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SAVE THE DATE! - CPME Meetings 2019 2020



15 - 16 November 2019
Helsinki (Finland)

03 - 04 April 2020
Zagreb (Croatia)

HAPPY BIRTHDAY FROM THE CPME PRESIDENT



Dear Colleagues and friends,

Welcome to the 30th edition of the CPME Newsletter.

This edition celebrates the 60-year jubilee of the Standing Committee of European Doctors (CPME). Our organisation was founded in Amsterdam on 23 October 1959 and was joined from its earliest meetings by the National Medical Associations of those countries with applications to join the European Economic Community. Today CPME represents more than 1.7 million doctors across Europe and is composed of 28 members, 2 associate members, 4 associated organisations and 5 observers.

Sixty years old – and much wiser. The 60th anniversary of a person is normally a moment to reflect on achievements and successes of the past – and a moment to consider how to finalize one's life record. The 60th anniversary of an organization like CPME, however, is focussed on the future. We have achieved a lot in the past - we are the partner of the EU Commission on all medical issues. And ahead of us lie a newly appointed Commission, the effects of Brexit, and a growing demand for coordinating European initiatives in the medical and scientific field for the benefit of patients and physicians. CPME has maintained its role as the most representative organisation of doctors in Europe. Together with our Observer and Associate Members, we are the medical voice of Europe. And we will remain the most representative partner of the Commission. With a physician as President of the European Commission we have a great chance to have issues and problems of medicine recognized at the highest level of the EU. We have already noticed that the DG SANTE has been strengthened. Let's take our chance, let's be part of a better future for Europe.

Happy birthday CPME!

Kind regards,

A handwritten signature in purple ink, appearing to read 'F. U. Montgomery'.

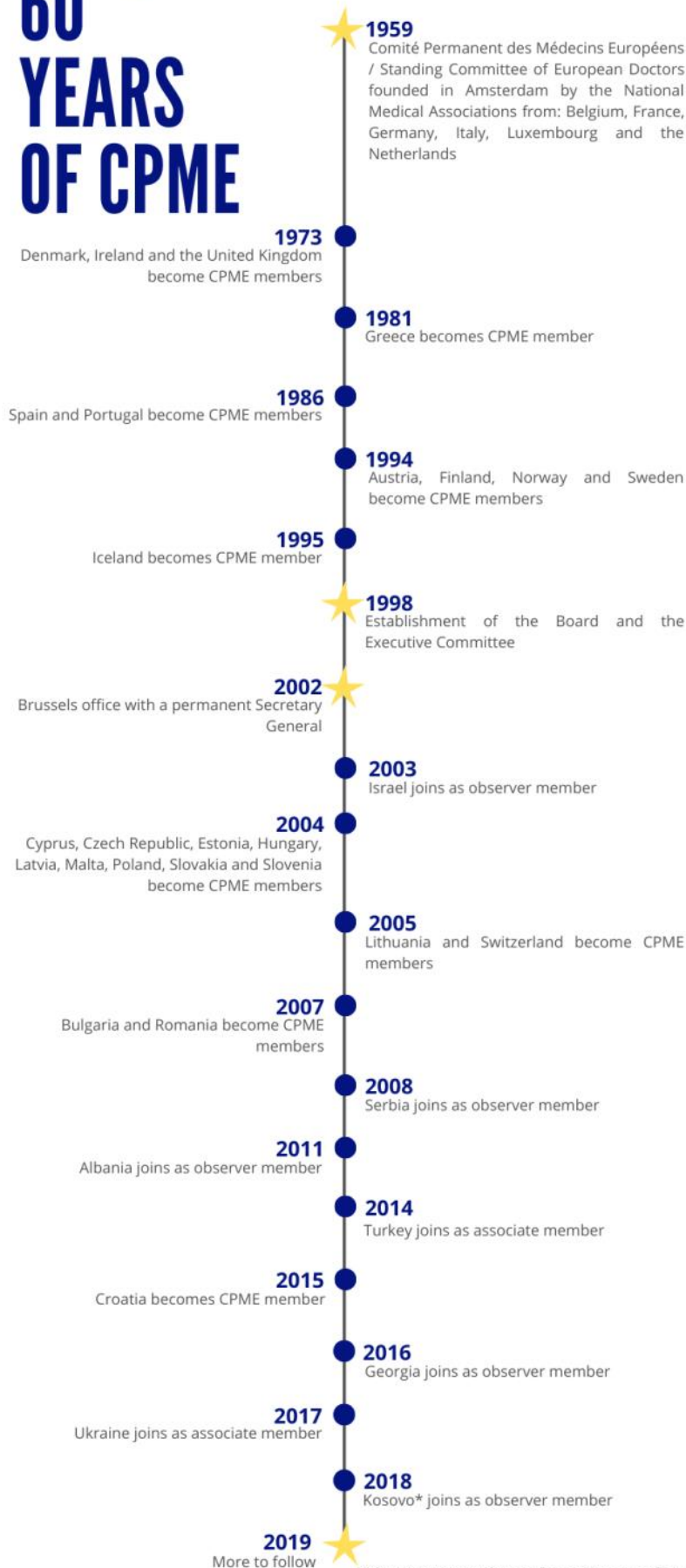
Prof. Dr Frank Ulrich Montgomery
CPME President



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS
STANDING COMMITTEE OF EUROPEAN DOCTORS



60 YEARS OF CPME



*References to Kosovo are without prejudice to positions on status. They are in line with United Nations Security Council Resolution 1244/1999 and the opinion by the International Court of Justice on the Kosovo declaration of independence.



By bringing together the leading national medical associations from across the continent, CPME enables European doctors to speak with one strong voice. We particularly value CPME as a unique forum to jointly discuss trends and developments in European health policy and health related issues. The Austrian Medical Chamber is glad to have CPME as a reliable partner and wishes it the very best for a successful future!

ao. Univ.-Prof. Dr. Thomas Szekeres, President of the Austrian Medical Chamber



The Medical Women's International Association congratulates CPME on their 60th anniversary. This milestone celebrates the many achievements of a strong network of national European associations and associated European-wide member associations and brings the medical profession's point of view on many health and healthcare related issues onto the European table. We wish CPME another 60 successful years as a strong voice on the European policy-making stage!

Prof. Dr Dr Bettina Pfeleiderer, Medical Women's International Association



"Sixty years old – and much wiser. The 60th anniversary of a person is normally a moment to reflect on achievements and successes of the past – and a moment to consider how to finalize one's life record. The 60th anniversary of an organization like CPME, however, is focussed on the future. We have achieved a lot in the past - we are the partner of the EU Commission on all medical issues. And ahead of us lie a newly appointed Commission, the effects of Brexit, and a growing demand for coordinating European initiatives in the medical and scientific field for the benefit of patients and physicians. CPME has maintained its role as the most representative organisations of doctors in Europe. Together with our Observer and Associate Members, we are the medical voice of Europe. And we will remain the most representative partner of the Commission. With a physician as President of the European Commission we have a great chance to have issues and problems of medicine recognized at the highest level of the EU. We have already noticed that the DG Santé has been strengthened. Let's take our chance, let's be part of a better future for Europe."

Prof. Dr. Frank Ulrich Montgomery, President CPME



On behalf on the Medical Association of Malta, I must express my congratulations to CPME for 60 years of success and contribution to the advancement of the Medical profession in Europe. I am sure that patients and doctors alike will continue to benefit from CPME's activities in the future.

Dr Martin Balzan, Medical Association of Malta



As a generous host to Smoke Free Partnership's Secretariat in 2014 and a partner in the SFP Coalition since its inception in 2015, CPME -and its members- worked alongside us to achieve a tobacco free Europe through EU and national advocacy and the crucial engagement of medical professionals in smoking prevention policies. We are grateful for your support and look forward to our continued work to advocate for tobacco control and ultimately for a healthy Europe. Wishing CPME many successful returns.

