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CPME Meetings 2016-2017 SAVE THE DATES!

18-19 November
2016, Tel Aviv

7-8 April
2017, Vilnius

24 - 25 November
2017, Brussels

MESSAGE FROM THE CPME PRESIDENT

Dear Friends,

These past months have certainly been eventful with many meetings and a significant representation of CPME in EU and European conferences and European Medical Organisations' events. The CPME spring meeting took place 8-9 April and we are proud to welcome a new CPME Observer member, the Georgian Medical Association.

The CPME Board appointed a new CPME Secretary General, Annabel Seebohm, LL.M. I would like to wholeheartedly congratulate her for joining CPME, her experience and knowledge will definitely be an added-value.

We also had a most fruitful exchange with Dr Vytenis Andriukaitis, Commissioner for Health and Food Safety and CPME Board members appreciated his responses to questions affecting patients and the medical profession. Our mission remains to ensure the best quality of care possible for patients and we are looking forward to continuing such an engaged dialogue.

Last but not least, the present pages of the CPME newsletter will inform you of recent news from CPME members, featuring articles from the French Medical Council, the British Medical Association, the Royal Dutch Medical Association and the Romanian College of Physicians.

Other articles remind of the urgency for concerted action to tackle the burden of chronic conditions, a final project conference on health workforce, a recent report on CPD as well as our most recent policy on sex and gender medicine.



Dr Jacques de Haller
CPME President

WELCOME TO NEW CPME SECRETARY GENERAL



Ms Annabel Seebohm, LL.M
CPME Secretary General

On 9 of April 2016, the CPME appointed Ms Annabel Seebohm as its new Secretary General. She took over her position as CPME Secretary General as from the 1 May 2016.

Ms Seebohm served as Head of the Brussels Office and Legal Advisor at the Bundesärztekammer/German Medical Association. Since 2007 she also covered the position of Legal Advisor of the World Medical Association. Ms Seebohm studied law at the University of Bonn, undertook her judicial service training in Hamburg and holds a Master's Degree from the University of Auckland, New Zealand. She is admitted to the Berlin Bar.

Ms Seebohm followed Ms Birgit Beger who was CPME Secretary General from July 2010 until February 2016. As from 1 March 2016, Ms Beger accepted a new job challenge taking over the position of Chief Executive Officer at the European Cancer Organisation ([ECCO](http://www.ecco.eu)). CPME thanks Birgit for her valuable work within CPME and wishes all the best for the new chapter of her life: may it be full of health and success.

The CPME members, the Executive Committee and the Secretariat are very much looking forward to working with Ms Seebohm to promote the best quality of health, access to healthcare for everyone and a strong, independent medical profession in Europe.

For further information, please contact:

[Miriam D'Ambrosio](mailto:miriam.dambrosio@cpme.eu), Communication and Project Officer

'I AM ONE OF YOU!', COMMISSIONER ANDRIUKAITIS AT CPME SPRING MEETING

On 9 April 2016, Dr Vytenis Andriukaitis, EU Commissioner for Health & Food Safety, opened the CPME General Assembly and Board meetings with a passionate overview of health policies in the EU.

"My like-minded colleagues, I am one of you" Dr Andriukaitis said to greet his colleagues in the audience. In his intervention he then focused on some of the mutual priorities of the European Commission and CPME such as the fight against risk factors, prevention of chronic diseases, antimicrobial resistance (AMR), patient safety, health workforce, continuing professional development, and cooperation and innovation in healthcare.

"Prevention is a critical factor of individuals' health and of the health system, and a key theme of my mandate as Commissioner" he argued.

Despite impressive developments in research, diagnostic treatments and innovation that contribute to increasing the current life expectancy across Europe, EU healthcare and social systems are still suffering from the consequences of non-communicable diseases or preventable chronic diseases. Commissioner Andriukaitis indicated that it is possible to prevent, slow down or stop chronic diseases and reduce collateral risks only by investing more in prevention, changing attitudes and promoting healthy lifestyles.

