COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS

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CPME Newsletter

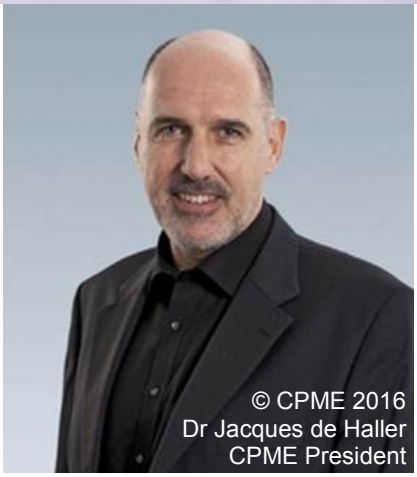
This issue

SAVE THE DATE! - CPME Meetings 2019

05 - 06 April 2019
Valetta (Malta)

15 - 16 November 2019
Helsinki (Finland)

MESSAGE FROM THE CPME PRESIDENT



Dear Colleagues and friends,

Welcome to the 27th edition of the CPME Newsletter.

This edition opens with a feature article by the European Centre for Disease Prevention and Control (ECDC). The article raises awareness of **Antimicrobial Resistance (AMR)** and highlights the European Antibiotic Awareness Day (EAAD) taking place every year on 18 November.

On 12 September 2018, European Commission President Jean-Claude Juncker delivered his last State of the Union speech to the European Parliament, setting out his vision for the future of the European Union ahead of the 2019 European elections. Unfortunately, health policy was not even mentioned. CPME will keep following any further developments on the **future of health** and will call on EU policy-makers and Member States to make sure that health is adequately respected in the next EU agenda and budget.

CPME welcomes the decision of the Committee of the **Nobel Peace Prize** to award the 2018 Prize to Congolese surgeon and gynaecologist Dr Denis Mukwege and to Mrs Nadia Murad for their actions against the use of sexual violence as a weapon of war. Dr Mukwege treats his patients' medical and psychosocial needs and provides access to socioeconomic support and legal assistance. This award also recognises the difficult job of all doctors who, like Dr Mukwege, practice in dangerous conditions without any protection and support, embodying medical professionalism and human rights.

Furthermore, as the new influenza season is approaching, special emphasis is placed on the importance of **vaccination**. Echoing the recommendations of the WHO, we encourage pregnant women, children aged between 6 months to 5 years, elderly individuals (aged over 65 years), individuals with chronic medical conditions, and, of course, all healthcare professionals to get vaccinated against seasonal influenza.

Finally, three CPME members and other stakeholders in the health sector report on their current policies and priorities.

I hope you enjoy reading this edition.

Best regards,

Dr Jacques de Haller

FEATURE

ANTIBIOTIC AWARENESS DAY: PROMOTING PRUDENT USE OF ANTIBIOTICS

Antimicrobial resistance, or the ability of microorganisms to withstand treatment with medicines to which they were once susceptible, is a threat to public health. One of the strategies to address this issue is to use antibiotics prudently, i.e. only when they are needed, with the correct dose, dosage intervals and duration of the course.

European Antibiotic Awareness Day (EAAD) is a European health initiative coordinated by the European Centre for Disease Prevention and Control (ECDC). Each year on 18 November, it provides an opportunity to raise awareness about the threat to public health posed by antibiotic-resistant bacteria and to communicate about the importance of prudent use of antibiotics. EAAD provides support to European countries by developing evidence-based key messages and materials for different target audiences, including messages and template materials for medical doctors (primary care prescribers and hospital prescribers). These materials should be adapted at national and local level. Many of them have been translated into all EU languages and are available to be used freely on the EAAD website:

http://antibiotic.ecdc.europa.eu.

On 15 November from 9 am to 1 pm CET, an event entitled “One health to keep antibiotics working” will take place at the Residence Palace in Brussels. The event is organised by ECDC in coordination with the European Commission. Speakers such as Dr Vytenis Andriukaitis (EU Commissioner for Health and Food Safety), together with representatives from ECDC, the World Health Organization Regional Office for Europe, the EU Joint Action on Antimicrobial Resistance and Healthcare-associated Infections and the Organisation for Economic Co-operation and Development will take part.

The ECDC media release and topics to be discussed at the event include updated estimates of the burden of antimicrobial resistance in the EU/EEA (expressed in number of deaths per year and number of years lost because of disability or premature death). In addition, ECDC will launch the latest data on the prevalence of healthcare-associated infections and antibiotic use in European hospitals and in long-term care facilities. Preliminary results indicate that the situation is not improving. ECDC will be tweeting live from the event and everyone will be able to watch the live stream on ECDC’s YouTube channel or on EAAD’s Facebook page. The panel will be answering questions using the hashtag #EAAD.

Finally, ECDC will continue with the social media initiative **#KeepAntibioticsWorking.** We are asking doctors, nurses, hospital managers, pharmacists, farmers, veterinarians, policymakers, professional and patient organisations, governmental institutions, and the general public to share a message via Twitter, Facebook or Instagram explaining what they are doing to ensure that these medicines remain effective. Everyone is responsible for keeping antibiotics working. If you wish to support the campaign, share messages, pictures or videos during the week 12—18 November 2018 using the hashtag #KeepAntibioticsWorking.