Anca Toma Friedlaender, Director of the Smoke Free Partnership



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EFN and CPME have worked hard over the last 50 years to keep our Directive 2013/55/EU fit-for-purpose. Highly qualified sectorial professions are the cornerstones of our healthcare ecosystem in the EU.”

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Paul De Raeve, Secretary General, European Federation of Nurses Associations

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We live in a politically increasingly polarized world facing major challenges. Only by working together we will be able to ensure that medical progress, safe and high-quality care benefits all patients. That is why international medical organizations will play an even more important role in the future than they do today! - We send our best wishes to the CPME and its Board for its birthday and wish the CPME a successful future, your FMH Swiss Medical Association.

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Jürg Schlup, President of the Swiss Medical Association

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The European Junior Doctors Association (EJD) congratulates CPME on their 60th Anniversary and look forward to many more years on future collaboration, lobbying and advocacy on behalf of doctors across Europe.

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Dr Kitty Mohan, President of the European Junior Doctors

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British medicine is European medicine.” These words, spoken by the CPME’s President, Prof Dr Frank Ulrich Montgomery, in 2019 at an event in the European Parliament say it all. Whatever Europe’s political future may hold, Europe’s doctors must remain united to secure the future of our profession and the health of the patients and populations we serve across, and within, the continent’s borders. With our heartiest congratulations for 6 decades of sterling work, the BMA wishes you all the best for the next 60 years and looks forward to continuing to play an integral role within CPME.

Dr Terry John, CPME Head of Delegation of the British Medical Association

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For six decades CPME has represented doctors all over Europe to the EU and its institutions. Brexit has shown the importance of CPME within the European Union in representing the Medical Professions united view. CPME will continue to unite European doctors in the interests of the profession and the provision of accessible, equitable quality healthcare to our patients. Happy 60th Anniversary to CPME!

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Irish Medical Organisation

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CPME is the organized voice of the physicians all over Europe, acting solely by professional values and right to health. It showed no hesitance in its past to defend those values in solidarity. We are proud of being part of it.

Prof. Dr Sinan Adiyaman, Chairman of the Turkish Medical Association

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I consider CPME to be the most important organisation defending professional interests of the physicians, who work in the EU member states and other cooperating countries. Like all the medical chambers and associations in small and medium-sized states, the Czech Medical Chamber has not enough force and funds to enforce any measures on the European level on its own. We need CPME, which is not only a reliable and credible source of information, but also substantial mediator for the Czech doctors in the European Union. I would like to express my sincere gratitude to CPME for helping us to deal with difficulties anytime. I wish CPME to remain powerful and independent structure supporting all physicians in case of distress persistently.

Dr Milan Kubek - President of the Czech Medical Chamber

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UMA on behalf of Ukrainian doctors congratulates CPME on its anniversary. CPME is the most respected association of doctors across the European space. Over 60 years of history this organization has been widely recognized. Acting thoroughly and competently, the CPME has a significant impact on all health decisions in the EU and other European countries. We are proud to have joined the CPME in 2017 by becoming an Associate Member.

Dr. Oleg Musii, President of the Ukrainian Medical Association

Congratulations on your 60 years anniversary! Wishing you many more years of success and bigger influence in shaping future practice in health care, while raising question important for medical profession and patients.

Dr Milan Dinic, General Manager of Serbian Medical Chamber

For all the Medical Unions but especially for the small Unions in the EU, is CPME the best pleader. This we can sign truly here in Luxembourg, as one of the smallest Union. CPME gives Luxembourg bigger influence during their negotiations with the government. Wish that CPME will gain in force to protect even more all medical Association in the EU. Congratulations all over her 60th anniversary.

Dr Xavier Miller, Head of delegation of the Association of Doctors and Dentists of the Grand-Duchy of Luxembourg

Congratulations to CPME on your 60th Anniversary! And thanks to your great work in defending the interests of European doctors in many political areas. EU is listening and appreciates CPME. European health policy is the core competence of CPME and this role will even grow. It is a privilege to host the November 2019 CPME meeting in Helsinki.

Dr Samuli Saarni, President, and Ms Kati Myllymäki, CEO, of the Finnish Medical Association

We congratulate CPME on its 60-year anniversary. It is a pleasure working with you.

Susanne Løgstrup, Director European Heart Network

Some decades ago, 60-year-old lady, as CPME turns this year, would be considered old. Given the expected prolongation of human life in our days, she is considered middle aged. Hopefully CPME will remain eternally young to represent the European medical community for the benefit of both patients and doctors. We would like to thank CPME for all the support to the problems the medical professionals and the healthcare sector faced with in Greece during the hard days of the financial crisis.

Dr Athanasios Exadaktylos, President of the Panhellenic Medical Association

During its 60 years of existence, CPME has always been committed to the defense of Health and European doctors in Brussels. We believe that CPME should guarantee and defend our interests, as well as advance the European medical profession mobility. You have all our trust and support in this mission.

Dr Jean-François Rault, General Delegate for European and International Affairs at the French Medical Council

"The Israeli Medical Association was welcomed in to the CPME with open arms, even though we are not in the EU we are accepted to be observers of the organisation. The CPME bring together physicians from Europe and works well to bring a united voice of physicians to the European Parliament. We wish the CPME our heartfelt congratulations on 60 years of successful work representing physicians in Europe. We look forward to seeing you to continue to grow and flourish."

Leah Wapner, Secretary General, Israeli Medical Association

“ On behalf of UEMS, we extend our most sincere congratulations to CPME on completing 60 years of successful representation of the medical profession in Europe. We value working with CPME so that each and every step we have made together has served the same noble cause. We look forward to the next 60 years continuing to brilliantly reflect efforts to serve the medical community for the benefit to the health of the citizens of Europe.

Bertrand Daval, Chief Executive of the Union Européenne des Médecins Spécialistes

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“ Fighting for the Minimum Unit Pricing on Alcohol in Scotland, campaigning for keeping the pharmaceuticals and medical devices under the responsibility of the Health Commissioner or raising awareness about the potential health impacts of the EU-US Transatlantic Trade and Investment Partnership are examples in the past when I collaborated with European doctors and appreciated the added value of CPME in these difficult fights. European doctors' voice needed to be heard and looking forward to continue to work with CPME to ensure that Europe do more for health in the next 60 years, too!

Zoltán Massay-Kosubek, Policy Manager for Health Policy Coherence, European Public Health Alliance

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“ We are proud to be a part of CPME. Congratulations on the 60th Anniversary to the CPME and all those who made CPME what it is today!

Dr Daiva Brogiene, Lithuanian Medical Association

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Seven years ago, a bit after the CPME 50-year anniversary and a bit before the FVE 40-year anniversary European Doctors and European Veterinarians formalised our close commitment to work together to implement One Health concept in practice, by signing our first CPME-FVE memorandum of Understanding. Since January 2013 we have been enjoying to collaborate, to prepare our professions for the future. We are awaiting jointly celebrate our 10-year anniversary soon.

Rens van Dobbenburgh, President of the Federation of European Veterinarians

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“ Sixty years is the perfect wise age for a European organisation! Created seven years later, HOPE learned a lot from CPME strong commitment to the health of the European population. Looking forward for more years of active collaboration!

Pascal Garel, Chief executive, European Hospital and Healthcare Federation

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The World Medical Association congratulates the CPME for 60 years taking leadership in representing European Physicians and the interest of their patients to the Institutions of what is now the European Union. A great job done for the unity of the profession and better health for all Europeans. It has never been more important than today!

Dr Otmar Kloiber, Secretary General of the World Medical Association

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“With the unique position as a consultative body for EU on health issues CPME take care of the interests of all European doctors and the health care systems in the region. For a National Medical Association from a country that is not a member of EU, membership in CPME is therefore invaluable. CPME creates a collegial arena where we can share knowledge and experiences with our European colleagues.”

Norwegian Medical Association

“On behalf of the Swedish Medical Association, we extend our warmest congratulations to CPME for completing 60 glorious years of establishing a profound impact on European healthcare and working conditions for doctors. The importance of a unified force increases every year and accordingly, we wish the CPME the best of luck for many more years to come.”

