



President, Dr Ole Johan Bakke, and our Secretary General, Sarada Das, with Commissioner Olivér Várhelyi

Dear colleagues

On 16 January, I chaired the first meeting of the Board of Directors 2025–2027 in Brussels, where we discussed our priorities for the next three years, a topic which will lead into our General Assembly in Brussels from 20–22 March. I'm pleased to share how we divided these responsibilities between the CPME Vice Presidents:

- **Professional Practice:** Dr Andreas Botzlar
- **Digital Health:** Dr Jacqueline Rossant-Lumbroso
- **Pharmaceuticals and Healthcare:** Dr Péter Álmos
- **Public Health:** Dr Kitty Mohan

On 5 February, I met the new European Commissioner for Health and Animal Welfare, Olivér Várhelyi. I presented the five ambitions for the new EU mandate and reaffirmed the medical profession as a committed partner in achieving them. Read about all this and more in this month's edition.

Dr Ole Johan Bakke

CPME President



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BOARD OF DIRECTORS MEETING – 16 JANUARY 2025

Internal Affairs

Priorities on Professional Practice and Patients' Rights

- The Board agreed with the proposed priorities.

In view of the focus on working conditions, the Board suggested to include an item on further engagement with trade unions. Following a recommendation from the secretariat, the Board agreed to maintain the "Patients' Safety and Patients' rights" dossier as a monitoring dossier. The Board also agreed with the secretariat recommendation to remove the monitoring dossier on TTIP and FTAs.

Priorities on Digital Health

- The Board agreed with the proposed priorities.

It was noted that overlapping with other dossiers should be avoided. For example with the public health portfolio on the health effects of gambling, and in relation to online videogames and advertising, as well as on commercial determinants of health, in relation to digital determinants of health. Digital mental health apps for doctors to reduce burn-out was a topic area that WHO was exploring in its Data & Digital Health Strategic Initiative.

Priorities on Pharmaceuticals and Healthcare Products

- The Board agreed with the proposed priorities.

The Board agreed to move the file on Falsified medicines from "Monitoring dossier" to "Active dossier". It agreed to withdraw the MDCG task force on orphan devices and delete the monitoring dossier on "Information to patients". The Board also agreed on nominating Dr Christiaan Keijzer as WG Chair on Pharmaceuticals and Healthcare Products. Also, other experts were proposed as co-rapporteurs for specific files.

BOARD OF DIRECTORS MEETING – 16 JANUARY 2025

Priorities on Public Health and Disease Prevention

- ▶ The Board agreed with the proposed priorities.

It suggested the health effects of gambling to be discussed in the WG on Health Living. The rapporteurships of the public health dossiers could be considered in coming months. Moreover, the organisation of the three public health working groups could be reviewed and a merger of them considered.

CPME priorities in the EU mandate 2024–2029

- ▶ The Board took note of the latest developments of the incoming EU mandate 2024–2029.

The steps to disseminate CPME priorities in the Health Check 2024–2029 to policy-makers and stakeholders were noted. It was noted that Dr Ole Johan Bakke would meet with the Commissioner for Health and Animal Welfare, who has also been invited to address our General Assembly in Brussels. Notably, in December the European Parliament's SANT Committee on Public Health was upgraded to a full committee and we awaited news on their priorities.

Planning for CPME meetings March 2025

- ▶ The Board took note of the planning for the General Assembly including the members' conference on the #DoctorsVoice campaign.

Situation of the Georgian Medical Association

- ▶ The Board resumed the discussion on the situation of the Georgian Medical Association and its non-payment of membership fees. Following a thorough consideration of all contextual factors, the Board took a vote to defer any formal proceedings towards exclusion for another year. It was agreed to contact the Georgian Medical Association to receive an update and discuss options.