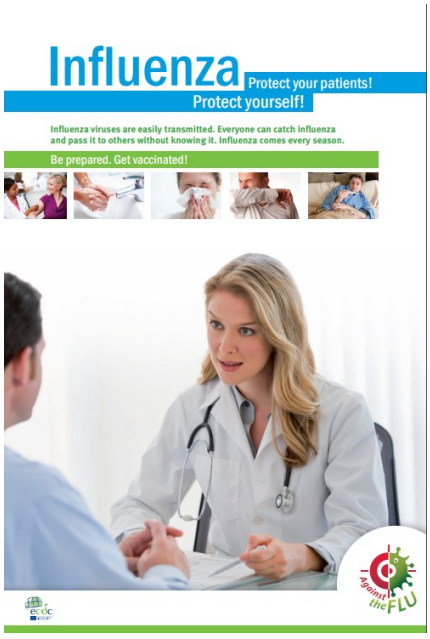
Doctors have a key role to play in promoting and practicing prudent use of antibiotics:

- By ensuring that antibiotics are only prescribed when indicated, that the right antibiotic is chosen and that it is administered with the correct dosage and duration of treatment;
- By correctly informing patients about when and how to take the prescribed antibiotic, and stressing that compliance with treatment as prescribed is important;
- By informing patients about the risks of self-medicating with antibiotics and about the fact that antibiotics do not work for viral infections, especially during the cold and flu season.

European Centre for Disease Prevention and Control (ECDC)

LATEST NEWS

BRACE YOURSELF FOR THE INFLUENZA SEASON



The winter is approaching and with it a new influenza season. According to the World Health Organization (WHO), influenza may infect up to 20% of the population during the winter months.

The Standing Committee of European Doctors (CPME) wishes to send out a reminder that the most effective way of preventing the disease is vaccination. Good hand and respiratory hygiene are also important. WHO recommends the annual influenza vaccination for pregnant women, children aged between 6 months to 5 years, elderly individuals (aged more than 65 years), individuals with chronic medical conditions, and, of course, for healthcare workers. CPME therefore encourages all its members and other healthcare professionals to ensure they themselves are vaccinated against seasonal influenza.

The severity of the disease varies. However, every year avoidable deaths from influenza occur. According to the European Centre for Disease Prevention and Control (ECDC), last winter, influenza activity started to increase in Northern and South-Western Europe in mid-December. The peak in activity was in early January in South-Western Europe, and in mid-February in Northern Europe. In some countries in Eastern Europe, activity did not peak until mid-March.

The Flu Awareness Week is marked across the WHO European Region every year in October, to raise awareness of the importance of vaccination for people's health and well-being and to increase the uptake of seasonal influenza vaccination of people with underlying risk factors. More information about this year's campaign may be found on the ECDC website.

Markus Kujawa, EU Policy Adviser

WHAT NEXT FOR DOCTORS' REGULATION? DEBATE ON REGULATING PROFESSIONS CONTINUES

As the Proportionality Directive 2018/958/EU entered into force this summer, the discussion on the future of professional regulation is still gaining momentum. In one initiative, the European Commission is following up on the judgement in C-339/15 Vanderborght to establish whether Member States' regulations for health professionals' advertising are aligned to the ruling. In the case in question, the European Court of Justice held that total bans on advertising a health service, in this case oral and dental care, are disproportionately strict and therefore prohibited under EU law. Member States rules on such advertising should comply with this.

In another relevant initiative, the European Commission has published a call of tender for a 'Behavioural economic analysis of professionals' incentives in health and business services professions'. The study builds i.a. on the question how "*to foster high quality service provision and ensure the desired public policy outcomes without imposing unnecessary restrictions?*" To this end, the task is to collect evidence on the efficacy of different regulatory measures in achieving public interest objectives, such as quality of healthcare. The focus will be on typical entry restrictions, such as licensing, and conduct restrictions, such as shareholding. There are strong deregulatory overtones in the tender specifications, raising familiar questions such as how to define whether or not a 'restriction' is 'unnecessary'.

The coming months will also see the implementation of the Proportionality Directive, which should be transposed into national law by 30 July 2020. In addition, there are continued discussions on the implementation of the 2013 revision of the Professional Qualifications Directive, for which 27 Member States were sent a letter of formal notice querying the conformity or completeness of the national transposition efforts. While the on-going discussion on professional regulation stays on the agenda, CPME will observe developments closely.

Sarada Das, Deputy Secretary General

CPME AT THE 68TH SESSION OF THE WHO REGIONAL COMMITTEE FOR EUROPE

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53 Member States of the WHO European Region, partner organisations and civil society gathered 17 –20 September 2018 in Rome at the 68th session of the WHO Regional Committee for Europe.

CPME was represented by the CPME President, Dr Jacques de Haller, the CPME Board Member, Dr Andreas Rudkjobing (Danish Medical Association) and the CPME Secretary General, Annabel Seebohm.

