COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

CPME Newsletter

Special edition

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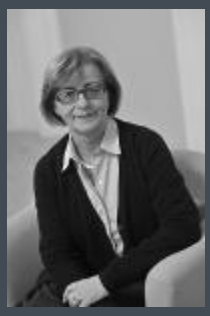
Message from the CPME President:



Dear colleagues,

Welcome to the spring edition of the CPME newsletter. The following pages present latest developments at EU level and recent CPME activities.
The set-up of an informal group of Doctor MEPs in the European Parliament, a guest article from MEP Giovanni La Via (IT, EPP) and policy developments in the area of antimicrobial resistance, clinical trials, self-care, health literacy of functional decline and frailty are some of the matters presented in this edition.
The first months of the year were dynamic, with many developments at EU level, notably on the restructuring of governance where changes are foreseen in the involvement of stakeholders, for example in patient safety at the Commission's Working Group, in the EU Health Policy Forum, or in the Joint Action on eHealth.
It is our hope that European doctors continue to be involved in such matters as they stand very close to patient safety and public health policy as laid down in the CPME mission statement. I hope you enjoy reading this edition and wish you a pleasant spring time.

Yours sincerely,
Dr Katrín Fjeldsted

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INTERVIEW WITH MEP GIOVANNI LA VIA (EPP, ITALY) ENVI CHAIR ON

- MEDICAL DEVICES,
- AMR,
- INFORMATION TO PATIENTS.

ANKARA CHAMBER OF MEDICINE CASE DISMISSED

The case.
The Turkish Medical Association (TMA) recruited and organised physicians to provide urgently needed emergency medical care to demonstrators injured during the Gezi Park demonstrations that began in May 2013. The Turkish Ministry of Health in January filed a lawsuit against the TMA, alleging that it had illegally "established healthcare units called infirmaries."
After the first court session on 30 September 2014 and the second on 23 December 2014, the court decided for the dismissal of the case.
CPME President Dr Katrín Fjeldsted welcomed the final decision of the Civil Court and declared that "Physicians must be allowed to put their professional ethics into practice to deliver to each patient the best possible care, regardless of external interests, and protected by patient confidentiality and professional secrecy. The CPME considers this decision as an excellent result not only for the Turkish medical association, but for all physicians because good medical

This issue

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practice must never be prosecuted."

The Turkish Ministry of Health (MOH) had filed a lawsuit against Ankara Chamber of Medicine for the removal of the members of the governing and discipline boards of the chamber. The ministry claimed that the chamber had illegally delivered emergency service to demonstrators protesting against the building plans in the Gezi Park in Istanbul.

In June 2013, the Turkish Parliament passed a law criminalising health service outside the official health care system. According to the law, Physicians and other health care personnel can only deliver emergency health care with a specific approval of the official health care service. Violating the law can be fined with up to 3 million Turkish Lira or imprisonment for three years. The lawsuit was an attack both on physicians' autonomy as well as freedom of association. The third hearing in this case took place at the 23rd Basic Civil Court in Ankara on 20 February 2015. On the occasion, Mr Bjørn Oscar Hoftvedt, Special Advisor International Issues from the Norwegian Medical Association, represented the Standing Committee of European Doctors (CPME) and expressed support to and solidarity with the Turkish Medical Association (TTB).

After the judge heard several witnesses among whom several had experienced plastic bullets and tear gas fired by the police, he stated his decision for the dismissal of the case. One of the witnesses, a member of the Turkish Parliament, said that the physicians should have been rewarded, not punished.

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INTERVIEW: MEP GIOVANNI LA VIA. THE ENVI CHAIR ADRESSES MDD, AMR, INFORMATION TO PATIENTS

Giovanni La Via (Italy, EPP) member of the European Parliament since 2009, is currently Chair of the Committee on the Environment, Public Health and Food Safety.

Born on 28 June 1963, in Catania (Sicily, Italy), he graduated in Agricultural Sciences, got a PhD in Economics and Agricultural policy and became Professor of "Economics and Management of agro-food enterprise" at the University of Catania.

CPME: As Chair of the ENVI Committee, please explain how you foresee negotiations on the two proposals for regulations on medical devices and IVD medical devices along with the Rapporteurs and what is the timeline you envisage for the adoption of the two proposals?