BOARD OF DIRECTORS MEETING – 16 JANUARY 2025

Finances

Preliminary Draft Final Accounts 2024

- ▶ The preliminary result is a positive balance, however this not final due to invoices to be processed. Savings are mainly on staff costs due to a vacancy and on travel. Several accounts including the general assembly are still to be concluded. An update will be provided at the next meeting.

Policies

European Alcohol Health Alliance

- ▶ The Board decided to postpone the decision to join a new European Alcohol Health Alliance until more information is available. The Board will re-discuss CPME's involvement after receiving more information on the financial aspects such as potential membership fees and travel reimbursements.

Invitation to join HAIKU project as associated partner

- ▶ The Board decided to decline the invitation, since joining another project, in particular without funding, was currently exceeding CPME capacity of activity.

Invitation to join call on deployment of AI as partner

- ▶ The Board decided to decline as there was insufficient information about the project, the project coordinator was a commercial entity and joining another project as a partner currently exceeds CPME capacity of activity.

BOARD OF DIRECTORS MEETING – 16 JANUARY 2025

Invitation to express interest in joining Community of Stakeholders on EHDS

- ▶ The Board decided to decline the invitation, since CPME was already involved on the EHDS in two Joint Actions (TEHDAS2 and Xt-EHR) and joining another project, in particular without funding, was currently exceeding CPME capacity of activity.

CPME EFN PGEU Joint Statement on Health Workforce

- ▶ The Board decided to adopt the Joint Statement with the amendments proposed by PGEU and the CPME secretariat.

It was noted that CPME had recently published a Joint Policy with eight European Medical Organisations on the Health workforce crisis and highlighted that it was important to avoid duplication of work.

The Secretariat clarified that the Joint Statement offered an opportunity to present a common position of the healthcare professionals to European policymakers. The Board also agreed to share the Joint Statement with CED for their endorsement, as dentistry is also a regulated profession under the Directive for the Mutual Recognition of Professional Qualifications (PQD).

Medical Confidentiality survey

- ▶ The Board adopted the survey questionnaire, agreeing that final adaptations can be made by the Secretariat. The survey will undergo additional testing before it is disseminated.

BOARD OF DIRECTORS MEETING – 16 JANUARY 2025

i2X Project

- ▶ The Board noted that that the project would start on the first of February and the kick-off meeting was scheduled for 10-11 February, with a training organized for staff on the main concepts and legal requirements related to the European Health Data Space and the European electronic health record exchange format (EEHRxF). The project's start has since been delayed until March/April.

CPME NEWS



Dr Ina Kelly speaking at the European Parliament

Dr Ina Kelly calls for better air quality in the European Parliament

On 28 January, CPME and the other EU Healthy Air Coalition ([EUHAC](#)) members organised a high-level event in the European Parliament, hosted by MEP Javi Lopez. The event brought together Brussels-based organisations representing diverse constituencies of the health sector, including scientists, public health experts, patient groups, health insurance funds, and of course doctors.

Dr Ina Kelly highlighted that better air quality is needed in Europe as in addition to premature mortality, the impacts from living with air pollution related diseases are still very serious. Dr Kelly is Chair of the CPME Working Group on Environmental Health, and represents the Irish Medical Organisation.

She also informed the policy-makers how doctors are keen to be even more equipped to inform their patients of the negative health impacts of air pollution but also of the health benefits of air quality measures. CPME is actively contributing to the EU clean air policy, advocating for better health for all.

European doctors present ambitions for new EU mandate to Commissioner Olivér Várhelyi

On 5 February, our President, Dr Ole Johan Bakke, and our Secretary General, Sarada Das, met the European Commissioner for Health and Animal Welfare, Olivér Várhelyi. They presented the five ambitions of our [Health Check for Europe 2024-2029](#).

The meeting highlighted that European doctors remain strongly committed partners in making these ambitions a reality during the Commissioner's term. They emphasised that the EU needs a coherent evidence-based vision for health in Europe and beyond for equitable access to healthcare for patients.

Commissioner Várhelyi, of Hungary, took office on 1 December, 2024.