"I always ask people: what do you think and mean about health? And they always speak of sickness and diseases. My reaction is that health is social, mental and physical wellbeing, not diseases" he told the audience. However, the risk factors, such as alcohol, tobacco, salt, sugar, trans fatty acids, unhealthy lifestyle and physical inactivity, create problems if the decision-makers are not ready to encourage society to fight against them, by accepting a new and healthy lifestyle. A clear example of good co-operation between decision-makers and different health stakeholders is the new Directive on tobacco products. It will play a fundamental role in creating a healthier society when fully implemented by all the EU Member States. The Commissioner appreciated all the efforts and contributions of CPME during the drafting and adoption of the Directive and asked each CPME member to work closer with their respective countries for a full transposition of the Directive into national law.

With his passionate intervention, Dr Andriukaitis described also how the EU is tackling AMR with the "One Health approach". *"I do not need to report you all the statistics about this problem, I'm sure you understand how fast this issue is becoming a global emergency"* he argued. Currently 25000 people die in the EU each year as a result of resistant bacteria. The health costs are rising in parallel with the antimicrobial resistance in food, animals and medicines. It is the Commission's responsibility to tackle this emergency and keep the topic high on the EU health agenda. It is important to work on different sides, in particular on animal, food, pharmaceutical, environment fields.

The "One Health approach" is the key to fighting AMR. Dr Andriukaitis said he is counting on CPME that it will continue acting also after the expiry of the Action plan against the rising threats from AMR later this year. He also wanted to see European Union guidelines addressing AMR in human medicine produced with the support of CPME and other stakeholders. In addition he called for more research on the topic.



***'My like-minded colleagues, I am one of you!',
Commissioner Dr Vytenis Andriukaitis***

Commissioner Andriukaitis addressed then the worrying statistics of patient safety and said that the European Commission has supported cooperation in patient safety and quality of care for many years. According to him, it is now time to review what concrete actions could be undertaken in the future with input of CPME, member states and other partners.

Furthermore, Dr Andriukaitis continued by noting that Europe needs a skilled and motivated workforce and asked everyone to draw attention to the new OECD and Commission studies on health workforce. He welcomed CPME to debate further the details of the studies and give its point of view.

In this context, he underlined the importance of the CPD Conference organised by the European Medical Organisations in Luxembourg on the 18 December 2015, for the relevant contribution to broader European Union aims of safer and better quality healthcare.

Finally, Commissioner Andriukaitis highlighted that the first call for the European Reference Networks was launched on 16 March 2016 and encouraged doctors to participate and raise awareness among CPME members.

HIGHLIGHTS

‘The European Commission has supported cooperation in patient safety and quality of care for many years. It is now time to review what concrete actions could be undertaken in the future with input of CPME, member states and other partners.’

For further information, please contact:

[Miriam D’Ambrosio](#), CPME Communication and Project Officer

CPD FOR DOCTORS – CONFERENCE REPORT PUBLISHED

The European Medical Organisations are pleased to present the report of their joint conference ‘Continuing Professional Development for Doctors – Improving Healthcare’ which took place in Luxembourg on 18 December 2015. The report summarises the meeting’s discussions and features links to presentations and videos of the event, as well as social media. We invite you to enjoy the report and look forward to continuing discussions!

[Please click here to view the report.](#)

On behalf of

European Association of Senior Hospital Physicians (AEMH)

European Council of Medical Orders (CEOM)

Standing Committee of European Doctors (CPME)

European Working Group of Practitioners and Specialists in Free Practice (EANA)

European Junior Doctors Permanent Working Group (EJD)

European Medical Students Association (EMSA)

European Federation of Salaried Doctors (FEMS)

European Union of General Practitioners/Family Specialists (UEMO)

European Union of Medical Specialists (UEMS)

For further information, please contact:

[Sarada Das](#), Senior EU Policy Advisor



CPME CALLS FOR A SEX AND GENDER SENSITIVE APPROACH IN MEDICINE

More tailored approaches to diagnose and treat patients, including personalised medicine, receive growing attention nowadays. We believe that a sex and gender (S&G) sensitive approach is needed to help tackle the challenges faced by our societies such as the burden of chronic diseases and the ageing of the population.

