

CPME activities & outlook

Dr Christiaan Keijzer, President

30th ZEVA Symposium, 7-9 September 2023



We represent national medical associations across Europe, covering roughly:

1.7 million European Doctors from 37 countries

We are committed to contributing the medical profession's point of view to EU institutions and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.



We promote the highest level of medical training and practice but also the provision of evidence-based, ethical and equitable healthcare services.

CDN Members



Austria

Österreichische Ärztekammer (Austrian Medical Chamber)



France

Conseil National de l'Ordre des Médecins (French Medical Council)



Belgium

Association Belge des Syndicats Médicaux Belgische Vereniging van Artsen Syndicaten (BVAS)



Germany

Bundesärztekammer (German Medical Association)



Bulgaria

Български Лекарски Съюз (Bulgarian Medical Association)



Greece

ΠΑΝΕΛΛΗΝΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΙΜΟΓΟΣ (Panhellenic Medical Association)



Croatla

Hrvatska liječnicka komora (Croatian Medical Chamber)



LÆKNAFÉLAG

Hungary

Magyar Orvosi Kamara (Hungarian Medical Chamber)

(Icelandic Medical Association)



Cyprus

ΠΑΓΚΥΠΡΙΟΣ ΙΑΤΡΙΚΟΣ ΣΥΙΛΙΟΓΟΣ (Cyprus Medical Association)



Czech Republic

Ceská lékarská komora (Czech Medical Chamber)



Ireland

Iceland

Læknafélag Íslands

Ceardchumann Dochtúirí na hÉireann (Irish Medical Organisation)



Denmark

Leegeforeningen (Danish Medical Association)



Latyla

Latvijas Ārstu biedrība (Latvian Medical Association)





Suomen Lääkärillitto/Finlands Läkarförbund (Finnish Medical Association)



Lithuania

Lietuvos gydytojų sąjunga (Lithuanian Medical Association)



Luxembourg

Association des Médecins et Médecins-Dentistes du Grand-Duché de Luxembourg



Malta

Medical Association of Malta



Norway

Den nombe legelorening (Norwester Medical Association)



Poland

Nacostra Ma Laborda (Polish Chamber of Physicians and Dentists)



Colegiul Medicilor din România (Romenton College of Physicians)



Slovakia

Sloverská lekárska korrora (Slovek Medical Chamber)



Slovenia

Zdravniška domica Slovenije (Medical Charder of Stownia)



Sweden

Swelges Litterförbund (Swedish Medical Association)



Verbindung der Schweizer Änzte (Satus Medical Association)



The Netherlands

Koninklijke Nederlandsche Maetschappij tot Secondaring der Generalisanst (10940) (Royal Dutch Medical Association)



United Kingdom

British Hedical Association



Urchri I Mjekeve Te Shqiperise (Order of Physicians of Albania)



Georgia

Georgian Medical Association



brael

breeli Medical Association



Kososo*

Oda e Mjekëve të Kosovës" (Kosovo* Doctors Chember)



Montenegro

Ljekarska Komora Crne Clore (The Medical Chamber of Montenegro)



North Macedonia

Лекарска комора на Република Северна Македонија (Doctor's Chamber of North Macedonia)



Serbia

Лекарска конора Србије (Serbian Medical Chamber)



Turkey

Türk Tabipleri Birliği



Ukraine

Ukrainian Medical Association (UMA)

CDNE

General Assembly, March 2023



CDN Board of Directors 2022-2024



CDNN Secretariat



CDN Key priorities

Policy clusters Priorities include **Digital Health** Al, Health Data Space, Skills, eHealth Pharmaceuticals & Healthcare Products Shortages, Antibiotics, Legislation **Public Health & Disease Prevention** Vaccination, Labelling, Environment Professional Practice & Health Systems Workforce, Inequalities, Qualifications Principles, Patients & Ethics European Health Union, Ukraine

CDN How to navigate and how to succeed?