MEP La Via: The rapporteurs on both files have cooperated extremely well and smoothly throughout the entire process reaching up to the Parliament's first reading position which I believe will be maintained during the negotiations stage. When it comes to the forthcoming negotiations, the exact modalities will still need to be discussed with Council so that the process is optimised and leads to the timely conclusion of a coherent and strong text on both proposals. Parliament has long adopted its position calling upon the Council to finalise its own so that the files could be negotiated as quickly as possible, with our expectation for a start of the negotiations under the current Latvian Presidency.

CPME: Do you see any impact on the competences of your committee from the shift of medical devices from DG SANCO to DG ENTR?

MEP La Via: No, actually I don't, since the proposals' legal basis has not changed and for that matter they continue to fall within the competences of the ENVI Committee. I further expect that regardless of the move from DG SANTE to DG GROW, the Commission will continue to facilitate the adoption of these important proposals with the same dedication for improved patient safety that has triggered the need for a revision of the existing legislation.

CPME: On 10 September 2014, the European Commission adopted proposals on veterinary medicinal products and medicated feed, to improve the health and wellbeing of animals, to tackle antimicrobial resistance (AMR) in the EU and to foster innovation. Aside of this legislative initiative of the Commission, is the ENVI committee planning to take any action to combat antimicrobial resistance in Europe?

MEP La Via: Antimicrobial agents, such as antibiotics, have dramatically reduced the number of deaths from infectious diseases during the 70 years since their introduction. However, through overuse and misuse of these agents, many micro-organisms have become resistant to them, up to the point that the fight against AMR will not succeed without the efforts and commitment of Member States and all involved stakeholders, including doctors and all healthcare workers, pharmacists, veterinarians, and the general public.

With regard to the veterinary sector, at present, there is an insufficient number and range of medicines to prevent and treat diseases in animals in the EU. The lack of suitable veterinary medicines results in poorer animal health and welfare and increased risks for human health. The new proposal on veterinary medicinal products pays particular attention to combatting the development of antimicrobial resistance in animals and humans. The role of ENVI Committee will be to lead the actions in order to address the issues of the proper and safe use of antimicrobials in both humans and animals, preventing microbial infections and their spread, promoting the development of new effective antimicrobials or alternatives for treatment.

The cooperation with international partners is also a very important aspect, in particular with the Food and Drug Administration (FDA), and that's why AMR will be one of the main issues discussed during the next ENVI delegation to Washington D.C, which I will lead.

I would also stress the importance of the ENVI scrutiny activity, especially in relation to the work of the European Center for Disease Prevention and Control (ECDC), The European Medicines Agency (EMA) and the European Food Safety Authority (EFSA,) and the promotion of joint actions addressed to improving monitoring and surveillance in human and animal medicine.

CPME: The Council declared in May 2012 that there was no qualified majority to reach an agreement on the amended legislative proposals for a Directive and a Regulation on information to the general public on medicinal products subject to medical prescription. Since then this file is now one of those "sleeping" proposals which are neither officially rejected, nor officially withdrawn. Do you think, that the Parliament and its ENVI committee can push the Council to change its majority and hence ensure patients that they have access to adequate information on the medicines they take?

MEP La Via: I think that a political response concerning the various issues related to the provision of information to patients is necessary to address current and future needs.

The current legal framework does not provide for sufficient harmonised rules on the provision of information about medicines to patients. This situation has led to a variety of approaches and understandings in the Member States regarding the provision of information on medicinal products. The information available on medicinal products should be accurate, substantiated by evidence, up-to-date and objective.

In addition, with the increased use of the Internet over recent years, the need to address reliable and good quality information available on websites has become essential. For this reason, it is my firm intention to support any actions in this direction. I will also invite the Commission and the Council for an exchange of views on possible development on these issues and encourage the Latvian and the forthcoming Presidencies to awake this important sleeping proposal as the current situation has to be improved.