WHO/Europe's survey on mental health of healthcare professionals remains open

CPME is supporting WHO/Europe in a project funded by the European Commission, to launch a first-of-its-kind survey on the mental health and well-being of **healthcare professionals across the 27 EU countries, Iceland and Norway**.

We would appreciate NMAs' support in making sure it reaches as many doctors as possible. The survey takes about 8 minutes to complete and the deadline is extended until 28 February 2024. It is anonymous and available in 25 languages. Please access it here: <https://healthworkers-survey.ccomsuam.org/>

This survey, the largest of its kind ever undertaken in Europe, aims to gather crucial data to better understand the challenges doctors and nurses face in their work environments.

#DoctorsVoice in the European Parliament

20 March 2025, 13:30-15:30

On 20 March, European doctors will take our collective voice to the European Parliament to **discuss solutions for the European health workforce crisis with Members of the European Parliament.**

This event, hosted by MEP Dr András Kulja with co-host MEP Tilly Metz in collaboration with CPME will address topics relevant to the planned European Parliament report on health workforce, including challenges and solutions for the European health workforce crisis.

Full details for registration have been sent with the invitation to the General Assembly.

Send your videos on the European health workforce crisis

To build on the first videos already compiled for the [#DoctorsVoice](#) campaign, we ask you to continue collecting doctors' voices in your country. Doctors are invited to bring perspectives from the field to European level by making short impactful videos. These are personal testimonials from practicing doctors providing real accounts from their work and experiences.

- To prepare for the event in the European Parliament, members are invited to send videos by 26 February 2025 to calum.mackichan@cpme.eu.

We suggest the following video settings:

- Vertical mode (Portrait)
- Record on phone or camera
- Videos may be recorded in any language (with English subtitles if necessary)

We ask for your consent for the videos to be edited and processed for public presentation during the event and on social media, with names added

Solutions for the European Health Workforce Crisis

#DoctorsVoice in the European Parliament

20 March, 13:30–15:30

Room ANTALL 6Q1



Hosted by
MEP Dr
András Kulja



Co-hosted by
MEP Tilly
Metz

In collaboration with the
Standing Committee of European Doctors (CPME)



FEATURE

How could the EU's drive for competitiveness influence health policy?

Calum MacKichan (Communication Officer)

Competitiveness has become the buzzword in the EU's new mandate.

A report published in September 2024, authored by former European Central Bank President Mario Draghi, called for substantial investments and policy reforms to revitalise Europe's growth.

European Commission President Ursula von der Leyen has since made competitiveness a central theme of the agenda in her second five-year term.

In a [comment](#) in the Lancet's Regional Health, Martin McKee and colleagues argue that despite being over 400 pages long, health is a major omission in the Draghi report. They note that health is only mentioned in terms of the pharmaceutical industry and the opportunities arising from mining health data in the European Health Data Space and sharing genomic data across borders.

The comment identifies and explores a number of issues that the writers feel should have been included: investment in a healthy population, including in education and especially for small companies; and investment in health systems, particularly new technologies and biomedical research, and as a manifestation of the social contract.

Whilst we may lament what is missing for health in the EU's competitiveness strategy, we may still consider the potential impacts for health policy as a whole.

The EU's push for economic leadership will impact healthcare innovation and pharmaceutical development, and public health infrastructure, and may influence the way healthcare is funded and delivered across member states.

FEATURE

On 29 January, the European Commission published the [EU Competitiveness Compass](#), an initiative to steer the Commission's work (see monitoring on page below).

The framework aims to address health security by reducing dependence on non-EU sources for essential medicines, vaccines, and medical equipment. This aligns with the work of the European Health Emergency Preparedness and Response Authority (HERA), which focuses on pandemic preparedness and crisis management.

Another major pillar will be the digital transformation, which may include investments in AI-driven diagnostics, big data analytics, and telemedicine. In this regard, it may be important to monitor ethical developments, such as in professional secrecy and patient confidentiality.