Policies developed in close and continuous cooperation with CPME members in General Assemblies, Working Groups, members' conferences & bilateral dialogue and support



Direct engagement with policy-makers in EU, WHO-Europe, OECD & health community coordinated by Brussels office



CDN How do we communicate?

Regular tailored information exchange with members through weekly updates to Working Groups and Rapporteurs, monthly bulletins

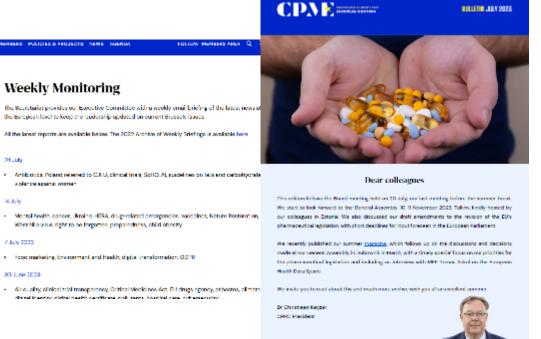
FOLLOW PERMISES AREA Q **Weekly Monitoring** The Secretarist provides our Executive Committee with a weekly email briefing of the latest news at the European level to keep the leadership updated on current Brussels issues. All the latest reports are available below. The 2022 Archive of Weekly Briefings is available here.

 Montal health, cancer, Ukraine, HERA, drug-related emergencies, vacacines, Nature Restoration. West bill a virus, right to be largerton, proparadness, shild abosity

Food marketins, Environment and Health, digital transformation, GDPR

20 June 2022

 Air quality, clinical trial transparency, Critical Medicines Act, EU drugs agency, asbestos, climate. claired biaseins diebal health carribone, nothingers, hourisel care, cub amacustry



Public outreach via website, social media and magazine, as well as targeted messages to policy-makers



Professional Practice

- Continued presentation of 2021 CPME policy on health workforce, emphasising need to i.a.
 - To address the Workforce Shortages
 - Ensure medical profession remains attractive
 - Take action on factors reducing doctors' time with patients (e.g. medicine shortages, digital reforms)
 - Implement workforce planning to tackle workforce shortages
 - Enable lawful working conditions to support recruitment and retention
 - Safeguard cross-border mobility & ethical recruitment



CPMIs/RD/Reard/27152025/096_Peas/EN

On 27 November 2021, the CPME Board adopted the 'CPME Policy on Health Workforce (CPME 2021/05 FINAL).

CPME Policy on Health Workforce

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 institutions and European policymaking through pro-active cooperation on a wide range of health and healthcare related issues.¹

0. Recommendation:

- Health workforce planning must aim to achieve conditions for professional practice which improve quality of care and patient safety and ensure the accessibility of services. A lack of adequate numbers of health professionals is not a justified reason to lower qualifications and training standards.
- National medical associations provide valuable real-life qualitative information on imbalances or shortages in the medical workforce, in some cases supported by quaerilitative data. They must therefore be involved in the health workforce planning process. It is necessary to make every national health system is sufficiently obust to educate and train an adequate number of health professionals to meet the future nacels.
- Member States must implement ethical recruitment policies in line with the WHO Global Code of Practice on the International Recruitment of Health Personnel. Recruitment of professionals from abroad should not be regarded as a simple tool to mitigate shortages of domestically trained health professionals.
- Planning systems must also take into account changing expectations relating to work-life balance and
 ensure equality in the future medical workforce.
- The European Commission should support governments by providing benchmarks for minimum workforce capacities.
- The legal framework should continue to facilitate doctors' cross-border mobility as a personal and
 professional right. However, where that mobility is driven by economic factors or inappropriate
 working conditions, governments must pro-eclibely identify and abolish root causes of such 'pub'
 migration. These may include in particular inadequate remuneration, unlawful working hours, a lack
 of technical equipment, unsafe staffing levels, and lack of meaningful career development and training
 onortunities.
- Where there are asymmetric mobility flows, efforts should be made to create compensatory mechanisms to work towards win-win exchange.

³ CPME is registered in the Transparency Register with the ID number 9276945405-41. More information about CPME work-comes-s.