Along with the European Medical Students Association (EMSA), the European Forum of Medical Associations (EFMA) and 16 other organisations, CPME was officially accredited as non-State actor in official relations with WHO. Accreditation includes an invitation to participate in meetings of the Regional Committee and the possibility to submit written and/or oral statements. Non-State actors are not allowed to vote. CPME provided four written statements.

During the session the CPME President Dr de Haller intervend at two occasions (amongst others on the Progress report on implementation of the Action Plan for the Prevention and Control of Noncommunicable Diseases in the WHO European Region 2016–2025). The CPME Board Member Dr Rudkjobing commented on the document "Vaccine-preventable diseases and immunization: realizing the full potential of the European Vaccine Action Plan 2015–2020" reaffirming that the prevention of communicable diseases through vaccination is safe and effective and encouraging healthcare professionals to deliver facts about vaccination.

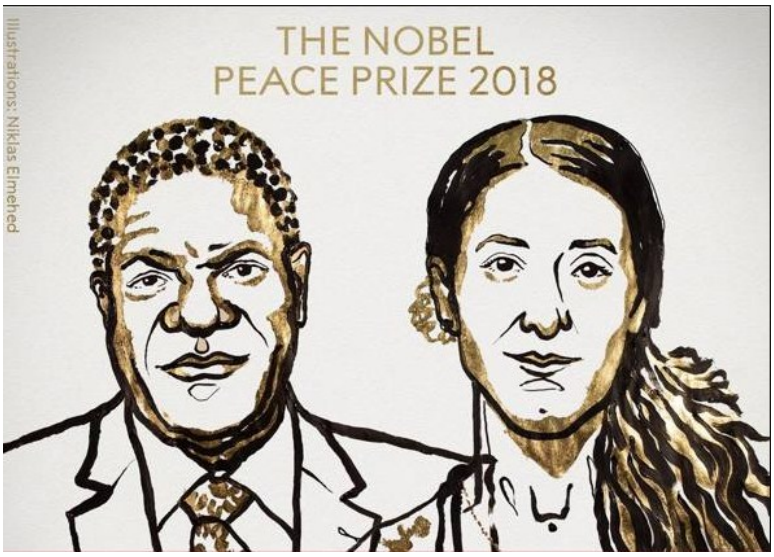
The CPME President, Dr de Haller intervened at the agenda item dealing with the report on the WHO high-level meeting "Health Systems for Prosperity and Solidarity: leaving no one behind" and underlined the role of primary care in providing Universal Health Coverage. Primary care, in its preventive, curative, and rehabilitative dimensions, is key to ensuring true access to healthcare for every patient. He highlighted that

- High quality healthcare must be accessible for every patient at the time of need and without financial considerations being a barrier to receiving appropriate treatment.
- Healthcare is an investment and we demand political action to provide the necessary resources and to make the contributions possible. Quality Primary Health Care is a good starting point to make a meaningful investment, in people, in health and in the economy.
- Primary care is a team effort. It requires different levels of competency, with clear responsibilities. CPME reaffirms that such an integrated network of care should be under the leadership of a medical doctor. Member States' policies should support such structures to ensure safe and efficient care.

Dr de Haller concluded that CPME is committed to increasing its cooperation with WHO-Europe in achieving and maintaining "strong primary care oriented people-centred health systems."

Annabel Seebohm, Secretary General

2018 NOBEL PEACE PRIZE AWARDED TO DR DENIS MUKWEGE



The Committee of the Nobel Peace Prize has announced that the 2018 Nobel Peace Prize has been awarded to Congolese surgeon and gynaecologist Dr Denis Mukwege and Nadia Murad for their commitment against the use of sexual violence as weapon of war.

The Standing Committee of European Doctors welcomes this international recognition of Dr Mukwege's efforts and for embodying medical professionalism and human rights. Doctors often practice in dangerous conditions with no protection or support from local and national authorities. Thanks to their fearless practice and dedication, they often play an important role in society, denouncing injustice and crimes against humanity.

Dr Mukwege founded the Panzi Hospital in Bukawo in the middle of the warzone in the Democratic Republic of Congo. He has treated tens of thousands of patients, dealing with physical, psychological and social trauma resulting from sexual violence. He also works together with medical and judicial workers to help survivors pursue justice. By denouncing these acts of violence and atrocities, Dr Mukwege himself became a target of violence. His family, friends and community have been threatened and attacked several times. Despite this, he has persisted with his work, speaking up for women and calling for change.

Dr Mukwege's mission helped to launch a global movement against mass rape in war zones. In September 2012, in a speech at the UN, Dr Mukwege criticised the DRC government and other countries for not doing enough to stop what he called "*an unjust war that has used violence against women and rape as a strategy of war*".

This recognition coincides with the 10th anniversary of the UN Security Council Resolution on rape and other forms of sexual violence as a war crime and a crime against humanity.

He has received many other international awards, including the 2014 Sakharov Prize for Freedom of Thought and the 2008 UN Human Rights Prize.

CPME stands in solidarity with Dr Mukwege and honours his work.