Jonas Ålebring, CPME Head of delegation, Swedish Medical Association and Heidi Stensmyren President of the Swedish Medical Association

“Happy 60 Anniversary, CPME! As the pressure on European doctors and our health care systems continues to rise, there has never been a greater need for the CPME to give doctors a strong voice in European policy-making. We will continue the cooperation with the CPME to protect our national health care systems and to improve the quality of healthcare in Europe.”

Dr Andreas Rudkjøbing, President of the Danish Medical Association

“On behalf of PGEU members, our congratulations to CPME and its Secretariat on this very special occasion. It has been a pleasure working hand in hand with you over the past years to advocate for ensuring patients living in the EU have access to high quality and efficient health services in a number of EU key initiatives with an impact on public health. We wish your organisation a very long, successful and healthy future and look forward to continuing our strong collaboration in the years to come!”

Ilaria Passarani, Secretary General, Pharmaceutical Group of the European Union

“CPME is an important partner for EuroHealthNet as health professionals have a key role to play in tackling health inequalities. Congratulations on your 60th birthday! We look forward to cooperating over the next 60 years”

Caroline Costongs, Director EuroHealthNet

“I am delighted to warmly congratulate CPME on the occasion of your 60th anniversary. Dentists share with doctors many common professional challenges and a strong interest in high quality and accessible healthcare in Europe. We have been working closely with CPME for many years, particularly since the signature of the Memorandum of Understanding in 2014, and I look forward to continuing to make valuable joint contributions to EU health policy.”

Dr Marco Landi, President, Council of European Dentists

“The Standing Committee of European Doctors has become the central advocate for the interests of doctors in an increasingly important and complex European legislation process. The involvement of CPME and the intermediation with its member associations is of great value to the German Medical Association. We would like to thank CPME and its team and wish CPME all the best for many years to come speaking as a strong voice for European doctors.”

Dr Klaus Reinhardt, German Medical Association

CPME – A PERSONAL JOURNEY

My first CPME meeting was a late autumn general assembly in Helsinki under the presidency of Markku Aarimaa. He was president from 2000 to 2001. The meeting started quite early in the morning. Having arrived late the night before and with the time difference – which was probably 3 hours – my internal clock could not cope and I overslept. This meant that there was a vote missing on a sensitive issue and my hotel room was phoned urgently. In Icelandic there is a saying that a successful journey starts with a stumble. Little did I know that I would become the president of CPME some years later.



I have never looked at myself as a woman doctor as such; a doctor and a professional first and foremost, even though I was aware that high ranking positions for women in medicine, as in academia and politics, were few and hence there was a lack of female role models. During my time in medical school there was only one professor who was not male, Margrét Guðnadóttir, a great teacher and brilliant virologist. In politics there had only been 1 or 2 women ministers in Iceland.

A quote from *The Guilty Feminist* (Virago 2018), a book by Deborah Frances-White, goes: “Some men and women get angry about quotas and speak of them as if undeserving women

are taking away men’s hard-earned jobs at gunpoint”. Nowadays, women outnumber men in medical schools and in medical practice in many of our countries. Before long we might need quotas for men.

I had been a city councillor for 12 years and had just been elected to Parliament when I first attended CPME meetings. It was surprising to see so few women around. Most of the females were office staff and busy looking after the agenda and the attendees. There was not yet a Brussels office, so the medical association of each president in turn hosted the office for the organisation. A woman doctor who I remember well from those early days was Dr Violaki from Greece, an eloquent and wise doctor. Sitting on my own, a one-woman Icelandic delegation, there were a number of colleagues, in the beginning those from the Nordic countries and the UK, who so to speak adopted me and invited me to join them for lunch or dinner. In those days we all fended for ourselves for meals, which was easy as the meetings were usually in hotels near to restaurants. As time went by these colleagues and many others became my friends and, as with continuity of care in general practice, so has continuity been cherished at the meetings. The friendship these colleagues showed was exceptional.

So, when I decided to try my wings to become more active in CPME on behalf of the Icelandic Medical Association it was as internal auditor from 2005 to 2006, followed by being vice-president twice (2006-2007 and 2008-2009) and then treasurer from 2010 to 2012. If you look at pictures of the executive committee through the years there is not a single woman until I arrived on the scene in 2006. This, of course, had not been a problem; the colleagues and staff were serving the medical profession and patients to the best of their ability. I never doubted this. My running for the president’s post in May 2012 was not as a woman, but as a candidate representing Iceland. The election was a tough one as there were 4 promising candidates. We all gave a short introductory speech to present ourselves and I remember finishing by saying: “May the best man – or woman – win”. There was quite a sparkle to be seen in the eyes of some.

In my opinion we cannot turn the clock back concerning women on the executive committee or in CPME in general. We are role models for the new generation of doctors. At present, one out of 4 vice-presidents is a woman as is the treasurer, both highly capable. Our profession is made up of hard working and well-trained doctors, men and women, general practitioners and specialists, inside and outside hospitals, and it is our obligation to represent the entire profession and cherish the doctor-patient relationship. I trust that CPME members will make sure this remains the main focus.



© Dr Katrin Fjeldsted, 2015

[Dr Katrin Fjeldsted](#), CPME President 2013-2015

HAPPY BIRTHDAY, CPME!



© CPME, 2019

Cooperating with CPME for almost 15 years, and having been part of the CPME Secretariat for over 3 years, I have continuously followed the work, activities and achievements of CPME – and there have been a lot. I wholeheartedly congratulate CPME members and the CPME leadership on these on its 60th anniversary.

While working in Germany I tended to think that the national level policy was more important than the European Union level. It is an arduous task to design and organise the delivery of health care services – a task the EU level has no say in. On the other hand, there is almost nothing in the (health care) world that has not been reflected or written about before. So why not make use of it? I can think of no better arena than the European Union to meet for exchange, test ideas and legislate where appropriate. Patients and doctors in Europe can only benefit from this. If not, CPME and others have to make sure to convince policymakers and legislators

of the right path. The EU can be strong on health, and we should fully use the potential the Union holds. Though EU health policy was not a priority for the Juncker Commission from 2014-2019, I am positive that change is on its way. In the next mandate from 2019-2024 health will hopefully be truly respected by a health in all policies approach.

With the outstanding team of Alessandra Foresti, Carole Rouaud, Marie-Paule Bockstal, Markus Kujawa, Miriam D'Ambrosio, Piotr Kolczynski, Sarada Das and the wonderful support of the European Medical Students Association's interns to CPME, rest assured that we will "meet and greet" the challenges to come. It is a privilege and a great joy to work with these talented, competent and motivated professionals, as it is working with the CPME members.

I wish CPME the very best and success for all its future endeavours. Happy birthday CPME!

Cordially,

Annabel Seebohm

CPME Secretary General

WHO-EUROPE: NEW DIRECTOR GENERAL AND NEW COOPERATION OPPORTUNITIES FOR CPME



© WHO-Europe, 2019

In September 2019, CPME attended WHO-Europe's annual meeting of its governing body, the Regional Committee. The meeting saw the election of a new Director General for the European region, with Belgian Dr Hans Kluge winning the Member States' votes to succeed Dr Zsuzsanna Jakab. Having reportedly visited all 53 countries of the region ahead of the elections, Dr Kluge, who is a physician, pledged to reinforce WHO-Europe as a "centre of excellence" providing practical support to Member States in achieving their health policy objectives. CPME joined other civil society organisations in a letter of congratulations, appealing to Dr Kluge to strengthen collaboration with health stakeholders.

CPME also met with the four WHO-Europe programme directors dealing with antimicrobial resistance, alcohol policy, health workforce, and vaccinations. These meetings saw fruitful discussions, which identified opportunities for cooperation under the WHO-Europe framework for engagement with non-state actors which CPME is accredited to. First activities will be launched this year, for example in the context of the One Health conference CPME is co-hosting in Warsaw in December 2019. CPME also provided input to the formal proceedings of the Regional Committee in the form of written statements on the agenda items relating to health equity, primary care, digital health and health literacy. CPME looks forward to continuing the dialogue with WHO-Europe and achieving concrete results on these important topics.