MEP Giovanni LA VIA
Chair of ENVI Committee
EPP, Italy
European Parliament
Interview carried out by:
Miriam D'Ambrosio

EUROPEAN PARLIAMENT 'DISCUSSION GROUP ON HEALTH' WITH DR MEPS

The 'discussion group on health' with Dr MEPs, hosted by MEP Dr Elena Gentile (S&D, Italy) and co-organised by the Standing Committee of European Doctors (CPME), met in Brussels, at the European Parliament, on 3 February 2015. The primary goal of the discussion group is to defend and guarantee the right to health for a more healthy society, throughout the sharing of knowledge and expertise between Doctor MEPs and the CPME. The first meeting aimed to establish this discussion group which would develop its activities throughout the 5 year legislative period of the new EP. On the occasion, Mr Martin Seychell, Deputy

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Director General for Consumer and Health, European Commission, was invited to present the agenda of the European Commission in the health sector. He welcomed this initiative and ensured all the necessary support of the European Commission to ensure the best possible quality of healthcare and access to healthcare for everyone.

MEP Dr Gentile had the opportunity to showcase how the EU policies can have positive effects on combatting health inequalities and improving access to healthcare, which today represents an unaffordable cost for many citizens, in particular vulnerable groups. This is aggravated by the difficult economic and social climate the EU is currently experiencing. On the other hand, CPME President Dr Fjeldsted remarked the importance of the 'health in all policies' approach to encourage cross-sectorial awareness for and action on the determinants of health, to prevent and promote good health across society. For this reason, she highlighted how important the co-operation is between physicians enrolled in different positions (EU institutions or stakeholders) for the sharing of knowledge and approaches. The common interest of the endeavor is ensuring the best possible quality of health and access to healthcare for everyone across Europe.

Dr Gentile closed the session by summarising the many challenges healthcare systems face today, e.g. new skills, the impact of workforce planning, and disease patterns, including rare diseases. Dr Fjeldsted thanked Dr Gentile for the hosting of the event and hoped this meeting would serve as a promising start for a close cooperation between Doctor MEPs and CPME in future.

For further information, please contact:
Miriam D'Ambrosio

PASQ FINAL CONFERENCE: KEY CONCLUSIONS & WAYS FORWARD

From left to right: Dr Jean Bacou, HAS; Ms Nicola Bedlington, EPF; Dr Katrin Fjeldsted, CPME; Mr John Chave, PGEU; Mr Paul de Raeve, EFN. 13 March 2015, PASQ JA Final conference panel.

The final conference of the 3 year long EU Joint Action on Patient Safety and Quality of Care (PASQ) was an eventful occasion. PASQ is the successful continuation of the EUNetPas, project in which CPME was equally involved from 2009 to 2011. In this sense, the past 3 years within PASQ continue efforts of collaboration at EU level. But most of the EU member states together with EU stakeholders joined the final conference 12-13 March 2015 in Brussels to present achievements and to also look to the future. What future does the EU agenda on patient safety hold?

The CPME President and Rapporteur on Patient Safety, Dr Katrín Fjeldsted spoke on 13 March with a view to this future perspective: the best added value at EU level on patient safety remains a continued support for exchange of good practices. Dr Fjeldsted chaired a webinar on the WHO Surgical Safety Checklist in June 2014, part of WP5 on Implementation of Patient Safety Practices, led by the Agency for Quality in Medicine, Germany.

Dr Fjeldsted also cautioned that EU level standards on patient safety, adopted by bodies outside the medical profession, are not a feasible alternative. CPME supports the PASQ proposal on sustainability and the set of Conclusions adopted by the Council on Patient Safety, 1 December 2014. Priorities at EU level should include patient empowerment, reporting and learning or rapid exchange systems, quality improvement systems and the implementation of good clinical practices.

Dr Fjeldsted's intervention was warmly welcomed and was very similar to ideas expressed by other panelists, such as Paul de Raeve, EFN Secretary General, Pascal Garel, HOPE Secretary General and Jean Bacou, HAS, PASQ JA Leader. As such, the next concrete steps at EU level are to take stock of what is proven to be useful and take into account the PASQ proposal for sustainability, work with patients and most representative bodies of the medical profession and exchange best practices.