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We are pleased to be invited to share our views at the @EPSUnions protest action on the situation of health professionals

We call on the **@EU Commission** to support governments by providing benchmarks for minimum health workforce capacities **Q 2**

#ApplauselsNotEnough



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Professional Practice

- Series of exchanges on the Health Workforce shortages with WHO-Europe, OECD, EMOs, NMAs and EU parliamentarians
- Activities around 12 March Awareness Day on Violence against Doctors and Other Health Professionals
- Next steps:
 - CPME Policy paper on Doctors Well-Being (scheduled for adoption in November)
 - CPME Webinar on Quality of Basic Medical Education (scheduled for December)





The health workforce – in need of a "booster" for mental health protection and violence prevention

On 17 March 2022, the European Public Health Association section 'Health Workforce Research (EUPHA-HWR) and the Standing Committee of European Doctors (CPME) co-hosted a webinar entitled 'The health workforce – in need of a 'booster' for mental health protection and violence prevention'. The objective was to address the impact the COVID-19 pandemic has had on the health workforce, having battled a consistently high workload, stress and moral challenges and increasingly also hate and violence especially from those refusing vaccination. The webinar offered doctors, researchers and other healthcare professionals an opportunity to share their experiences and invite a broader audience to consider the need for action. In the opening of the webinar, co-chairs Dr Ellen Kuhlmann and Sarada Das highlighted the incidences of burnout and increase in professionals leaving the health sector since the pandemic. The co-chairs also highlighted the extreme circumstances health professionals are dealing with in the war in Ukraine and the opportunities to support them such as the Ukraine Medical Help Fund.



Digital Health

- Lobbying on European Health Data Space (emphasising impact on doctors, medical confidentiality, ethical use of data, health data exchange incl. with non-EU countries)
- Lobbying on AI (emphasising human oversight, use of data, stand-alone highrisk AI), civil liability for AI (strict liability)
- Next steps:
 - Strategy to enable the physician of the future
 - Continued action on digital competences for doctors.

CDAE

Role of Ethics Committees in the European Health Data Space

Wednesday 25 May, 14:15, La Cave

European Doctors ask for ethically sound governance on how to share health data









rch ethics committees or ethics review onal data is other than consent of the data

nent of new treatments and medicines.

CPDP 2022

Bristisch, 15 June 2023

ailored to the expertise required, while also or patients' organisations. not be inferior to those already in place under ical Trials Regulation. nstitutional structure for accountability for

CED, CPME, EFN, HOPE and PGEU Joint Statement on the European Health Data Space

Doctors, destints, community phasafeguard confidentiality and ethical burdens and offer appropriate compe

As co-legislators continue their negotiati European Hearth Data Space (EHDS) smooth transition for the workforce and be truly workable for healthcare profess

We call upon the co-legislators:

 To respect afficial principles o for secondary use must never sharing obligations in second subdienship. The unique and in tricial and the fundamental right respected. Patients may begon disclosed to others. There must parties, including for commercia

CED, CPME, EFN, HOPE and

scarcity of healthcare profession EHDS would require serious effor this may even lead to chairs cisigations should be limited to and care, avoiding duplication of

CED, CPME, EFN, HOPE and partly reflect these concerns professionals practice and ph

European Doctors @CPME EUROPA · Jan 11

We are delighted to discuss the "European Health Data Space -Challenges and Opportunities?" at the European Parliament with MEP @istvan ujhelyi and @AIM Healthcare, @eupatientsforum and @euhospitals

#EHDS #HealthUnion



AIM and 3 others

Healthy Living

- Promotion of disease prevention with consideration of health inequalities across all policies
- EU legislation e.g. on tobacco taxation, alcohol & food labelling, air quality
- Climate change and health, greening the healthcare sector, cooperation with the Lancet Countdown
- Co-chairing of the Coalition for Vaccination with European associations of healthcare professionals
- Next steps: Policy on health effects of cannabis (scheduled for adoption in November)