Sarada Das, Deputy Secretary General

NEW ALCOHOL LABELLING VIDEO AND THE #RIGHTTOKNOW CONFERENCE IN HELSINKI



© iStock, 2016

CPME co-produced and released a [short video on alcohol labelling](#) together with the United European Gastroenterology (UEG), the European Alcohol Policy Alliance (Eurocare) and the European Association for the Study of the Liver (EASL).

The video shows that it is time for detailed government-monitored alcohol labelling to become an EU-wide regulation. Consumers have a right to receive

health information on the risks of alcohol consumption on the label of the alcoholic product.

This was also the key message of Dr Patrick O’Sullivan, Chair of CPME WG on Healthy Living, who spoke at the #RightToKnow International Alcohol Labelling Conference in Helsinki on 10 October 2019. This side event of the Finnish EU Presidency focused on how the alcohol industry could improve the labelling on alcoholic beverages and what consumers expect from such labelling. The aim was to encourage the EU to introduce legislation on obligatory ingredients or nutritional information listings on alcoholic beverages.

In his presentation, Dr O’Sullivan also described how such information allows consumers to better monitor their diets and makes it easier for them to maintain a healthy lifestyle. He also emphasised that CPME calls on the EU to end the exemption of alcoholic beverages from EU Regulation 1169/2011. At the moment, alcoholic beverages containing more than 1.2 % by volume of alcohol are exempted from the mandatory declaration of ingredients and nutritional values.

CPME encourages the new European Commission and the European Parliament to start tackling the issue.

[Markus Kujawa](#), EU Policy Adviser

BREXIT AND THE MEDICAL PROFESSION: WHAT NEXT?

While Brexit uncertainty continues, the CPME position remains unchanged: Brexit must not harm the European medical profession nor the patients it serves. The most recent opportunity to highlight this appeal was offered by an event organised by a Brexit alliance of Brussels health stakeholders entitled ‘Brexit: the European Parliament’s role in prioritising patients, public health and health security across Europe’. CPME Vice-President Dr Ray Walley presented CPME’s call to maintain the mutual recognition of professional qualifications, mobility for doctors and researchers, and cooperation on public health. He also highlighted the impact of Brexit on cross-border healthcare in particular on the island of Ireland. CPME has urged negotiators on both the EU and UK side to end the uncertainty on the Brexit process and will monitor the next weeks closely.

[Sarada Das](#), Deputy Secretary General

EU HEALTH COMMUNITY PRESENTS ITSELF TO THE EUROPEAN PARLIAMENT WITH A FIRM AND UNITED VOICE



On 9 October 2019, nine EU umbrella health organisations will hold a debate: “EU 2019-2024: Health Champions Wanted” on the health policy challenges facing the European Union in the coming years. The debate will be hosted in the European Parliament by MEPs Dr Peter Liese (EPP, DE) and Dr Sara Cerdas (S&D, PT). The goal of the event is to raise awareness of the main public health priorities, including universal access to high quality and sustainable healthcare, disease prevention, the fight against cross-border healthcare threats and health inequities,

as well as maintaining the supply of medicines for EU citizens. These challenges require urgent EU action and appropriate budgets.

The EU health community believes that, when working together, the Member States of the EU can add genuine value to national efforts to improve the effectiveness of health systems and deliver patient-centred-care to their communities.

Committed Members of the European Parliament (MEPs) are invited to join the event and discuss how to face these challenges while guaranteeing safe, fair and effi-

“When we wish people something good for their anniversary or for the New Year, we always say that health is the most important. That is why politics at all levels should make health a priority. While many areas are in the responsibility of the Member States, there is a lot of responsibility for the European Union too, according to the treaties.”

MEP Dr Peter Liese

cient healthcare for citizens of the European Union.

The EU health community is looking forward to contributing as a key interlocutor in the dialogue with MEPs on EU healthcare and public health issues. It encourages the European Parliament to join its effort to ensure that health policy remains high on the European Union agenda for the next five years.

The event is jointly organised by the International Association of Mutual Benefit Societies (AIM), the Council of European Dentists (CED), the Standing Committee of European Doctors (CPME), the European Medical Students' Association (EMSA), the European Patients Forum (EPF), the European Social Insurance Platform (ESIP), EuroHealthNet, the European Hospital and Healthcare Federation (HOPE) and the Pharmaceutical Group of the European Union (PGEU).

“My ambition is to have health in all policies, and for strong health policies we need discuss together what we want and how can we achieve a healthier Europe. This debate is an excellent opportunity to share visions with different stakeholders and define how we can address the main public health challenges”

MEP Dr Sara Cerdas

Miriam D'Ambrosio, Communication and Project Officer

A NEW COALITION FOR VACCINATION BRINGS TOGETHER HEALTHCARE PROFESSIONALS



© iStock, 2016

CPME is co-chairing a new Coalition for Vaccination together with the European Federation of Nurses Associations (EFN) and the Pharmaceutical Group of the European Union (PGEU). This Coalition gathers around 20 relevant European healthcare professionals' and students' associations to commit to delivering accurate information to the public, combating myths and exchanging best practices. The Coalition members can potentially reach millions of healthcare professionals as many of them are major European umbrella organisations.

The European Commission convened the Coalition based on the 2018 EU Council Recommendation on strengthened cooperation against vaccine-preventable diseases. The Recommendation focuses on tackling vaccine hesitancy and improving vaccination coverage. Moreover, it highlights targeted outreach towards vulnerable groups, calls for vaccination training in medical curricula to be strengthened and suggests establishing electronic vaccination records for all EU citizens.

Many European countries are currently facing unforeseen outbreaks, with fatalities, of vaccine-preventable diseases such as measles due to insufficient vaccination coverage rates. The rise of disinformation on vaccination, particularly online, the decline of people's confidence in vaccination and inadequate access to vaccines, are a cause of concern and a big challenge for decision-makers, public health experts and healthcare professionals. Doctors and other healthcare professionals play a crucial role in delivering facts based on scientific evidence and increasing public awareness about the benefits of immunisation. They are often seen as the most trustworthy source of vaccination information, and therefore important advocates to drive vaccine acceptance. However, there is evidence that some healthcare professionals feel ill-equipped to answer questions or engage in difficult conversations on vaccination, in particular with reluctant patients.

"It is important that health professionals work together to make people trust scientific facts in relation to vaccination and influence fellow health professionals to do the same", says Dr Jacques de Haller, CPME Rapporteur on Health Security & Vaccination. Moreover, healthcare professionals may have concerns about their increased workload and limited resources to engage with their patients and address vaccination.

In addition, social media platforms have contributed to vaccine scepticism. At its meeting in September, the members of the new Coalition agreed that there is a need to strengthen healthcare professionals' understanding and trust in vaccination and to improve their communication with patients.

Vytenis Andriukaitis, EU Commissioner for Health & Food Safety, listed ten action points towards vaccination for all at the Global Vaccination Summit, organised by the European Commission and the World Health Organization (WHO) in Brussels in September. One of the action points highlighted empowering healthcare professionals to

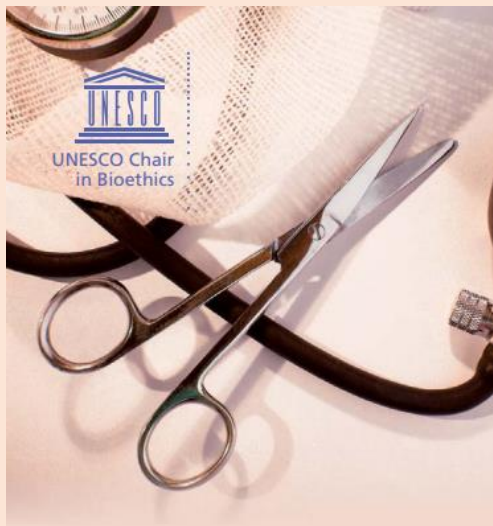
"It is important that health professionals work together to make people trust scientific facts in relation to vaccination and influence fellow health professionals to do the same",

Dr Jacques de Haller, CPME Rapporteur on Health Security & Vaccination.

provide effective, transparent and objective information to the public and fight false and misleading information, including by engaging with social media platforms and technological companies. The EU Commissioner-designate for Health & Food Safety, Stella Kyriakides, has already said that she will work with the Coalition for Vaccination. The Commission will also provide coordination and administrative support to the Coalition.