For further information, please contact:
Anamaria Corca

CPME STATEMENT ON SELF-CARE

Adopted in January 2015, the CPME Statement on Self-care is a key policy at EU level. The CPME Executive Committee adopted the policy on recommendation from Dr Jacques de Haller, CPME Rapporteur on Self-Care.
The content of the statement outlines that health literacy and patient empowerment are key elements of self-care, even to a much greater extent than self-medication with which self-care was associated in the past.
The statement also cautions against self-care to become the field of commercial advertising or any kind of product promotion as it would certainly be a missed opportunity that future self-care policy and ongoing activities need to take stock of.
Of equal consideration and priority is to understand self-care as an area of health and social care and the capacity of people/patients to take care of themselves. People/patients need to be at the core of self-care actions and must not be defined as consumers.
Currently CPME is involved in a tender on the promotion of self-care systems in the EU (PISCE) and together with a newly formed platform of experts it will seek to advance work in this area.

For further information, please contact:
Anamaria Corca

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A UNIQUE MAPPING OF CPD FOR HEALTH PROFESSIONALS IN EUROPE

From October 2013 to October 2014, CPME led a consortium consisting of the Council of European Dentists (CED), the European Federation of Nurses Associations (EFN), the European Midwives Association (EMA), the European Public Health Alliance (EPHA), and the Pharmaceutical Group of the European Union (PGEU) to research the current state of continuous professional development (CPD) and life-long learning (LLL) for health professionals across Europe. This study, contracted by the European Commission and funded in the framework of the 2013 Public Health Programme, has now been published (abstract and executive summary available in all official languages of the EU). It captures a very detailed picture of the national CPD systems, highlighting approaches to structures and implementation, actors involved, financial features and accreditation, while also reporting on barriers and incentives, as well as possible trends. This is complemented by a comprehensive review of European-level discussions and initiatives on CPD and LLL, both from an academic and policy point of view. The study sets out recommendations and key actions which i.a. call on all actors involved to acknowledge the importance of CPD for health professionals and facilitate access to CPD activities, in particular addressing the main barriers of time and cost. The study also recommends investment in further research in particular on the relationship between CPD, patient safety and quality of care. Thanks to the very successful collaboration of all consortium partners, the study provides a unique view of CPD for health professionals across Europe which constitutes a sound basis for further action.

For further information, please contact:
Sarada Das

VACCINATION REMINDER APP FOR SMARTPHONES

Parents often cite being too busy or simply forgetting as reasons for not getting their children vaccinated fully and at the right time. This leads to the fact that even in Europe, preventable infectious diseases still cost lives and suffering – several professional organisations of doctors across the continent, including CPME, are involved in the promotion of vaccination.

⇒ ***Reminders and recall systems do improve immunisation rates in the population*** *– there are numerous studies who show this beyond doubt.*

WHO/Europe has developed such a reminder app – in fact a generic app code to accommodate different languages and national immunisation schedules. Offering this app to the public in your country can be a great occasion to profile your Association as positively engaged in prevention with modern tools. And experience also shows that the media report on such offers with great interest.

⇒ ***How does the app work?***

Once the app is downloaded onto a Mac or Android smartphone, the user enters information, including age and existing medical conditions. The user then receives reminders when vaccinations are due.

Once the children are vaccinated, the user checks off the vaccination. A record of the vaccination is kept on the smartphone. The app also provides links to immunisation schedules and other useful online information.

⇒ ***What should you do to be able to offer the app in your country?***

The code is available free of charge and can be used to tailor and brand the app to the specific schedules of each country; WHO/Europe offers free support in this work. The estimated workload to adapt the app is estimated to 2-3 days.

⇒ ***Are you ready to think about introducing the vaccination Reminder App in your country?*** *Do you see how interesting it can be for your association?* ***Contact us (secretariat@cpme.eu)*** *and we* can provide you with more information and help you getting involved in this most interesting project.

We are looking forward to hearing from you!

Dr Jacques de Haller
CPME Vice-President
CPME Rapporteur on Self-care

FRAILTY AND FUNCTIONAL DECLINE: HEALTH LITERACY OF PATIENTS AND DOCTORS

The CPME commitment on healthy ageing, as agreed by the CPME Executive Committee meeting of May 2012, refers to health literacy of functional decline and frailty for doctors and patients. This commitment was expressed within the frame of the European Partnership on Active and Healthy Ageing (EIPAHA). The CPME WG Healthy ageing and its partner coalition finalised a preliminary study on health literacy of functional decline and frailty. The study assesses health literacy of patients and doctors from Romania and Latvia. The work is the result of a strong voluntary commitment of Prof Dr Gelu Onose, CPME WG Chair, the Romanian College of Physicians, Dr Gunta Ancane, CPME Board member from the Latvian Medical Association, Univ. Assist. Dr Monica Haras, CPME WG Healthy ageing member, Prof Tiberiu Spircu, expert statistician and coalition partners. Please click here to access the study.