This need for a global approach was raised by Dr Fjeldsted, CPME Immediate Past-President highlighted, during the European Gender Medicine (EUGENMED) workshop on 4 March 2015 in Brussels:

"In order to achieve high quality equitable healthcare, it is necessary to reflect awareness for sex and gender based patient needs in medical education and training, research, health technologies, medical ethics and the everyday patient-doctor relationship."

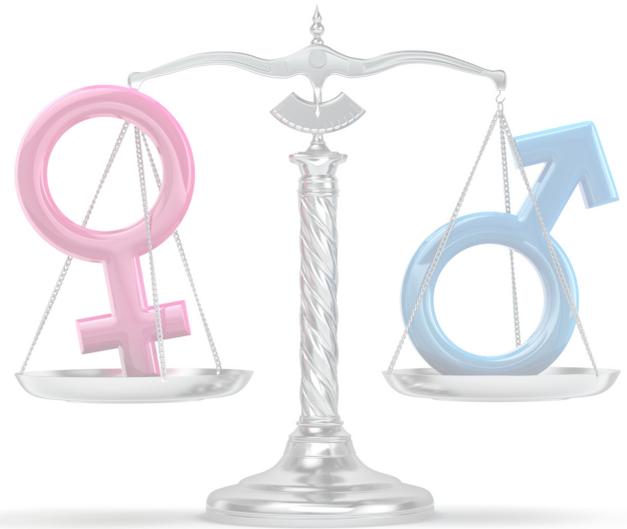
Indeed, women and men are not equal when it comes to health. Evidence has been gathered of these S&G differences not only in terms of manifestations of diseases and responses to treatments but also when it comes to the use of and access to healthcare services as well as in the way health systems respond to patient needs.

As mentioned by Peggy Maguire, Director General of the European Institute of Women's Health, *"inequalities in health are usually influenced by the intersection of multiple factors, such as biological differences and gender roles and the failure to acknowledge sex and gender-based factors can affect how women and men access health services and how healthcare systems respond to different health needs"*.

In the light of the above-mentioned facts, CPME adopted a policy on Sex and Gender in medicine on 9 April 2016 to highlight this evidence and provide recommendations in various areas in which a S&G sensitive approach should be incorporated, from the different research fields - basic, pharmacological and clinical - to medical education and training, as well as disease prevention.

Experts in the field joined CPME in this endeavor. Ms Petra Verdonk, MA, PhD, assistant professor Vrije University Medical Center, dpt. Medical Humanities stated: *"I am very happy that CPME addresses gender sensitivity in their new policy. I am confident that physician organizations across Europe, including in the Netherlands, feel supported by the policy paper to bring the issue of sex and gender in medicine forward to its members and make a change in health care. A very important breakthrough!"*

Dr Ute Seeland, Institute of Gender in Medicine at Charité Berlin and Ms. Sabine Ludwig, Department of Medical Education at Charité Berlin, stated: *"The new policy of CPME will encourage European universities to foster the integration of S&G into medical education and training. It will therefore contribute to a better knowledge of gender differences in diseases and to an improved quality of medical care for men and women. We believe that the online knowledge sharing platform „eGender“ will be a useful tool to support this process and assist European universities and European doctors in acquiring and exchanging knowledge on S&G differences in diseases."*