Miriam D'Ambrosio, Communication and Project Officer

NEW EUROPEAN JOINT ACTION ON VACCINATION LAUNCHED IN PARIS

© EU-JAV, 2018

On 4 September 2018, the kick-off meeting for the new three-year EU Joint Action on Vaccination (EU-JAV) took place in Paris. The joint action involves 20 European countries, the European Commission, and several other stakeholders such as the European Centre for Disease Prevention and Control (ECDC), the World Health Organization (WHO) Europe, the European Medicines Agency (EMA), the Organisation for Economic Cooperation and Development (OECD), Vaccines Europe and the Standing Committee of European Doctors (CPME). It is coordinated by Inserm, the French National Institute for Health and Medical Research, with a total budget of 5.8 million euros.

The aim of the EU-JAV is to address vaccine hesitancy and seek to increase vaccination coverage in Europe. Immunisation is one of the greatest biomedical and public health success stories of the 20th century and is estimated by the World Health Organization (WHO) to save 1 to 3 million lives every year. Yet, suboptimal uptake of recommended immunisations has increased over the past two decades and is currently resulting in the re□emergence of infectious diseases such as measles on the European continent. Vaccination is a valuable investment in health with positive benefits for the sustained development of populations. As a preventive tool, it considerably reduces the cost of care for the consequences of targeted diseases.

Building on existing initiatives, the new joint action will develop common and durable cooperation to build tools useful for EU and non-EU Member States' health authorities. The EU-JAV aims to develop concrete tools to strengthen national responses to vaccination challenges in Europe and therefore improve population health. It will build on the numerous existing initiatives and projects, first and foremost in Europe, while contributing to sustainably incorporating its achievements into the health policies of European countries. To contribute to this goal, the EU-JAV will involve a wide range of stakeholders, such as healthcare professionals, that share a common vision.

The EU-JAV proposes to address several important issues common to many countries, for example by establishing sustained cooperation of relevant EU member state authorities, defining structural, technical and legal specifications for data requirements for electronic vaccine registries, and providing a framework to cooperate on confidence from research to best practices and implementation.

The joint action is organised into work packages which will focus on integration in national policies and sustainability, assess the interoperability of European immunisation information systems and map vaccine needs and demand. Moreover, they will set priorities for vaccine research and development, and develop a systematic overview and analysis of the current situation of activities related to vaccine hesitancy and uptake.

CPME will contribute to specific work packages and to the stakeholder forum, aiming to provide strategic advice to the EU-JAV executive board. The joint action is co-funded by the EU Health Programme.

For more details, please contact Prof. Geneviève Chêne, EU-JAV coordinator, genevieve.chene@u-bordeaux.fr

Markus Kujawa, EU Policy Adviser

SPOTLIGHT ON ORGAN TRANSPLANTATION

Germany is about to revise its legal regime for organ donations.

In September 2018, the German minister of health floated the idea of amending the law currently requiring an opt-in from a potential donor. The suggested change would replace this concept with a so-called "double opt-out" model, implying that the agreement of the affected person can be assumed unless she or he has objected, or a relative objects. This change would be one of several measures meant to remedy the constant decline in organ donations in Germany over the past ten years. In 2017, merely 797 persons donated 2594 organs in Germany, which is the lowest number in 20 years. In 2018, the German Medical Assembly, as well as the respective assemblies of several regional State Chambers of Physicians in Germany, opined in favour of such an amendment. Opinion polls suggest that a slight majority of the population would also favour a "double opt-out" model.

Ethical arguments have been presented by both sides. Opponents note that the intensity of the intervention requires express consent; some fear that an opt-out model could lead potential donors to be viewed as warehouses for human spare parts. Proponents argue that, in the same way that every individual may assume that he or she is considered a potential organ recipient, it should also be assumed that everyone consents to be a potential donor, unless they state otherwise.

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Rudolf Reibel

Another argument used by opponents is that persons cannot be forced into a decision in favour of or against being a potential donor. Some argue that, in lieu of presumed consent, there should be a procedure which ensures that every person is asked about their position on this issue at a given point in time, while leaving the individual the freedom to refrain from making a decision – which would be considered equal to "no".

As opinions on the proposed model transcend party lines, it has been suggested that members of the German Bundestag should be free to vote according to their conscience, as is provided for in the constitution, rather than voting along party lines, as is generally the case in practice. While the "double opt-out" model is the most prominent and contentious component of the public discussion, it might not prove to be the main catalyst for the hoped-for turnaround in organ donor and donation numbers.

Another key issue is the administration of organ donations in hospitals. The current remuneration scheme offers few incentives for organ removal hospitals and transplantation commissaries in hospitals often lack the time to properly fulfil their tasks. As a result of this, many potential donors are not identified. To remedy these shortcomings, a set of measures was proposed by the government in late August 2018 including a potential donor reporting system, a readjustment of the remuneration system for organ removal hospitals, an on-call service of specially trained doctors to support smaller hospitals, and a strengthening of the position of transplantation commissaries, releasing them from other duties and giving them access to intensive care units and relevant files. As these changes are far less contentious than the "double opt-out" model, both proposals are being considered separately. It is expected that the opt-out will not be formally introduced by the government, but by a group of members of the Bundestag.