For further information, please contact:
Anamaria Corca

CPME RESPONDS TO THE EMA PUBLIC CONSULTATION ON THE APPLICATION OF TRANSPARENCY RULES OF THE EU CLINICAL TRIALS REGULATION

On 12 February 2015, CPME responded to the EMA public consultation on the application of the clinical trials regulation transparency rules. Transparency of clinical trials data and results is essential both to ensure drug safety and efficacy, as well as to guarantee public trust in research. In its response, CPME emphasises that the legitimate economic interest of trial sponsors should not take precedence over the public legitimate interest to access information about medicines that are being prescribed. The full CPME response is available here.

For further information, please contact:
Constance Colin.

CPME PROVIDES INPUT TO CONSULTATION ON POSSIBLE REVIEW OF THE EUROPEAN WORKING TIME DIRECTIVE

Following CPME's involvement in the negotiations towards the Working Time Directive 2003/88/EC and the 2004-2009 proposal to amend the Directive, CPME has now adopted a response to the European Commission's public consultation on the review of the Directive. The public consultation addresses the questions the unsuccessful social dialogue in 2011-2012 failed to settle, e.g. if a review of the legislation is necessary to implement the concepts of 'on-call time' and 'compensatory rest' as defined by the European Court of Justice. CPME's consultation response continues to highlight the central objective and importance of the Directive in protecting the health and safety not only of doctors, but of patients. CPME identifies weaknesses in the current Directive and its implementation, calling in particular for a phase-out of the 'opt-out' clause. However, it is important to safeguard the level of protection provided by the current Directive to ensure that related case law is not undermined, Therefore, CPME opposes any changes to the current Directive and calls for improvements to be only in the implementation of the existing legal order while the legislation itself it is maintained unchanged. CPME will monitor the follow-up to the consultation and continues to call for a strong legal framework to protect doctors' and patients' health and safety.

For further information, please contact:
Sarada Das

PUBLICATION OF THE MOMENTUM BLUEPRINT ON TELEMEDICINE

On 5 February 2015, the MOMENTUM Blueprint on telemedicine was published. The Blueprint offers critical success factors and performance indicators that help decision makers to scale up healthcare services from a distance through information technology. Furthermore, it delivers a self-assessment toolkit that helps an organisation determine whether it is "ready" for telemedicine deployment. The Blueprint and supporting documents are available here. The Momentum project convened telemedicine experts and stakeholders from more than 20 organisations in Europe, of which CPME was part. The project ended in January 2015.

For further information, please contact:
Constance Colin.

NEWS AND EVENTS FROM OUR PARTNERS

EPF PATIENT EMPOWERMENT CONFERENCE: EMPOWERED PATIENTS ARE AN ASSET TO SOCIETY! SAVE THE DATE: 20-21 MAY 2015, BRUSSELS

The European Patients' Forum will organise a conference entitled 'Patient Empowerment: Empowered Patients Are an Asset to Society' to take place between 20 and 21 May 2015 in Brussels. The event is part of a EPF campaign on patient empowerment, funded by the Robert Bosch Stiftung Foundation, Amgen and GSK.
CPME promotes and supports the goal of patient empowerment and endorses the event as well as continues to engage in future collaboration in this area.
The CPME policy 'On Information to Patients and Patient Empowerment' adopted by the CPME Board on 11 September 2004 underlines 5 main points with regard to information to patients: 1. that the patient is the key stakeholder and accurate evidence based information must be the basis for the patient's right to decide among suggested and proven therapies, including medication; 2. that the patient – doctor meeting (the clinical consultation) must always be seen as the principal route to an informed patient; 3. That qualified interpreters should be used when needed; 4. that written patient information is key for an informed patient and 5. That communication skills for healthcare professionals should be promoted both as part of the pre-registration period and within CPD.
For further information or to express your interest to attend the conference, please contact:
Anamaria Corca