The text asserts that Europe should remain "home to cutting-edge scientific and research innovation". The EU is proposing the establishment of a European Competitiveness Fund (ECF) to enhance strategic sectors, including increased support to medical research and development.

The ECF would combine various existing funding mechanisms, possibly including EU4Health, which currently operates with a standalone budget of €5.3 billion for 2021–2027. It focuses on improving public health, crisis preparedness, and health system resilience. Concern has been raised about this focus on health being lost in such a consolidation of funds.

The Competitiveness Compass will also shape sustainability efforts, encouraging investment in green healthcare infrastructure.

This drive for growth will bring challenges for health policy. Prioritising economic growth and deregulation could favour profit-driven models over patient-centric care.

Stakeholders such as CPME will need to hold policymakers to account to ensure that the benefits of competitiveness, do not come at the cost of accessibility and affordability of healthcare.

MONITORING

Political Outlook

An EU Compass to regain competitiveness

On 29 January, the European Commission published the [EU Competitiveness Compass](#), to steer the Commission's work towards making Europe a global leader in new technologies, clean products, and economic growth while achieving climate neutrality.

The Competitiveness Compass is based on recommendations from Mario Draghi's report and therefore focuses on 3 key areas for action:

- Innovation: encouraging startups, developing high-tech industries (AI, biotechnology, space technology, etc), and facilitating company growth
- Decarbonisation: Lowering energy costs, making industries more environmentally friendly, and supporting clean technology
- Security & reducing dependencies: strengthening trade agreements to secure critical resources like raw materials, clean energy, and technology

The plan includes five enablers to support the competitiveness:

- Simplification: reducing the regulatory and administrative burden
- Lowering barriers to the single market: removing barriers between EU countries to improve trade and business
- Financing competitiveness: creating new investment opportunities and improving access to funding
- Skills & jobs: equipping individuals with the necessary skills to meet demands of the labour market and integrating qualified talent from abroad
- Better coordination of policies at EU and national level: ensuring EU countries work together efficiently on shared goals.

Please find a fact sheet on the Competitiveness Compass [here](#).

MONITORING

European Parliament's Public Health Committee begins work

On Wednesday 29, the members of the committee on public health (SANT) elected MEP [Adam Jarubas](#) (EPP, Poland) as its Chair, as well as four Vice-Chairs:

- First Vice-Chair: [Tilly Metz](#) (Greens/EFA, Luxembourg)
- Second Vice-Chair: [Stine Bosse](#) (Renew, Denmark)
- Third Vice-Chair: [Romana Jerkovic](#) (S&D, Croatia)
- Fourth Vice-Chair: [Emmanouil Fragkos](#) (ECR, Greece)

The committee is [responsible](#) for public health matters related to pharmaceutical and medical devices, programmes and specific actions, health crisis preparedness and response, mental health and patients' rights, health aspects of bioterrorism, the European Medicines Agency and the European Centre for Disease Prevention and Control, as well as relations with the World Health Organization.

European Commission work programme 2025

At the time of writing, the [2025 Work Programme](#) had just been published. It sets out the key strategies, action plans and legislative initiatives that will form the building blocks for the further work during the Commission's mandate.

An analysis will be included in the next Bulletin.

MONITORING

Public Health

European Commission publishes Country Cancer Profiles

On 3 February 2025, the European Commission published the latest [Country Cancer Profiles](#) providing insights on cancer burden, prevention and care for all Member States, Norway and Iceland. A [synthesis report](#) was also published with summaries and comparisons.

It highlights the increase of cancer survival rates with a decreasing mortality of 12% observed from 2011 to 2021 across the EU while maintaining the fact that cancer remains a public health concern with its main risks factors being tobacco use, alcohol consumption, air pollution, poor diet and low physical activity. Additionally, colorectal, lung, prostate and breast cancer being the four main cancer types and half of cancer cases in the EU. Moreover, persistent cancer inequalities across member states are still present with the highest cancer mortality in low-income countries and among people with a lower level of education. Finally, worrying trends were reported showing a decline in early detection uptake of breast cancer via screening in one out of two EU country and two out of three EU countries have reported a decline in cervical cancer screening.