CPME has a long-standing commitment to affirming that the prevention of communicable diseases through vaccination is safe and effective. Immunisation through vaccination is the best protection against serious infectious diseases. This was reiterated by all European medical organisations in their joint statement last year supporting vaccination. This is also one of the key messages of the ongoing EU Joint Action for Vaccination, in which CPME is a stakeholder. The new Coalition for Vaccination commits to convey the same message and raise awareness of immunisation benefits.

Markus Kujawa, EU Policy Adviser



**UNESCO Chair in Bioethics
14th World Conference on**

**Bioethics, Medical
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14TH WORLD CONFERENCE ON BIOETHICS, MEDICAL ETHICS & HEALTH LAW - PORTO, 2020

The UNESCO Chair in Bioethics, with the support of the Standing Committee of European Doctors (CPME), the World Medical Association (WMA), the International Federation of Medical Students' Associations (IFMSA), the World Federation for Medical Education (WFME) and the Association for Medical Education in Europe (AMEE), invites you to the *14th World Conference on Bioethics, Medical Ethics & Health Law*, to be held in Porto on 11-14 May 2020.

The Conference is designed to offer a platform for the exchange of information and knowledge and to hold discussions on more than 60 [topics](#) and subtopics in the fields of bioethics, medical ethics and health law.

If you wish to take part in the scientific program, submit your abstract [here](#).

If you wish to register and plan your stay in Porto, please click [here](#).

Download the conference brochure [here](#).

JOINING FORCES TO TACKLE ANTIMICROBIAL RESISTANCE

Antimicrobial resistance remains a serious threat in Europe.

Global and Europe-wide challenges require EU responses which can complement national actions. President-elect von der Leyen's high ambitions on health convey a promising message in this regard. The new European Commission has declared its dedication to advocate for a prudent use of and access to antimicrobials and the Commissioner-designate for Health Stella Kyriakides has promised to prioritise the implementation of the European One Health Action Plan against Antimicrobial Resistance. In the meantime, the departing team of DG SANTE encourages stakeholders to be involved in the implementation of the EU guidelines on the prudent use of antimicrobials in human health contributing to reducing antibiotic consumption in human health in the EU by 30% by 2020. Answering the call, CPME has decided to participate in one of the project proposals.

CPME already takes an active role in European actions on tackling AMR and undertakes its own initiatives. Attending the 2nd Stakeholder Forum of the European Union Joint Actions on Antibiotic Resistance and Healthcare-Associated Infections (EU-JAMRAI), CPME contributed to a discussion on antibiotic stewardship implementation and awareness raising and communication.

Presenting the current outcomes of the EU-JAMRAI, partners revealed that strengthening national and European responses to AMR requires the identification of main barriers (e.g. lack of One Health approach or gaps between surveillance and policy development according to outcomes) and opportunities (e.g. exchange of best practices).

The research shows that to address these, additional measures are needed, especially within infection prevention and control (updating infection control programmes and training healthcare professionals in effective hand hygiene), surveillance (improving data collection and developing real time surveillance) and antibiotic stewardship (antibiotics available only on prescription, GP's involvement or banning antibiotics for preventative purposes in the veterinary sector).

CPME is also involved in preparations for the European Antibiotic Awareness Day, which will take place on 18 November in Stockholm. During the event, the European Centre for Disease Prevention and Control (ECDC) will present the results of the survey of healthcare workers' knowledge and attitudes about antibiotics and antibiotic resistance. The survey was conducted to provide a base to support future needs in terms of policy and education changes. As a member of the Project Advisory Group, CPME will receive the results beforehand and will be able to screen them for its members during the General Assembly in mid-November in Helsinki.

Moreover, CPME participates in the AMR Stakeholder Network advocating for the EU to be a leader in Europe and globally in the fight against AMR. The network plans to set up a MEP Interest Group to tackle AMR in the current Parliamentary term, believing that the European Parliament can play a key role in boosting actions on AMR at EU level.

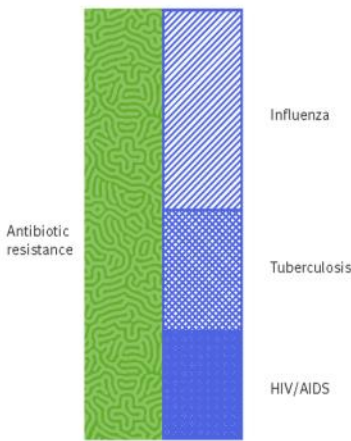
Finally, being aware of the key importance of the One Health approach in tackling AMR, and following the positive experience from Paris last year, CPME, along with FVE, CED, PGEU and their students' organisations, will hold the second joint debate on the implementation of One Health in undergraduate education on 4 December in Warsaw. This time we will be addressing academics, policy-makers, professionals and students in Poland, Czech Republic, Hungary and Slovakia. The objective is to encourage an open discussion on how to implement the One Health approach in undergraduate education and foster interdisciplinary education in these four European countries.

Piotr Kolczynski, EU Policy Adviser

Antibiotic resistance – an increasing threat to human health

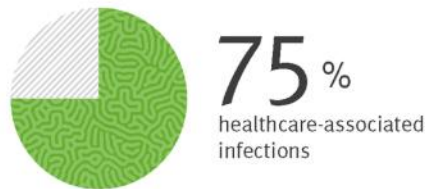
Antibiotic resistance is the ability of bacteria to combat the action of one or antibiotics. Humans and animals do not become resistant to antibiotics, but bacteria carried by humans and animals can.

The burden of infections with bacteria resistant to antibiotics on the European population is comparable to that of influenza, tuberculosis and HIV/AIDS combined.



33000 deaths

Each year, 33000 people die from an infection due to bacteria resistant to antibiotics. This is comparable to the total number of passengers of more than 100 medium-sized airplanes.



75% of the burden of bacteria resistant to antibiotics in Europe is due to healthcare-associated infections. This could be minimised through adequate infection prevention and control measures, as well as antibiotic stewardship in healthcare settings.

Increasing burden

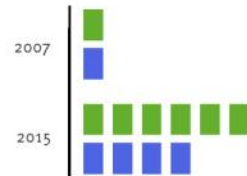
Between 2007 and 2015, the burden of each of the 16 antibiotic-resistant bacteria under study has increased in particular for *Klebsiella pneumoniae* and *Escherichia coli*:

Klebsiella pneumoniae

The number of deaths attributable to infections with *Klebsiella pneumoniae* resistant to carbapenems – a group of last-line antibiotics – increased six-fold.

Escherichia coli

The number of deaths attributable to infections with third-generation cephalosporin-resistant *Escherichia coli* increased four-fold.



Solutions

There is still time to turn the tide of antibiotic resistance and ensure that antibiotics remain effective in the future by:



Using antibiotics prudently and only when they are necessary.



Implementing good infection prevention and control practices, including hand hygiene as well as screening for carriage of/infection with multidrug-resistant bacteria and isolation of carriers/infected patients.



Promoting research and development of new antibiotics with novel mechanisms of action.



Last-line antibiotics

39% of the burden is caused by infections with bacteria resistant to last-line antibiotics such as carbapenems and colistin - the last treatment option available.

Everyone is responsible

Everyone is responsible for addressing this threat to human health: patients, doctors, nurses, pharmacists, veterinarians, farmers, policy makers.