FVE CONFERENCE "NATURAL DISASTERS AND "ONE HEALTH" - ARE WE PREPARED? " - BRUSSELS, 16-17 APRIL 2015

Natural disasters, such as floods, earthquakes or extreme climate conditions severely challenge the health and welfare of people, animals and the ecosystem; individually and collectively. FVE, in Association with the Latvian Presidency of the Council of the European Union and with the participation of the European Commission have organised a conference to discuss this important subject.
For more information, visit the FVE website

AMR: A HIGH PRIORITY FOR THE EU BEYOND 2016

On 26 February 2015, the Commission published a progress report on its five year Action Plan on Antimicrobial Resistance (AMR). The report addresses – among other Action points – the progress made in terms of responsible use of antimicrobials in human and veterinary medicine, and the strengthening of food chains' surveillance systems. The full report is accessible and the roadmap are available here and here.
On the same day, the European Food Safety Authority (EFSA) and the European Centre for Disease Prevention and Control (ECDC) have published a joint Annual EU Summary Report on antimicrobial resistance (AMR) in zoonotic and indicator bacteria from humans, animals and food.
On 24 February, the draft report from MEP Piernicola Pedicini (EFD, Italy) on "Safer healthcare in Europe: improving patient safety and fighting antimicrobial resistance" was discussed in a workshop and the ENVI committee in the European Parliament. The vote on the draft report in the ENVI Committee is planned for 26 March, the plenary vote is scheduled for the May session.
For further information, please contact:
Constance Colin.

THE COMMISSION LAUNCHES THE HORIZON PRIZE FOR BETTER USE OF ANTIBIOTICS

A €1 million challenge prize has been launched on 26 February 2015 by the European Commission. The prize will be awarded for a rapid test to identify, at the point-of-care, patients with upper respiratory tract infections that can be treated safely without antibiotics. The objective is to stop overuse of antibiotics and halt the growing antimicrobial resistance. Further information is available on the dedicated website.

For further information, please contact:
Constance Colin.

PRESS RELEASE Council of Europe Communications

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Ref. DC 037(2015)

FIRST INTERNATIONAL TREATY TO COMBAT TRAFFICKING IN HUMAN ORGANS OPENED FOR SIGNATURE

Santiago de Compostela (Spain), 25.03.2015 – Fourteen European states today signed the Council of Europe Convention against Trafficking in Human Organs, the first international treaty aimed at preventing and combating trafficking in human organs.

The Convention was opened for signature on the first day of an international conference, organised by the Council of Europe and the Spanish government in Santiago de Compostela, to discuss how to better fight trafficking in human organs, and how to implement the new treaty.

The convention was signed by Albania, Austria, Belgium, the Czech Republic, Greece, Italy, Luxembourg, Norway, the Republic of Moldova, Poland, Portugal, Spain, Turkey and the United Kingdom. It is open for signature by any state in the world and will enter into force when five states have ratified it.

"*The illicit removal and trafficking of human organs is a serious human rights violation. Donors are often extremely vulnerable individuals exploited by organised crime, which takes advantage of the shortage of organs available for transplantation. International co-operation is essential to fight this crime. I call on states in Europe and beyond to swiftly sign and ratify the convention*", said Council of Europe Secretary General Thorbjørn Jagland.

The convention provides a comprehensive framework to make trafficking in human organs a criminal offence, to protect the victims, and to facilitate cooperation at national and international level to prosecute those responsible for trafficking. It criminalises the illicit removal of human organs from living or deceased donors and their use for transplantation or other purposes, and other related acts.

Protection measures for victims include physical, psychological and social assistance, legal aid and providing the right to compensation from the perpetrators.

The convention aims to prevent trafficking in human organs by, for example, requiring states to ensure the transparency of their national system for transplantation of organs, and equitable access to transplant services.