Finally, the decline in organ donations can also be attributed to irregularities in 2012, when it was revealed that in several hospitals, organs were not allocated to the individuals who were entitled to receive them. However, judging from opinion polls on patients´ willingness to donate, it appears that the measures put in place in the wake of these incidents have managed to gradually restore confidence in the German system of organ donations.

It is difficult to determine which of these measures will have the greatest impact on the development of organ donation figures in Germany, but there is hope that the downward trend can be reversed in the near future.

Note to editors available here.

Rudolf Reibel,

Policy Adviser, German Medical Association

OUTLOOK ON BREXIT: TERRY JOHN, BMA INTERNATIONAL COMMITTEE CHAIR AND GP

I am a GP. As a doctor, I know that a doctor's first responsibility is to their patients - a role that requires us to be honest and to speak out on matters that concern us. Over the past two years it has become increasingly clear that Brexit represents a major threat both to the NHS and to the nation's health. With just six months to go until the UK leaves the EU, there is still far too much uncertainty and confusion around the implications of Brexit for patients, doctors and wider health services.

The government has yet to provide detailed, tangible solutions, to many issues facing the profession. How will the UK continue to secure a consistent supply of medical radioisotopes for cancer treatment once we leave the EU? What immigration system will be put in place to enable highly skilled EU nationals, that we so need, to come and work in the NHS? Could the introduction of a separate regulatory system for medicines in the UK lead to patients facing delays of up to 24 months to access lifesaving drugs as feared?

One of the key issues for the health sector that is still very much up in the air is what will happen to the Mutual Recognition of Professional Qualifications (MRPQ). This plays a fundamental role in helping doctors deliver high quality healthcare, both here in the UK and across Europe. Once qualified, medical students from across the UK and Europe can, upon qualification, practise anywhere in Europe. There are also many European doctors who work, not only in the NHS, but also in their home nation. This allows them to develop their expertise and to also then share their expertise – an arrangement which benefits the health of the continent. And it means our over-stretched NHS can fill gaps quickly in its workforce. More than 12,000 doctors in our health service gained their primary medical qualification in the EEA. Without EEA qualified doctors, our health system would collapse.

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The Draft Withdrawal Agreement says that any qualifications obtained before the end of the transition period in December 2020 will continue to be recognised. While this provides some reassurance for doctors who will have qualified by then, the same cannot be said for medical students who are set to graduate after December 2020. This means our future medical workforce faces extreme uncertainty. We know there are more than 4,400 EEA students currently at UK medical schools and that more than 3,400 will not have completed their medical degrees by the end of December 2020. If UK and EU negotiators are unable to reach an agreement on MRPQ, an EU student gaining their medical qualification at a UK medical school could find themselves having to overcome a number of administrative barriers before they can practise in their home country. Similarly, UK graduates aspiring to work in Europe, or those at English speaking medical schools in Germany or the Czech Republic for example, could see their career options affected.

> *"If UK and EU negotiators are unable to reach an agreement on MRPQ, an EU student gaining their medical qualification at a UK medical school could find themselves having to overcome a number of administrative barriers before they can practise in their home country. Similarly, UK graduates aspiring to work in Europe, or those at English speaking medical schools in Germany or the Czech Republic for example, could see their career options affected."*
>
> *Dr Terry John*

Given what is at stake, it is vital we find the right solution to this issue, and all the others that Brexit has left the profession scrambling for answers on. It's why the BMA has extensively explored the impact of Brexit on health services across the UK and Europe, produced a series of briefing papers which have highlighted the many ways in which the UK's membership of the EU has benefited patients, the health workforce and health services, as well as

the risks of leaving the EU without a deal in place.

The UK Government has finally started planning to ensure the health sector and industry are prepared in the short term for a no deal Brexit, including stockpiling medicines and equipment and reviewing supply chains. This is too little, too late and quite frankly, proof that the impact on the NHS has not received the attention it deserves in the Brexit negotiations.

Many of those who are opposed to a second vote on Brexit, talk about the importance of respecting democracy. Despite raising concerns before the referendum, nobody could have predicted the chaos that Brexit would cause. Surely it is also one of the defining features of a democracy that those who participate in it have the right to change their minds and to voice their opinions again, once reality dawns. A reality entirely at odds with what was promised.

Whatever the outcome, the BMA will be working with the CPME and our other European partners to mitigate the impact of Brexit on the medical profession and the patients it serves across Europe.

Dr Terry John

BMA International Committee Chair

IRISH MEDICAL ORGANISATION ON THE PUBLIC HEALTH (ALCOHOL) BILL

IRISH MEDICAL ORGANISATION
Ceardchumann Dochtúirí na hÉireann

In December 2015, the then Minister for Health, Leo Varadker, published draft legislation introducing a range of measures aimed at reducing the consumption of alcohol in Ireland. This Public Health (Alcohol) Bill represents the first piece of legislation that is wholly centred on protecting the public health from the damaging effects of alcohol and includes provisions for minimum unit pricing, prominent health warnings on alcohol products, structural separation of alcohol products in retail outlets, and significant restrictions on the manner in which alcohol products can be marketed.