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antibiotic.ecdc.europa.eu

#KeepAntibioticsWorking
#EAAD



Federation of Veterinarians of Europe

ANTIBIOTIC FREE MEAT?

GUEST ARTICLE

People rightly want their meat to be free of antibiotics. But what makes them think that the meat already on supermarket shelves is not? For European veterinarians, correcting this false image is an ongoing struggle as many animals never receive any antibiotic treatment during their lifetime. Only those animals affected by a bacterial disease have to receive antibiotic treatment under the supervision of a veterinarian. The veterinarian examines, diagnoses and selects the appropriate antibiotic, similarly to what a doctor does in practice, and also advises on when the animal is safe to enter the food chain. Withdrawal periods are scientifically determined for all veterinary medicines and make sure that no residues remain in any food-product derived from animals. This provision has been in place in the EU for decades and is rigorously enforced.

Veterinarians across Europe are very well aware of the importance of combatting AMR. The veterinary profession sees itself as part of the solution against this threat and we have made it our priority.

FVE, the umbrella organization of the European Veterinary Associations and Chambers, encourages and supports its members to implement prudent and responsible principles of use. FVE underlines the importance of physical examination of all animals by a veterinarian, who then makes a diagnosis and prescribes the proper treatment.

The veterinarian knows how to assess clinical signs and when to ask for additional testing. In addition, veterinarians will advise on prevention measures. FVE also supports and promotes the monitoring of veterinary antibiotic use by ESVAC, a programme similar to ESAC that is implemented on the 'human side'.

European law on veterinary medicines: what's new?

The EU has officially adopted new legislation on veterinary medicines*. It will be applicable in all EU countries from 28 January 2022.

FVE has actively contributed to the drafting of the Regulations, allowing the new legislation to strengthen the position of the veterinarian.

The rules are more transparent and easier to implement, helping the profession in safeguarding animal health, animal welfare and public health, including combating antimicrobial resistance.

What will change in veterinary practice?

- Veterinary prescriptions** can only be issued by veterinary surgeons (exceptions apply). The prescription will be valid throughout the EU. The quantity prescribed should be limited to the treatment. *Reg. 2019/44, 10*
- To combat antimicrobial resistance**, use of certain important antibiotics can be restricted or prohibited in animals. The European Commission is expected to draw up a list. Preventive antibiotic use is only permitted in exceptional circumstances. Restrictions also apply to metaphylactic use. *Reg. 2019/44, 10*
- The prescription cascade** will become more flexible. Importing veterinary medicines from another EU country will become easier. Third country medicines can also be used under certain conditions. Restrictions may apply to antibiotics. *Reg. 2019/44, 10, 11*
- On-farm monitoring** systems of antibiotic use and national surveillance of antibiotic use become mandatory. **Advertising** veterinary prescription medicines in the lay press will be forbidden, although Member States can allow vaccine adverts for farmers. *Reg. 2019/44, 12, 13*
- A central EU database** of all authorised veterinary medicines will be set up, easily accessible by all veterinarians. **Pharmacovigilance** data, recording adverse events, will become accessible to all veterinarians. The reporting will become more user-friendly. *Reg. 2019/44, 10, 14, 15*
- Medicated feeds** require a veterinary prescription, can only be prescribed for two weeks and cannot contain more than one antimicrobial substance. Preventive antibiotic use is not allowed, metaphylactic use only under certain conditions. *Reg. 2019/44, 10, 11, Reg. 2019/44, 11*
- Online sales** are only allowed for medicines not requiring a veterinary prescription. Individual Member States can overrule this, but only on their own territory. Legal online pharmacies must be monitored and certified with a common EU logo. *Reg. 2019/44, 10*
- Imported animals and animal products** from outside the EU need to conform to the ban on growth-promoting antimicrobials and the ban on antibiotics reserved for human use. *Reg. 2019/44, 11*

FVE Federation of Veterinarians of Europe
www.fve.org

* Regulation (EU) 2019/44 on veterinary medicines: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0044>; Regulation (EU) 2019/45 on medicinal feed: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32019R0045>

We are delighted that 30 countries in Europe are now implementing surveillance of antibiotic use in food-producing animals (ESVAC 2018). Overall analysis shows that average antibiotic use in animals has decreased by more than 20% in the last 5 years. Some countries have even achieved a decrease of more than 50%. This is a very positive message, showing that implementation of best practices to prevent disease can indeed minimize the need to use antibiotics. Even more encouraging is the positive correlation between the reduction in antibiotic use and the decrease of antibiotic resistance in animals, as proven through recent studies conducted in Germany, the Netherlands, France, etc.^{1,2}

FVE is also very satisfied with the new EU Regulation on Veterinary Medicinal Products, which was adopted last January and will come into force in January 2022. The new Regulation puts veterinarians' expertise at the centre of the responsible use of antimicrobials. Only a veterinarian may decide whether or not to prescribe an antibiotic to an animal. Group preventive (prophylactic) use of antibiotics is no longer allowed, except in cases where the veterinarian judges that a group of animals is at risk, e.g. when clinical signs and diagnostic tests prove the establishment of a disease in chickens/ pigs/ cattle housed in big groups (methaphylaxis).

The new Regulation strengthens antibiotic surveillance even more and moves the focus to data use. This provides potentials for benchmarking, but also for better surveillance of farms and veterinarians on their 'antibiotic behaviour'.

Although recent studies show that antibiotic use in animals contributes to only a limited extend to resistance building in humans^{3,4,5} veterinarians have a role to play overall. People and animals share the same environment and are affected in a similar way by it. Veterinarians and doctors have many common interests and implementation of One Health in practice is inevitably an added value for both professions. We truly believe in close intersectoral collaboration and this is why we strongly value the FVE and CPME close collaboration over the last years and want to only strengthen it in the future. And to conclude, be reassured that all meat in EU markets is antibiotic free!

[Rens van Dobbenburgh](#), FVE-Vice President

1. [Restricting the use of antibiotics in food-producing animals and its associations with antibiotic resistance in food-producing animals and human beings: a systematic review and meta-analysis](#)
2. [Annual report on monitoring of antimicrobial resistance and antibiotic usage in animals in the Netherlands in 2018 \(MARAN-2019\)](#)
3. [Attributable sources of community-acquired carriage of Escherichia coli containing \$\beta\$ -lactam antibiotic resistance genes: a population-based modelling study](#)
4. [Molecular relatedness of ESBL/AmpC-producing Escherichia coli from humans, animals, food and the environment: a pooled analysis](#)
5. [ESBL Attribution Analysis - Searching for the sources of antimicrobial resistance in humans, ESBLAT Project number topsector TKI-AF 12067](#)



MEDICINE SHORTAGES: A MAJOR PUBLIC HEALTH CONCERN

The unavailability of medicines is on the rise in Europe and it has a tremendous impact on patients. Medicine shortages occur across all healthcare settings and involve both essential, life-saving medicines and very commonly used drugs.

PGEU has conducted an annual survey for several consecutive years to evaluate the progression of medicine

shortages in Europe and to understand their impact on community pharmacy practice. In 2018, all responding member countries (21) indicated they had experienced shortages in the previous 12 months, and 38% of responding countries indicated that the situation had become worse compared to the previous year. For instance, in Portugal, the National Association of Pharmacies (ANF) reported a 32.8% increase of medicines short in supply when compared to 2017.

Community pharmacists are very concerned about this phenomenon, which can compromise patients' health. Moreover, pharmacies and pharmacists invest a lot of resources in dealing with shortages, which constitutes not only a financial burden but also a loss of opportunity to spend time on other patient-centred tasks and to improve the quality of care.

Today, community pharmacists still manage to ensure continuity of care and minimise the impact on their patients' health status in most cases.

Depending on national rules, the most common solutions offered by community pharmacists are sourcing the same medicine from alternative authorised sources (e.g. other pharmacies, where legally allowed, or sourcing directly from manufacturers in case of contingency plans); changing to the same medicine with a different strength when still available, and adjusting therapy posology accordingly; generic and therapeutic substitution, preparing a compounded formulation and importing the medicine from a country where it is available and legally allowed.