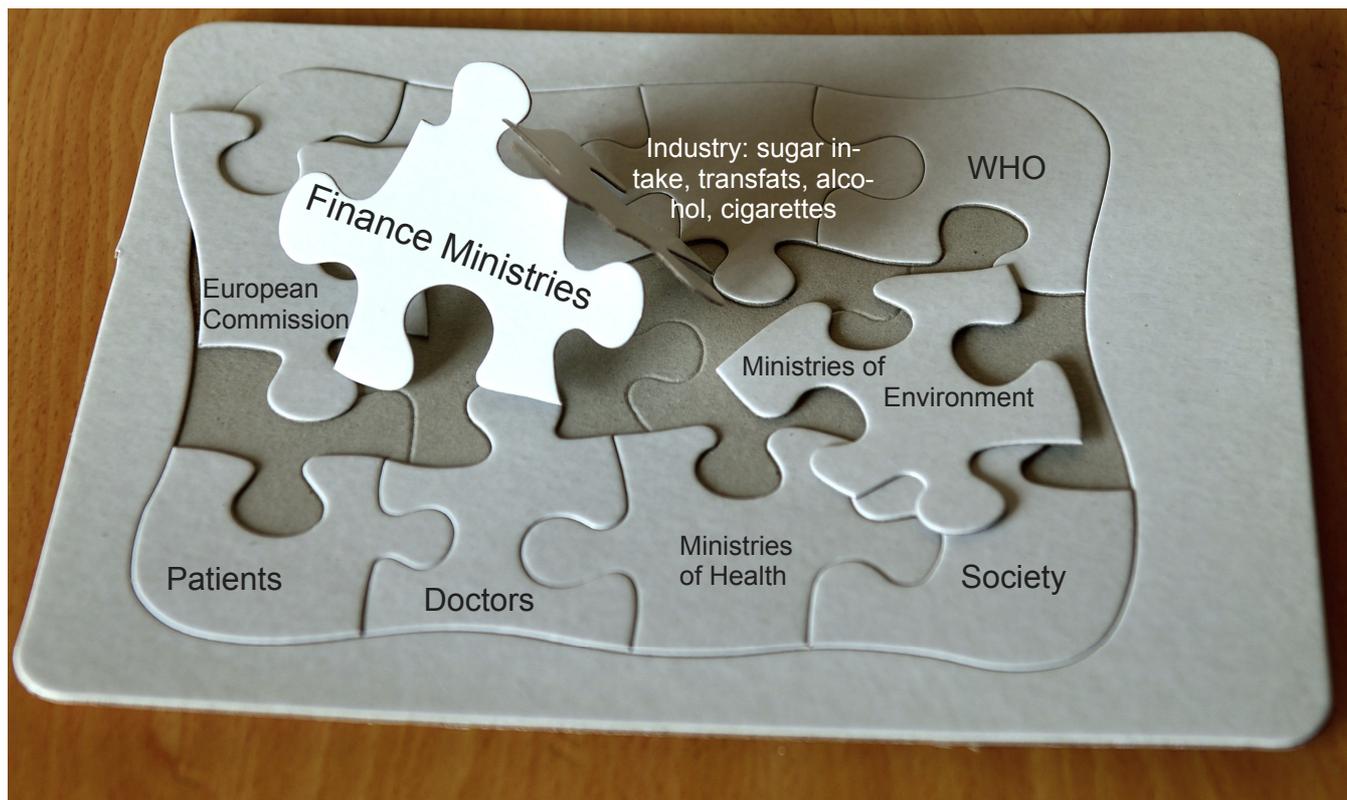
CPME would like to thank Prof. Dr Vera Regitz-Zagrosek, Assistant Prof. Petra Verdonk, Ms Ineke Klinge, Ms Sabine Ludwig, Dr Ute Seeland, Ms Peggy Maguire and Ms Kristin Semancik, who contributed to a draft version of this policy.

Find out more about the CPME policy on Sex and Gender in medicine here: [CPME 2016/036 FINAL](#).

For further information, please contact:

[Carole Rouaud](#), EU Policy Advisor

TACKLING CHRONIC CONDITIONS IN THE EU: A 'HEALTH IN ALL' POLICIES MATTER



The need to prevent chronic diseases is more urgent than ever. It is a societal challenge, concerning various decision-makers, beyond health, to finance and environment and employment to name but a few. If in 2005 WHO projected 35 million deaths globally related to chronic diseases, in 2016 we see reported 4 million deaths per year in the EU alone and that is 86% of all deaths occurring in the EU.

