

## President's report for June 2009 Board meeting

You will all have received an update from Konstanty Radziwill, the Secretary-General and myself on the situation regarding future CPME membership of France, Italy and Spain. On behalf of the Executive Committee, I will provide a further update via a tabled document prior to the June Board.

While this issue has been occupying some considerable amount of time since our last meeting in March, there have been a very large number of European political and policy issues in which we continue to be deeply involved. Some of these required input from us in advance of the European Parliamentary elections. We are now in a period of relative calm as the new Parliament is elected, and before the new Commissioners take up their posts. This represents an opportunity to clarify our priorities for influence on the new Parliament and Commission, as well as working with the Swedish presidency as it takes office from July 1<sup>st</sup>.

The impasse that was reached in the trilateral negotiations on the European Working Time Directive was predictable, given the opposing positions of the interested parties. The fact that a lack of progress has left the status quo essentially unchanged is not an immediate problem for CPME, as it preserves the main points of our policy, but the possibility of infringement proceedings against member states, or alternative new proposals from the Commission make the future uncertain.

The importance of IT to future health care was underlined by a visit I made to Washington DC on May 20<sup>th</sup> and 21<sup>st</sup> with a small European Commission delegation. The meeting provided an opportunity for the US Health Department to consult with a large number of medical organisations on the best way to focus the financial stimulus towards developing e-health. As around \$32bn is available overall the discussion proved very interesting, and raised the same basic questions that we are trying to answer – how E-Health can be used to enhance, but not replace – the doctor/patient relationship.

Following the USA meeting I went to Brussels for our Executive Committee, then on to Strasbourg for a meeting, on April 23<sup>rd</sup> of the European Parliament's ENVI working group, chaired by Dr Georgs Andrejevs MEP. After an introductory speech from DG SANCO Commissioner Vassiliou, the meeting looked at the "added value", not least via additional funding, that the EU can provide to countries in which the recession has led to significant reductions in healthcare funding. I attended a similar meeting in Brussels on April 27<sup>th</sup>, at which the main focus was the impact of the economic crisis on mental health.

We were delighted that most of our policy objectives with regard to cross-border healthcare were met through the passing of amendments to the Bowis report in the Strasbourg parliament on April 23<sup>rd</sup>. However, this simply takes the discussion further on the technical issues, such as the definition of hospital care and the mechanics of prior authorisation. From a patient safety perspective, much has to be done to establish a framework for cross-border care that maintains quality of care, and we need to develop policy on information exchange, measurements and standards of quality, the use of reference centres and redress. Daniel Mart will report further on this at the subcommittee on June 12<sup>th</sup>.

On April 27<sup>th</sup> the secretariat and I had a teleconference about the Gastein meeting later this year. We have had at least three invitations to contribute to sessions.

I attended the EMS Council in Istanbul at the end of April. The main focus of the meeting was the opportunity for medical students to undertake, and be more involved in, research during their undergraduate training, but as usual with students' meetings the discussions

were wide-ranging and stimulating. European medical student meetings are always a great pleasure to attend, and also provide a reassurance that the future leadership of European medical organisations is assured.

The World Healthcare Congress was held in Brussels on May 13<sup>th</sup> and 14<sup>th</sup>. CPME and the European Patients Forum shared a platform in one session dealing with patient information and “health literacy”, a topic on which CPME and EPF are developing further joint work. During the same two days, I attended the European Health Policy Forum, which presented a good opportunity to catch up with many of the issues in which we are already fully engaged at Commission level. Looking to the near future, we had well-informed presentations and discussion on two key policy areas. The first was social inequalities that lead to health inequities. We have already started work on this, but it will be a major topic for further development. It will also take us well out of our usual “comfort zone”, as policy initiatives to address health inequalities need to cover economic, educational and housing policy, as well as healthcare, if they are to succeed. The second issue was the health consequences of global warming. DG Sanco had gathered an impressive list of speakers, including representatives from WHO, and it is clear that the medical profession can take a leading role, as we move towards the UN conference in Copenhagen in October, in arguing, not just for mitigation policies but for more long-term measures such as contraction and convergence, and the reduction in emissions.

On E-health, we have now started official collaboration on the Calliope project, starting with a meeting in Paris on May 28<sup>th</sup>. We will be looking for better collaboration and integration between CALLIOPE, which is predominantly a user group concentrating on interoperability, and EPSOS, which is an industry-led group looking at the technical specifications for a summary electronic record and e-prescribing. The influence of industry, the rapid change in technology and the expectations of healthcare providers and patients all make it absolutely essential that CPME continues to emphasise the central importance of the doctor/patient relationship in all health IT projects. Involvement in CALLIOPE also gives us another opportunity to work with the EPF, EFN and PGEU on a wider healthcare professional approach to E-Health.

Following my meetings with Presidential colleagues in Paris and Rome I attended the 20<sup>th</sup> anniversary of the reformation of the Polish Medical Chamber. This was an emotional and impressive event, very professionally facilitated by Konstanty Radziwill. The President of Poland marked the event by awarding honours to many of the past and present officers of the Chamber. Konstanty was presented with the “Cavalier Cross of the Renaissance of Poland Order” in recognition of his work.

On June 3<sup>rd</sup> I gave a presentation to the annual meeting of the Association of the European Self-Medication Industry (AESGP). My focus was on information to patients and the need for authoritative and accurate information on all medication. This is of particular importance for pharmaceutical products that can be purchased over the counter. An aspect of the presentations was that what was “good” for the OTC industry – such as a high number of winter coughs and colds – would be equally “bad” for us in terms of workload! However, the synergy here would be for doctors, pharmacists and the industry to agree on common information pathways that helped patients make safe decisions on self-medication for self-limiting conditions. What the industry may be less supportive of would of course be that the self-limiting condition might be treatable with no medication at all. What is clear is that the recession is driving more patients to the doctor in countries where prescriptions are either free or at low cost, or to self-medicate with cheaper OTC alternatives where the cost of prescriptions is high. The main drive for the industry is to open up pharmacies to provide more direct information and healthcare advice to patients, which has implications for our role that we need to reflect on.

Prior to our meeting I will be attending a joint session for healthcare professionals and patient organisations at the European Medicines Evaluation Agency in London. Part of the meeting will develop further thoughts on the role of regulatory agencies in providing accurate and impartial information on pharmaceutical products.

On Thursday afternoon the Executive Committees of all the European medical organisations will be meeting to discuss closer collaboration. We will examine the key policy areas for the next few years as a basis for how we might develop policy and influence together, in order to represent the voice of doctors even more effectively. Using this as a reference point, we can see how we might create economies of scale between us in terms of premises, staff and shared resources. The first hour of the Board on Friday is set aside for a short presentation to you on the meeting, followed by a discussion.

In summary, there is much that CPME is contributing to. As President it is difficult not to see the contrast between the effort we give to resolving our internal concerns and the importance given to our work by many European institutions. Clearly we need an organisation that is united and whose members share a common European purpose. With 30 full members, an association such as ours has to accommodate strong and opposing views. But if we are to remain influential on the European scene we also have to speak the language of compromise. I hope this will be heard over the course of our meeting.

Michael Wilks  
President