However, several barriers should be removed to further support community pharmacists in this key role as a means to guarantee continuity of care as part of a collaborative and communicative approach with prescribers.

PGEU calls for several coordinated actions that should be taken at different policy levels to reduce the burden of medicine shortages on the public, healthcare professionals and supply chain actors:

Ensure availability: All stakeholders and governments must put patients' needs first when developing business policies, national laws and strategies that can affect the timely and adequate supply of medicines. Equally, effective compliance with EU and national laws related to the public service obligations of supply chain actors needs to be assured.

Widen professional competence: The scope of pharmacy practice should be extended when medicines are in short supply so pharmacists can use their skills and knowledge to better manage patient care and ensure continuity of treatment. Shared electronic communication tools offer opportunities for an effective and close collaboration with prescribers in order to ensure continuity of care and patient safety.

Improve communication: Effective communication frameworks between all medicine supply chain actors and national competent authorities should be set up to ensure that community pharmacists have timely information on a (foreseen) medicine shortage.

Compensate financial impact: The negative financial impact of medicine shortages on patients should be compensated through appropriate reimbursement and remuneration provisions. The resource investment by pharmacists and pharmacies should equally be recognized and valued.

Develop effective governance systems: A close collaboration between EU Member States and the European Medicines Agency (EMA) is needed to improve reporting, monitoring and communication on medicine shortages. At national level, more structural, timely and transparent collaboration models between supply chain stakeholders and national competent authorities must be developed in order to increase the efficiency and effectiveness of joint notification and assessment practices, and to empower pharmacists in reducing the impact on their patients.

[Ilaria Passarani](#), PGEU Secretary General

PERSONALISED CARE –WHY ADDRESSING BELIEFS, BEHAVIOURS AND SOCIAL ISSUES ARE AS IMPORTANT AS CLINICAL FACTORS IN IMPROVING HEALTH OUTCOMES AND REDUCING UNWARRANTED DEMAND.



The issues facing 21st century health care systems are very well documented - the rise of lifestyle-related, long-term conditions, ageing populations and the rising cost of health and social care are, between them, increasing the strain on resources.

To date, the solution has been sought through methods of improving efficiency, cutting costs and, where possible, increasing capacity to deal with the rise in the use of health care services.

However, these approaches have limitations and have a finite limit- there is only a certain degree to which costs can be cut or services made more efficient before it begins to impact on the workload and job satisfaction of doctors, on patient outcomes and safety.

In one report, it was estimated that 27% of GP appointments could potentially be avoided if there was more co-ordinated working between GPs and hospitals, wider use of other primary care staff, better use of technology to streamline administrative burdens, and wider system changes (<https://www.england.nhs.uk/2015/10/gp-appointments/>)

In addition, a key factor of the many of the determinants of health outcomes is that the solutions are predominately non-medical. Issues such as stress, anxiety, smoking, alcohol, obesity, poor sleep, debt, loneliness, lack of exercise and low health literacy all require a non-clinical approach, but if not addressed have a significant impact on health and wellbeing

One study showed that loneliness was a key predictor of poor health and early morbidity¹. The use and perception of health care services is further compounded by the public view of medicine - on

average people routinely overestimate the benefits of medication and underestimate the risks²- this is true of health care professionals as well.



This leads to unwarranted use of a range of interventions with low efficacy- long term use of opioids for persistent pain, overuse of antibiotics in self-limiting conditions.

These issues require a significant rethinking of medicine and the skills and competencies needed to enable the health care workforce to respond to these issues.

So, what are these? The Centre for Empowering People and Communities (CEmPaC), a European network of organisations and individuals, has been reviewing best practice across Europe and has participated in several pan Europe initiatives on both long term conditions and self-limiting conditions to identify best practice and solutions.

What is clear is that interventions need to be implemented across whole pathways and health care systems. We cannot apply just one part of the solution.

The following have been identified as key approaches that need to be embedded:

- Skill up clinical teams in the use of health coaching and behavioural models and the role of health literacy in tailoring resources to those with low health literacy
- Routine use of shared decision making in high impact situations so that people are supported to a) understand the care, treatment and support options available and the risks, benefits and consequences of those options, and b) make a decision about a preferred course of action, based on their personal preferences.
- For people with more complex care needs, use personalised care and support planning so that people have a proactive, personalised conversation which focuses on what matters to them which includes both a clinical care plan and wider social and self-management support needs
- Support self-management so that people develop the health literacy to manage their health and wellbeing through interventions such as health coaching, peer support and self-management education
- Effective ways to link people to community-based support (social prescribing) such as support groups, lunch clubs, walking and exercise groups using dedicated roles in primary care

There are increasing numbers of examples where these interventions have been brought together and are now starting to show significant impact in health outcomes and service use. One that CEmPaC has worked with is Frome- a market town in the south west of England. By addressing community issues and linking primary care with community initiatives they have seen a long term reduction in unplanned hospital admissions <https://healthconnections mendip.org/our-model/>.

For further information about initiatives in this article contact us at jim@cempac.org or www.cempac.org

- 1) Holt-Lunstad J, Smith TB, Layton JB (2010) Social Relationships and Mortality Risk: A Meta-analytic Review. PLoS Med 7(7): e1000316. <https://doi.org/10.1371/journal.pmed.1000316>
- 2) Lloyd AJ The extent of patients' understanding of the risk of treatments BMJ Quality & Safety 2001;10:i14-i18.

Jim Phillips, Co-director for the Centre for Empowering People and communities and also works for NHS England and NHS improvement as a specialist advisor in personalised care.



EMIGRATION OF MEDICAL DOCTORS FROM THE REPUBLIC OF SERBIA

The problem of emigration of medical personnel, especially doctors, from Serbia is gaining more attention in Serbian society and has become a major concern in the last couple of years.

The number of doctors available, both in the public and private health sector, still meets the needs of the population in Serbia, but, following international trends, it is expected that the outflow of medical staff will continue in the coming years.

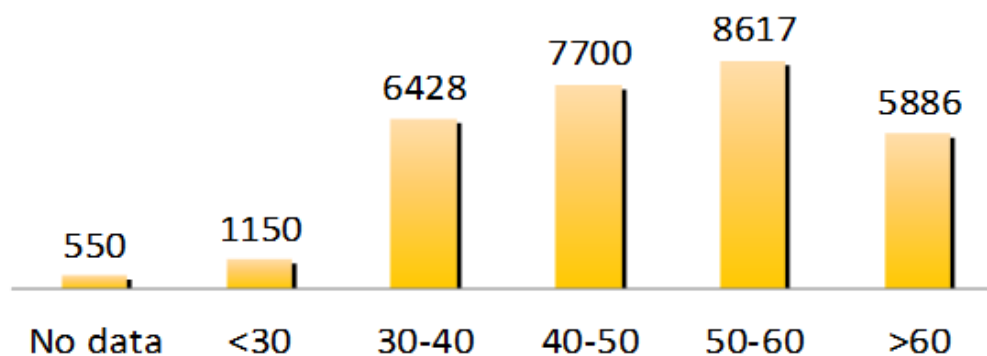
Since young professionals are most prone to leave the country, there is another trend affecting the workforce in the Serbian health sector: the aging of doctors. The average age of a doctor in Serbia is currently 52 (graphic 1). This presents a challenge for national policy-makers and workforce planners to build a self-sufficient medical workforce that trains and retains enough doctors to meet demand.

Apart from emigration outside the country, the Serbian health system also has a problem with internal migration to big cities, which leads to a lack of doctors in rural and remote areas.

According to the statistical data of the Serbian Medical Chamber, over the last five years the number of doctors in Serbia has remained at approximately 30 000, with a slight increase in the last two years when it reached 32 480 doctors. There are five medical faculties in Serbia (at the Universities of Novi Sad, Belgrade, Kragujevac, Nis and Kosovska Mitrovica) and every year, according to a five year average, 1160 new students enrol, while 1125 students graduate.