WHO/Europe highlights Nordic alcohol monopolies as a comprehensive model for reducing alcohol consumption and harm

The [report](#) on Nordic alcohol monopolies examines their role in a comprehensive alcohol policy structure and public health significance. The document concludes that the Nordic alcohol monopolies have helped reduce alcohol consumption and related harm in countries like Finland, Iceland, Norway, Sweden and the Faroe Islands.

The state-run shops that have the exclusive right to sell most alcoholic beverages the country. In the European Union, alcohol consumption has not decreased for decades, which makes it the subregion in the world with the highest consumption levels globally. The report highlights a comprehensive model used in the Nordic countries that other world regions could learn from, such as EU member states.

MONITORING

Pharmaceuticals & Healthcare

European Shortages Monitoring Platform fully operational for monitoring of shortages in the EU

The European Shortages Monitoring Platform (ESMP) is [now](#) fully operational, allowing marketing authorisation holders (MAHs) and national competent authorities (NCAs) to directly report supply, demand, and availability of nationally and centrally authorised medicines during crises and preparedness efforts led by EMA's Executive Steering Group on Shortages and Safety of Medicinal Products (MSSG).

This update enhances monitoring and management of critical medicines in public health emergencies and preparedness activities, following the November 2024 launch of routine shortage for centrally authorised medicines. The use of the ESMP became mandatory for MAHs and NCAs as on 2 February 2025.

This platform ensures accurate and timely reporting, standardising data for better coordination in preventing and mitigating shortages. Public information on medicine shortages is available via [EMA's and national shortages catalogues](#).

Clinical Trials Regulation becomes fully applicable

From 31 January onwards, all clinical trials in the European Union are governed by the [Clinical Trials Regulation \(CTR\)](#), replacing the previous Clinical Trials Directive (CTD).

Over 5,000 trials have transitioned to the new system, the Clinical Trials Information System (CTIS), during a three-year transition period. Ongoing trials that haven't been moved to the new system may face corrective actions. The CTIS includes a public searchable [database](#) for healthcare professionals to deliver the high level of transparency foreseen by the regulation.

The European Commission, EMA, and EU Member States oversee implementation, with ongoing improvements to CTIS throughout 2025.

MONITORING

Digital Health

Council adopts European Health Data Space

The Council of the EU has [adopted](#) the European Health Data Space regulation which aims to facilitate the exchange and access to health data at EU level. Under the new rules established, EU countries will be required to set up a digital health authority to implement the new provisions.

The new regulation requires all electronic health record (EHR) systems to comply with the specifications of the European electronic health record exchange format, ensuring that they are interoperable at EU level. The regulation will enter into force 20 days after publication in the EU's Official Journal. CPME will continue to contribute to the next steps of the implementation.

First rules of the Artificial Intelligence Act are now applicable

The [Artificial Intelligence Act](#) (AI Act) became applicable from 2 February 2025. The new rules included the definition of an AI system, of AI literacy and a limited number of prohibited AI use cases that pose a risk in the EU Guidelines explaining legal concepts and practical use based on stakeholders' input will be published to ensure compliance with the AI act. These guidelines are not binding and will be updated if necessary. CPME engaged in the legislative negotiations and will follow the implementation.

Living repository to foster learning and exchange on AI literacy

The European Commission released a [living repository](#) aiming at providing examples on current AI literacy practices gathered by the EU AI Office. This list will be updated with further practices and is organised according to their level of implementation (fully implemented, partially rolled-out and planned) It is important to note that the living repository does not grant automatically a presumption of compliance with the AI Act as its aim is to encourage exchange between providers and deployers and its learning process. Additionally, endorsement or evaluations are not implied by the Commission in any way.

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