"The Public Health (Alcohol) Bill represents the first piece of legislation that is wholly centred on protecting the public health from the damaging effects of alcohol and includes provisions for minimum unit pricing, prominent health warnings on alcohol products, structural separation of alcohol products in retail outlets, and significant restrictions on the manner in which alcohol products can be marketed."

Vanessa Hetherington

Despite intensive lobbying from the drinks industry in Ireland to water down the main provisions, after over two years, the legislation has passed through the Seanad (Upper House of the Irish Parliament) relatively intact, thanks to the efforts of the Alcohol Health Alliance Ireland, a collaboration of physicians' groups and public health campaigners including the Irish Medical Organisation. Some concessions were made for small retailers and on the labelling of alcohol products for export. Three additional specifications in relation to the size of and warnings on labelling and a 9pm advertising watershed have been notified to the European Commission. The Commission and a number of Member States have issued comments or detailed opinions on the Bill and objections were also issued by international alcohol industry bodies.

There is, however, irrefutable evidence directly linking alcohol consumption to over 60 acute and chronic conditions ranging from accidents and assaults to mental health problems, cardiovascular disease, liver cirrhosis and certain cancers. In Ireland alcohol consumption rates are amongst the highest in Europe and consumption patterns amongst our young people are of particular concern.

While the European Commission's evaluation is now extended until 20th July, presenting a further delay to the enactment of the legislation, the IMO and our colleagues in the Alcohol Health Alliance Ireland remain confident that the Bill will be passed.

Vanessa Hetherington

Assistant Director, Policy and International Affairs of the Irish Medical Organisation

GUEST ARTICLE

LOOKING FOR A NOVEL "FIX", OR JUST TO REDUCE THE EVIDENCE-PRACTICE GAP?

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CHRODIS+
IMPLEMENTING GOOD PRACTICES FOR CHRONIC DISEASES

It was Woolf et al. who concluded: *Reducing evidence-practice gaps would likely lead to greater population benefits than the potential benefits of most novel treatments*.[1] It is a true luxury to live at a time when we as society have accumulated so much knowledge that the actual implementation is lagging behind.

When so much is known, it becomes a matter of prioritising what we do and where we start.

Over the last 90 years a gain in life expectancy of >24 years has been achieved in some countries, such as Canada. By 2020 it is expected that children under 5 will be outnumbered by people over 60 globally. Ageing populations and the ever increasing quality of care mean that the number of people with multiple ongoing health conditions is set to rise. People living with a long-term condition are prone to have an additional chronic disease. In fact, in some countries it is reported that out of all those with a chronic condition, over 80% of patients have at least two chronic diseases. This "multimorbidity", or the coexistence of two or more chronic conditions in the same patient, has a huge impact on healthcare in general, but also on primary care.

Beyond this, chronic conditions have vast social and economic implications, also with regard to the employment sector. Non-communicable diseases (NCDs) lead to the premature death of 550,000 working age people (25-64 years) each year across the EU, resulting in the loss of 3.4 million potentially productive life years. This amounts to an annual loss of €115 billion for EU economies, a figure which does not even include losses from lower employment rates and the lower productivity of people with such chronic conditions.

The impact that chronic diseases have on individuals in terms of negative employment outcomes, such as reduced workforce participation and early retirement, results in a loss of income and an increase in the risk of poverty for the person as well as for his/her family. Chronic diseases also affect employers: absence from work, issues connected to employability, costs of retaining or replacing workers, and internal company policies are crucial aspects. Many of these issues can be tackled by adapting the work environment. Furthermore, many chronic diseases have their origin in lifestyles, which are to a large extent determined by the environments that we live in.

> *"CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of the burden of chronic diseases by promoting the implementation of policies and practices with demonstrated success. The development and sharing of these tested policies and projects across EU countries is the core idea behind this action."*
>
> *Rokas Navickas*

Overall, this highlights the importance of a systems approach, not only to safer primary care for people with chronic conditions, but also to secondary and tertiary care, to improving access to work and the participation of people with chronic diseases, the support of employers in implementing health promotion and chronic disease prevention activities in the workplaces, and the reinforcement of decision makers' ability to create policies that improve access, reintegration, maintenance and the ability of people with chronic diseases to stay at work. It also highlights the

need to increase the speed and success of testing, sharing and actually implementing practices.

But what about good practice in this area? CHRODIS, and now CHRODIS PLUS, one of the biggest joint actions in Europe, is working on chronic diseases. More specifically, on identifying great practices currently being implemented and producing splendid results across Europe and beyond. Once identified, these good practices are structured and shared, driving the scale-up process, spreading good practices across Europe, testing and implementing them across different healthcare settings. These good practices are in health promotion and prevention, multimorbidity and quality of care.