Every year, the Serbian Medical Chamber issues around 800 Certificates of Good Standing (graphic 2) to doctors from Serbia who are considering working permanently or temporarily abroad. The most common destinations for medical doctors from Serbia are Germany, UAE, Switzerland, Ireland and Slovenia, but approximately half of the certificates issued are for doctors who commute on weekends or free days to neighbouring countries which also lack professionals, such as Montenegro and Bosnia and Herzegovina. Due to shortages of these specialists on the international market, it is most commonly doctors with specializations in general practice, anaesthesiology, internal medicine, general surgery, gynaecology and paediatric medicine who decide to work abroad.

Graphic 1. Doctors (age structure) in Serbia

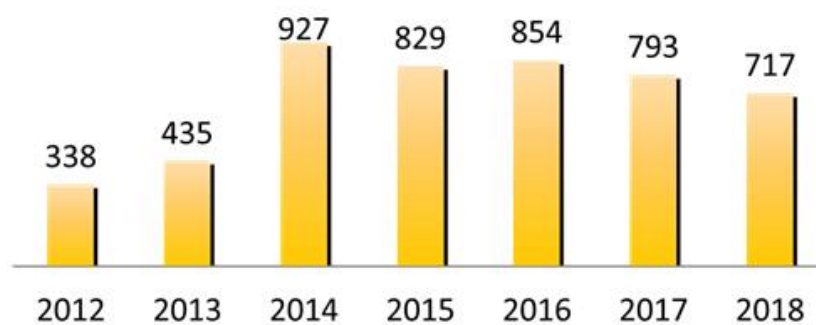


Main reasons for doctors leaving

The reasons that medical professionals choose to emigrate are various, but some main reasons are a desire to gain professional experience, financial reasons, better job opportunities, lack of paid employment, social status of doctors in Serbia, but also better opportunities for raising a family abroad and dissatisfaction with the political and economic situation in Serbia.

The impact of the outflow of doctors on the healthcare system of the Republic of Serbia is visible mostly through a lack of doctors, especially specialists in paediatrics, radiology and anaesthesiology. Since there is a lack of some specialists, especially outside the biggest medical centres in Serbia, doctors have to work extended duty hours and, as a result, “burn-out” syndrome has become a common problem. This also influences the quality of health care services, since it is not possible to fulfil patient expectations concerning the length of consultations.

Graphic 2. Number of Good standing certificates issued by Serbian Medical Chamber



What can be done?

The Serbian Medical Chamber is part of a large project that includes the Ministry of Health of the Republic of Serbia, professional associations of medical workers, medical faculties, the Institute for Public Health “Batut” and the National Health Insurance Fund. The main goal of the project is to create a national program for medical professionals’ education and training for a period of ten years. This project is supposed to provide a projection of the number of doctors that will retire during this period and, on the other hand, predict the needs of citizens concerning numbers of active doctors, which will eventually result in the creation of a ten year education and employment plan.

Some main suggestions of the Serbian Medical Chamber that we found can contribute to lowering the outflow of doctors include consistent work on improving the social and economic status of medical doctors and working conditions in health care centres, especially in the interior of the country. Young doctors in Serbia should be allowed to establish a working relationship and the number of doctors who train as specialists must be increased. Involving and integrating the “private sector” into the health care system could bring numerous benefits for the quality of health systems in Serbia.

Dr Milan Dinic, General Manager of the Serbian Medical Chamber

UKRAINIAN PHYSICIANS ON THEIR WAY TO SELF-GOVERNMENT (UPDATE)



Last year, in an article with the same title, we described the situation in the health sphere in Ukraine and our efforts to introduce professional self-government. Unfortunately, our expectations were not met. The previous convocation of the Verkhovna Rada (Ukrainian Parliament) failed to pass the relevant law.

Now we have a new political situation. The new President of Ukraine was elected with overwhelming support. As a result of early elections to the Verkhovna Rada, the presidential party "Servant of the People" holds a ruling majority; a Government was quickly formed and a Minister of Health was appointed. It seems that the new team is able to act boldly and decisively, and at the same time is ready to make appropriate adjustments in the healthcare reform process. This is important because the previous government started the reform process with virtually one component, namely fund-

ing, without clearly defined strategic goals or a sequence of actions. As a result, significant imbalances arose and the imbalance within the health care system increased dramatically, the interaction between primary and secondary care facilities was significantly disrupted and accessibility further reduced. More than half of the population, and even more professional health workers, were extremely dissatisfied with the course of events.

The Ukrainian medical community, which brings together physicians of various specialties, has come up with proposals for adjusting the health care reform plan. However, the extent to which they will be taken into account and how effective the actions of the new government will be in reality is difficult to gauge. Given that real health financing has not been increased in next year's draft budget, the situation looks rather difficult, if not critical.

More encouraging is the possibility of introducing medical self-government. The Chairman of the Verkhovna Rada profile committee and the Minister of Health have both publicly declared the necessity of introducing medical self-government. This is one of the points of the new government's action program. But what exactly it is about, what model of self-government, and to what extent it will meet our expectations, is also difficult to judge since communications with the Ministry of Health and the Verkhovna Rada Committee are still quite fragmented.

Still, we hope for the best and will not remain idle. We now have more experience and a more structured medical community. On the initiative of the Ukrainian Medical Association, the National Medical Council of Ukraine (NMCU) was created in 2015 as a general medical organization. It is a civic platform that unites the major medical associations and societies and has more than 40 members. In the same way in 2018, another public association, the Ukrainian Medical Expert Community, was formed, consisting of well-known personalities, reputed physicians who are experts in various fields of health care.

We have close cooperation with these associations, which was exemplified by the symposium "Health care and National Security of Ukraine" held on 1 October this year. The central message of the resulting symposium resolution was support for the draft Law on Medical Self-Government, which was created with the assistance of our colleagues from Germany and Poland who worked in an international expert group. In 2018, the medical organizations of Central and Eastern Europe (ZEVA members) also expressed their support for our commitment to medical self-government and the relevant bill. Among the signatories of the corresponding open letter to those in power in Ukraine was the President of CPME, Dr Jacques de Haller. We are grateful for this support and proud

that since 2017 we have been an associate member of such a respected organization, which for 60 years has established the authority of medical organisations in Europe.

This discussion will be continued in the near future at the XVII Assembly of the Ukrainian Medical Association, the most important meeting of Ukrainian doctors, which will be held in Poltava on 14-16 November 2019. The main scientific event of the Assembly will be the symposium "Continuous process of changes in Health Care - medical self-government and professional ethics".

Medicus medico amicus est! This Latin phrase has become the motto of Ukrainian doctors who have joined the Ukrainian Medical Association. Maybe it is time for it to become the motto of all Ukrainian doctors?!

Dr Mykola Tyshchuk, UMA Board Chairman

MEDICAL DEVICE EXPERTS NEEDED



The European Commission has opened a Call for expression of interest for Expert Panels on Medical Devices and in vitro Diagnostic Medical Devices. The selected experts will provide consistent scientific, technical and/or clinical advice concerning the implementation of the new Regulation (EU) 2017/745 on medical devices (MDR).

Your expertise would ensure that high-risk medical devices and in vitro diagnostics placed on the market are safe and effective.

For certain high-risk medical devices, the MDR requires the notified bodies to consult with an expert panel before placing the device on the market. These panels will be composed of individual experts (not representing CPME) who will be selected following a public call for expression of interests. Most of the experts are expected to have a clinical background and to use medical devices in their daily clinical practice.

Experts will receive a remuneration for their preparatory work and participation in meetings. The Commission also reimburses the cost of travelling and provides an allowance for accommodation and meals.

CPME is assisting with the dissemination of the Call because the Commission is looking for nearly 250 experts. Please feel free to share the Call with your own contacts!

Interested candidates are invited to submit their application before **10 November 2019** via below link.

(https://ec.europa.eu/growth/content/call-expression-interest-expert-panels-medical-devices-and-vitro-diagnostic-medical-devices_en)

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