More information . **Contact:** Jaime Rodriguez, Spokesperson/Press officer, Tel. +33 3 90 21 47 04, Mobile +33 6 89 99 50 42

EU Institutional News

23 March 2015	The agenda of the 4th meeting of the HTA Network has been published on the website of the European Commission. The meeting took place on 23 March 2015 at the Center 'Borchette', Rue Froissart 36, Brussels. Please, click here to access the agenda.
9-10 March 2015	The European Summit on Innovation for Active and Healthy Ageing took place in Brussels on 9 and 10 March 2015. The Summit aimed to engage Europe's policy, services and market leaders to co-create a shared vision on how Europe can address the challenges and seize the opportunities arising from demographic change through ICT and innovation and in that way contribute to economic recovery. Programme available here.
02 February 2015	The European Commission published the Indicative Implementation Plan (up to 2016) of the Tobacco Products Directive (2014/14/EU). The Tobacco Products Directive aims to improve the functioning of the internal market for tobacco and related products, while ensuring a high level of health protection for European citizens. This new Directive entered into force on 19 May 2014. Implementation plan available here.

CPME Meetings 2015-2016 SAVE THE DATES!

Reykjavik 22-23 May 2015	Brussels 30-31 October 2015	tbc 8-9 April 2016
	Brussels (tbc) 25-26 November 2016	

CPME NEWS

⇒ On 12 February, the CPME Executive Committee approved the initiative to launch an internal survey on telemedicine in the EU Member States. There is indeed a general interest for CPME to better understand how remote treatment is regulated at national level. It is expected that the CPME eHealth Working Group will discuss the results of the survey and potential further actions at its next meeting in Reykjavik, on 22 May 2015.

⇒ On 23 February 2015, Ms Birgit Beger, CPME Secretary General, attended the EMSA Panel Debate on Inter-Professional Collaboration in Health Care at United Nations House, in Brussels. The event was hosted by **EMSA** - European Medical Students' Association and its main aim was to initiate a discussion and explore the possibilities for collaboration between healthcare professionals on the European Level.

⇒ On 4 March 2015, Dr Katrín Fjeldsted, CPME President, co-chaired the Expert Workshop on Sex and Gender in Medical Education. This was part of a series of workshops being held under The European Gender Medicine Project (**EUGenMed**) which aims to produce an innovative roadmap for implementation of S&G in biomedicine and health research and create a European Gender Health Network. The presentations delivered with this occasion are available here and here.

⇒ On 12 March 2015, Dr Katrín Fjeldsted, CPME President, and Sarada Das, CPME Senior Policy Advisor attended the EPSA - European Pharmaceutical Students' Association, Annual Reception 'Healthcare Workforce', at the International Trade Union House, in Brussels. The presentation delivered with this occasion is available here.

⇒ On 23-25 April 2015, Dr Katrín Fjeldsted, CPME President and Ms Birgit Beger, CPME Secretary General will represent our organisation in the European Forum of Medical Associations (EFMA) meeting which will be held in Tbilisi, Georgia. The EFMA aims to establish dialogue and cooperation between National Medical Associations (NMAs) and World Health Organization (WHO) in the European Region to improve the quality of health and health care in Europe and promote the exchange of information and ideas between NMAs and the WHO.

⇒ On 10-11 April 2015, Dr Katrín Fjeldsted, CPME President, will attend the **UEMS** Council Meeting in Brussels. The European Union of Medical Specialists is a representative organisation of the National Associations of Medical Specialists in the European Union and its associated countries.

Guest commentary

For feedback, further information, questions or to express an interest to contribute to future editions, please contact:

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CPME Mission Statement

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 and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.

- *We believe the best possible quality of health and access to healthcare should be a reality for everyone. To achieve this, CPME promotes the highest level of medical training and practice, the safe mobility of physicians and patients, lawful and supportive working conditions for physicians and the provision of evidence-based, ethical and equitable healthcare services. We offer support to those working towards these objectives whenever needed.*

- *We see the patient-doctor relationship as fundamental in achieving these objectives and are committed to ensuring its trust and confidentiality are protected while the relationship evolves with healthcare systems. Patient safety and quality of care are central to our policies.*

- *We strongly advocate a 'health in all policies' approach to encourage cross-sectoral awareness for and action on the determinants of health, to prevent disease and promote good health across society.*

CPME's policies are shaped through the expertise provided by our membership of national medical associations, representing physicians across all medical specialties all over Europe and creating a dialogue between the national and European dimensions of health and healthcare.