders worth 5 million euros for a Programme of Continuous Learning within a European Health Union Professional Network. The call aims to provide a fellowship programme focused on continuous professional development for European health professionals covering theoretical aspects of EU-level policy tools and practical applications. The aim of the call is to establish an EU network of peers who will serve as primary contacts for EU health policy enquiries within Ministries of Health and relevant departments across national administrations.

## Pharmaceuticals and Healthcare

### European Parliament ENVI Committee adopts its proposals for the revision of the general pharmaceutical legislation

On 19 March, the European Parliament Committee on the Environment, Public Health and Food Safety (ENVI) adopted its proposal for both the [directive](#) and the [regulation](#), which are part of the general pharmaceutical package reform. Both documents will be discussed and voted on in the [plenary](#) on 10–11 April.

### European Commission adopts an implementing regulation on HTA

On 5 March 2024, the European Commission adopted an [implementing regulation](#) of the Health Technology Assessment (HTA) regulation. This document provides not only detailed procedural rules for the Joint Clinical Assessments, but also the format and templates of the submission dossier and the Joint Clinical Assessment report.

## Public Health and Disease Prevention

### Commission boosts funding of European Reference Networks for rare diseases

On the occasion of Rare Disease Day, Commissioner Kyriakides unveiled that the European Commission will [increase](#) investment in European Reference Networks with 77 million euros. A further 18 million euros will be allocated for new joint actions to better integrate the reference networks in national healthcare systems. The Commission also announced the launch of a European Partnership on rare diseases which will be co-funded (100 million euros) by Member States and the Commission under the Horizon Europe programme with a view to develop diagnostics and treatments.

### WHO highlights link between alcohol and breast cancer

WHO [reported](#) on a recent study demonstrating that only 21% of women across 14 European countries were aware of the connection between alcohol consumption and the risk of developing breast cancer. More than half of all breast cancer cases attributable to alcohol in Europe are not due to heavy drinking, and about one third of new cases every year are due to drinking the equivalent of up to 2 small glasses of wine per day. The article argues that better labelling regulations for alcoholic beverages ought to be implemented to raise awareness of the health risks associated with alcohol consumption.

## MONITORING

## New European Climate Risk Assessment

On 11 March, the European Environment Agency (EEA) [published](#) the first ever European Climate Risk Assessment (EUCRA) to help identify policy priorities for climate change adaptation and for climate-sensitive sectors. According to the assessment, Europe's policies and adaptation actions are not keeping pace with the rapidly growing risks. The climate risks to human health call for improved coordination of health policies at different levels and between EU Member States.

The EU should design financial instruments and provide additional resources to shore up climate resilience in the healthcare sector, including cross-border support during emergencies. The report suggests that the EU could introduce provisions to enhance the resilience of healthcare infrastructure to climate impacts as part of Critical Entities Resilience Directive. However, many levers to reduce climate-related health risks lie outside classical health policies, such as urban planning, building standards and labour laws.

## Commission communication on managing climate risks

On 12 March, the European Commission [published](#) a communication setting out how the EU and its Member States can better anticipate, understand, and address growing climate risks. It also presents how they can prepare and implement policies that save lives, cut costs, and protect prosperity.

The Communication responds to the EUCRA report, and together they are a call to action for all levels of government, private sector and civil society. They set out how all major sectors and policy areas are exposed to climate-related risks, how severe and urgent the risks are, and how important it is to have clarity on who has the responsibility to address the risks.

Primary solutions lie in policies that can reduce vulnerabilities and limit human exposure. The communication also underlines that health sector workers and buildings being directly exposed to climate risks should be managed adequately. To strengthen its action, the Commission will for example step up measures to ensure that workers exposed to climate risks are adequately protected, enhance the European Climate and Health Observatory, and strengthen cross-border mobilisation of medical personnel and patient transfer.

## MONITORING

## Digital Health

### Deal reached in European Health Data Space trilogue

Negotiators from the European Parliament and Council made a [provisional agreement](#) for the European Health Data Space early this morning. CPME published a first reaction [here](#). The agreement will need to be formally adopted by the Council and Parliament.

### EU4Health call to organise and implement trainings for MyHealth@EU

HaDEA has [published](#) a call for tenders worth 500,000 euros to organise and implement trainings for MyHealth@EU(eHDSI) on the legal framework, deployment, functioning and future development of the MyHealth@EU infrastructure. The main objectives of this service contract are to develop: The training material to execute the real-time online training sessions; An online course for individual learning based on the training material used for the real-time online training sessions; And the eLearning materials on the legal framework, deployment, functioning and future development of MyHealth@EU for the foundation, as well as the practitioner level.

### Council and Parliament strike deal on legislation to strengthen cyber security capacities in the EU

The Council and the European Parliament have [reached](#) a provisional agreement on the 'cyber solidarity act' which will strengthen the EU's and member states' capabilities to prepare, prevent, respond, and recover from large-scale cyber threats or incidents. Among other aims, the cyber solidarity act has for purpose to bolster preparedness and protect critical entities such as hospitals.



## MONITORING

## DARWIN EU continues expanding its capacity to deliver real-world data studies

The EMA announced that the Data Analysis and Real-World Interrogation Network (DARWIN) EU will [continue](#) working towards higher capacity for real-world data (RWD) studies and seeks to add ten new data partners in 2024. The data partners enable access to data from approximately 130 million patients across Europe, helping deliver valid and reliable evidence based on RWD studies. The aim is to deliver over 70 RWD studies this year, and over 140 studies per year from 2025 onwards to enhance more data-driven decision making on medicines in the EU.

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