Pharmaceuticals & Healthcare Products

- Lobbying on EU general pharmaceutical legislation with emphasis on:
 - Tackling medicine shortages and improving security of global supply chains
 - Fighting antimicrobial resistance with One Health approach
 - Ensuring equitable access to innovative medicines
- Next steps:
 - Action on availability of medical devices
 - Action on medicine shortages this winter

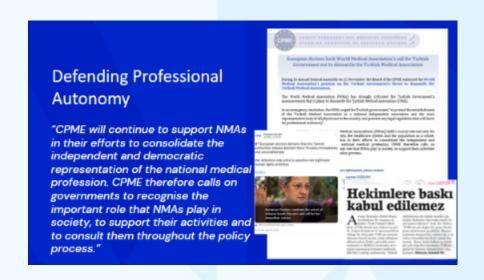




EU Medicines Agency and 9 others

Patients, Principles & Ethics

- Members' survey on independence of the medical profession
 - Recent examples of action in Hungary and Turkey
- Monitoring of Ukraine Medical Help Fund
- Support to Turkish Medical Association
- Next steps: exploring continuation of One Health workshops with European veterinarians, students, dentists





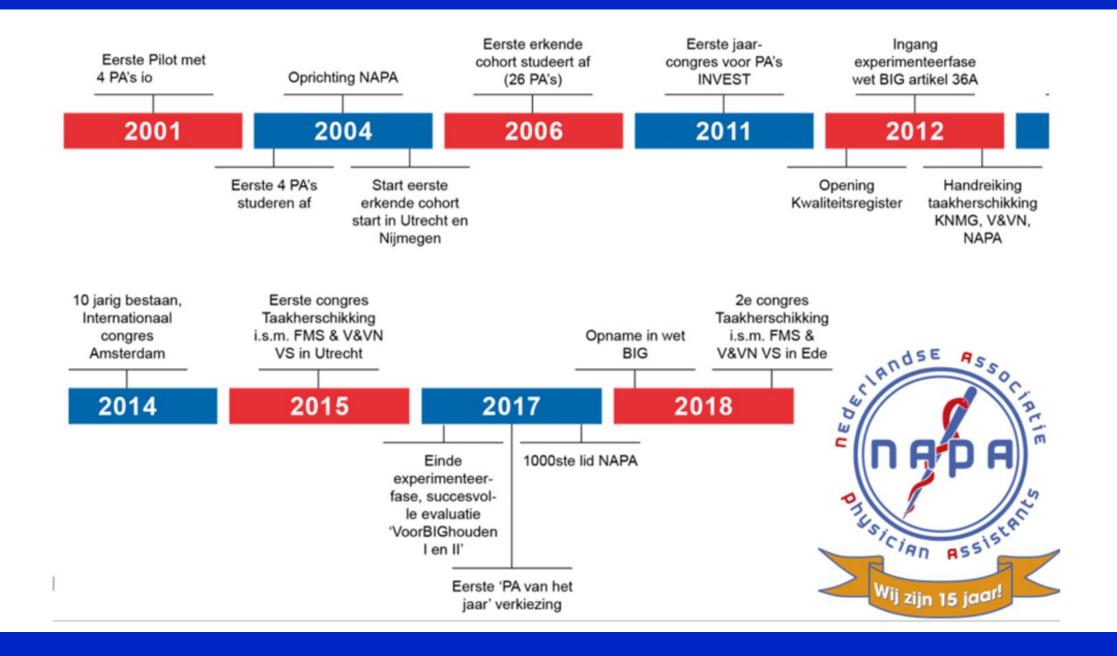
Many thanks for your attention!

For more information, please contact CPME Secretariat:

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Physician assistants history in the Netherlands





Tabel 9: fte werkzame PA's: ontwikkeling aandeel sectoren

Sector	2019	2016	2012
Medisch specialistische zorg	79,1%	77,3%	78,8%
Huisartsenzorg	9,6%	8,6%	7,7%
Verpleeghuiszorg	2,8%	4,7%	3,2%
Revalidatie	6,4%	6,4%	5,6%
Anders	2,1%	3,0%	4,7%