CHRODIS PLUS, during its 36 months of operation, will contribute to the reduction of the burden of chronic diseases by promoting the implementation of policies and practices with demonstrated success. The development and sharing of these tested policies and projects across EU countries is the core idea behind this action. In CHRODIS PLUS, 42 partners representing 21 Europeans countries collaborate to implement pilot projects and generate practical lessons in the field of chronic conditions. The number of collaborating partners is growing rapidly. Their input is also crucial for the final outputs of CHRODIS PLUS.

The Standing Committee of European Doctors (CPME) is collaborating on dissemination activities and is providing input on drafting the Consensus Statement; one of the key tasks of the joint action.

Rokas Navickas, MD, PhD, FESC

Scientific coordinator CHRODIS PLUS

1. Woolf SH et al. Ann Fam Med 2005;3:545-552

SELF-CARE WEEK 2018: SELF CARE FOR LIFE

12-18 November 2018 marks the second Self-Care Week EU campaign. This year's theme is "Self-Care for Life". What does this all mean? And why should you (self-) care?

Health and care have to transcend healthcare. To achieve sustainable physical and mental health and wellbeing as per Sustainable Development Goal No. 3, a self-caring, empowered and (digitally) health literate society is needed. A significant part of the equation, which so far has failed to be holistically addressed by the policy community, is engaging the entire health ecosystem along a self-care continuum. From policy to practice to sustainable uptake by those who will benefit the most - individuals who live in the EU and those professionals who are effectively charged with creating and maintaining a self-care infrastructure at system level.

The Self-Care Initiative Europe (SCIE) is a multi-stakeholder pan-EU network. CPME is an observer member of this initiative. Its objectives are set out in the SCiE Manifesto. The initiative aims to embed self-care in policy discourse at all levels by 2020, with a common definition adopted by all relevant stakeholders. Moreover, it wants self-care to be included as an indicator for evaluation of measuring healthcare systems across Europe. All relevant stakeholders are empowered through policy to incorporate and establish self-care within their relevant environments, and a proper accountability system is set in place.

This is the rationale behind the annual public Self-Care Week EU campaign. Taking inspiration and building on the UK Self-Care Week, organised by the Self-Care Forum UK, as well as the Hygiene Week, organised by the Dan-

ish Council for Better Hygiene, both since 2009, we have posed the questions: what is missing from a multi-stakeholder perspective, how can we engage each other to talk and take personal positive actions across the life cycle, and how can we make a contribution to behavioural change across all actors to make self-care a reality?

Self-Care Week Europe is an annual pledge-based multi-stakeholder public engagement campaign with the aim of raising awareness of and empowering individuals as well as organisations on the available options and benefits to self-care, taking a lifecycle approach to health and wellbeing.

DAY	THEMATIC HIGHLIGHTS OF SELF-CARE WEEK
MONDAY 12	*Launch of Self-Care Week - All about what we mean by "self -care"*
TUESDAY 13	*Self-Care for Life - A lifecycle approach - What's your view?*
WEDNESDAY 14	*Digital transformation and systemic innovations - How do you use technology to self-care?*
THURSDAY 15	*Changing roles: Professional transformation and future care*
FRIDAY 16	*Educating for a sustainable future - Health literacy and lifestyle*
SATURDAY 17	*Bringing it all together: Mind and matter*
SUNDAY 18	*Self-Care For Life - Committing to make a change*

The 2018 campaign aims to cover a minimum of 10 EU Member States, with the ambition to grow to cover at least 20 by 2022. The overarching theme of 2018 is entitled '*Self-Care for Life'*, a motto that is highly relevant in light of the importance of self-care within different aspects of improving everyday life, starting from self-managing pre-existing chronic conditions, recovering after injury, all the way to simply improving the overall well-being of a person or tending to a minor ailment (cough, cold etc.). It offers the opportunity for different stakeholder groups to run actions based on their own priority agendas to demonstrate how they can contribute positively to embedding self-care across the self-care value chain.

Self-Care Policy Compendium: The Future of Self-Care in Europe

We are also pleased to invite you to the launch of our joint publication *"The Future of Self-Care in Europe"* at the European Parliament in Brussels on 6 November 2018. The publication is a collaborative compendium of visions, suggestions, analysis, and ideas - integrating input from researchers, organizations, authorities, think tanks, and market actors in a joint e-book (with a print to order option) - and a very concrete example of the value of SCiE as a collaborative framework to enable the creation of cross-sectorial and interdisciplinary dissemination.

In addition to great in-depth articles about the shifting landscapes of European healthcare and empowerment of European communities, forewords and thoughts from DG Sante, MEPs and patient organisations add to the input from professionals and stakeholders, such as CPME. The combined visions of 27 great minds are worth a long read, and serious consideration and thoughts about the future of self-care in Europe.

Jacqueline Bowman
SCiE Policy Lead

INEQUALITIES IN DOCTORS' WORKING CONDITIONS ACROSS THE EUROPEAN UNION

FEMS research conducted over the past several months has shown that migration patterns are quite complex, especially on the emigration side, with many countries where working conditions are not considered to be bad being net exporters of doctors. However, the major impact on national healthcare systems can be seen on the immigration side: countries which are not able to attract foreign doctors are usually quite unfavorable for their own doctors as well, in addition to having many healthcare concerns.

GUEST ARTICLE

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Conducted with the support of 12 FEMS member organisations across 10 European countries, this FEMS study identified some of the recurrent problems as the lack of doctors (and of overall healthcare professionals) and the underfunding of public healthcare systems. The reported lack of doctors often contradicted official OECD data, which show that on average there are enough doctors.

While the commonly accepted perspective is that Western Europe is the target of immigration with doctors tending to emigrate from Eastern Europe, the data from this study do not support this belief. In absolute numbers, for instance, there are four countries that are the main source of emigration: Italy, Poland, Romania and France, i.e. two countries from Eastern Europe and two from Western Europe.

The main reasons pushing doctors to emigrate are low wages and poor working conditions, as well as a lack of career perspectives.

The study draws attention to the fact that the migration of physicians in Europe is a complex phenomenon that cannot be ignored because it influences the labor market, both in source and target countries. Thus, in source countries, the process can aggravate the population's lack of access to the services of qualified medical professionals. In target countries, it affects the structure and fluctuations of the labor market in the healthcare sector.

The migration of doctors cannot be stopped, but it can be better monitored to facilitate a fair projection and distribution of labour across the EU.

The conference **"***Inequalities in doctors' working conditions in the EU"*, organized in partnership with the European Economic and Social Committee, was a joint action by governmental and non-governmental organizations (EU institutions, OECD, EMOs and others) aimed at identifying potential solutions to improving working conditions of doctors across the EU, as well as healthcare systems as a whole.

> *"The migration of physicians in Europe is a complex phenomenon that cannot be ignored because it influences the labor market, both in source and target countries."*
>
> *Diana Voicu*

Among possible solutions for countries of emigration and immigration, the participants identified:

- **An increase in public healthcare spending to a minimum of 6.9% GDP**;

Although healthcare spending doesn't correlate so well with healthcare outcomes, it has been noted that countries which spend more on healthcare generally achieve better outcomes. Aside from this, there should be a minimum spending threshold of public resources; healthcare should be seen as an investment and not a cost.

- **A sustainable patient/staff ratio at EU level**;

Maintaining an appropriate patient/staff ratio remains a crucial goal for all stakeholders in healthcare. However, oppressive measures to keep doctors in their home country are not in line with the free movement of workers. Countries should establish economic, social and working conditions that are stimulating enough, not only to domestic doctors, but also to promote an exchange of ideas and experiences internationally.

- **An increase in university graduates**;

All countries should ensure enough posts at medical faculties to satisfy the needs of their population so that they mustn't rely on the importation of medical staff. On the other hand, the overproduction of doctors doesn't appear to solve the problem of a lack of personnel if a country is not able to retain its staff due to emigration.

Diana Voicu, European Liaison Officer FEMS

EU INSTITUTIONAL NEWS

19 July 2018	The Commission announced its launch of the first steps of possible infringement procedures against 27 Member States on their failure to properly transpose the amendments to the **Professional Qualifications Directive** – Lithuania being the only Member State which is not affected. This includes all new elements such as the alert mechanism, language requirements, partial access and the reporting of new rules including proportionality assessment. Member States were obliged to transpose the Directive into national law by January 2016. Currently the Commission is issuing so-called 'letters of formal notice', an early step of a possible infringement procedure, with the hope of encouraging Member States to fully comply with the Directive's provisions. Please find the full press release here.
12 September 2018	European Commission President Jean-Claude Juncker delivered his annual and last **State of the Union speech** (full text here) to the European Parliament in Strasbourg on Wednesday 12 September 2018. He set out his vision for the future of the European Union ahead of the 2019 European elections touching different topics. Unfortunately, there was no mention of health policy. CPME will keep following any further developments on the future of health and will call on EU policy-makers and Member States to make sure that health is adequately taken into account in the next EU agenda and budget.
13 September 2018	The ENVI committee voted on its draft report on the Commission's **proposal for a regulation on health technology assessment** (HTA) on 13 September 2018. As a result, all the compromise amendments were adopted by the members of the committee. As expected, the European Parliament maintains the mandatory approach proposed by the Commission. We are pleased to report that the main aspects raised by CPME, including the need to further specify the joint clinical procedure as well as the need for increased transparency and independence to guarantee trust in the process, were taken on board by the rapporteur. The full analysis of the compromise amendments is available here.
18 October 2018	**Implementation of safety features under the Falsified Medicines Directive** 2011/62/EU: there are new rules regarding the end-to-end verification system which will become applicable in the EU and EEA on 9 February 2019. From this date, prescription medicines placed on the EU market will need to carry a unique identifier (UI) and anti-tampering device (ATD). Their repository system will also need to be operational by 9 February 2019. More information can be found here.
23 October 2018	The European Commission has published their Work Programme for 2019. **European format for electronic health records** (EHRs) is the only specifically health-related measure announced. This will take the form of a Commission's recommendation to EU Member States. However, it is worth noting that Germany and France already expressed reservations on certain aspects of the communication, including the EHR exchange format, at the EPSCO council in June 2018. The Commission's work programme for 2019 is available here.

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Guest commentary

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

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