Commissioner Andriukaitis has addressed the issue at a European conference on chronic diseases on 21 April, calling for a health in all policies approach and the understanding that the burden of chronic diseases has become a societal challenge. He stated: *"We are obsessed with healthcare budgets and spending. Health is most often seen or presented as a cost factor – a negative element – in public budgets. Let me be clear – our job is to address the roots of the problem. People will live longer, morbidity will rise, medicines will not always be available and affordable, and therefore there is no other way than the one which ensures good health for longer."*

On 26 April, there was also a conference in the European Parliament presenting the results of a media campaign on chronic conditions, RESEARCH. CPME is a knowledge partner in the initiative and supported with evidence-based policy input as well as dissemination. The final report of the campaign is available [here](#). To get involved in the upcoming actions, please click [here](#).

Dr Jacques de Haller, CPME President spoke on this occasion; he underlined that a balanced opinion requires balanced information and that ICT is a tool, but as any tool, it needs a brain and heart behind it. He also said about chronic diseases that the urgency to invest more in prevention of chronic diseases is here and we need to act in a concerted way, giving the attention required to such a societal challenge: "from finance to environment — chronic diseases are everyone's business".

The CPME cooperation with WHO Europe is essential as the goal is certainly a common one towards prevention of chronic conditions and where not possible its good management.

Dr Roberto Bertolini, WHO Europe EU Office Director expressed his views in this sense:

"Prevention of chronic diseases is an essential requirement to ensure the sustainability of our health systems. Doctors have a key role to play, not only through recommending the necessary behavioural change at the individual level. They could also actively advocate with WHO and other players for different policies at local, national and international levels addressing transport, agriculture, urban development for instance, taking into account health implications as a key co-benefit in line with international commitments."

For further information, please contact:

[Anamaria Corca](#), EU Policy Advisor

'BIG CONSULTATION' WITH 35000 RESPONSES— FRENCH MEDICAL COUNCIL COLLECTIVE INTEREST ACTION

On December 17th 2015, the French Medical Council presented the results of the [large consultation](#) conducted among all doctors. This consultation included four major components: several open meetings at the regional level with doctors, a [large online survey](#) of all doctors with 35000 respondents, meetings with key health stakeholders, and a parallel survey on the expectations of the general public. A TV [campaign to promote the medical profession](#) has also been launched. The first lesson of this consultation is the importance of a feeling of unease among all doctors: 97% of them declare the administrative burden impinges on their medical time and 91% of them feel that their public service mission is poorly recognized among the general public. French doctors experience frustrations regarding their workload, the balance between their professional and personal lives, their wages and career paths.

The summary of the contributions led to [10 concrete proposals](#) to improve the French health system and meet the expectations of both patients and doctors. The proposals have been presented in a white paper called "[For the future of health](#)" and focus on three areas:

- the **simplification of the territorial organization of healthcare and the establishment of health democracy** in the steering,
- **reducing the administrative burden and opening up career paths**
- the **opening of the professionalization of initial and continuing education of doctors.**



CNOM Europe
@CNOM_Europe

Dr Romestaing présente les résultats de la Grande Consultation de l' [@ordre_medecins](#) aux membres du [#CPMEbx12016](#)



The French Medical Council proposes to simplify the territorial organization of healthcare by **setting up one administrative level** for health in order to enhance coordination of care, **establishing health democracy** at all territorial levels, and **creating a one-stop-shop** in each population catchment area. Reducing the administrative burden and opening up career paths can be done by **giving back more medical time to doctors, developing a protective social system** and rewarding wages for all, **promoting and facilitating** inter and intra-professional cooperation, and by **simplifying relationships with managing bodies**. Finally, the CNOM suggests **opening the professionalization of initial and continuing education** of doctors through a comprehensive reform of the educational system, **regionalization of initial training** and strengthening of second cycle professionalization during the internship,

and **reinforcement of continuing medical education** through recertification.

The results of the large consultation are available on the [Large Consultation website](#). The 10 proposals and the white paper "[For the future of health](#)" are available on the [French Medical Council website](#).

For further information, please contact:

Dr Patrick Romestaing, CPME 1st Vice-President

[Ms Marie Colegrave-Juge](#), International and EU Affairs Manager French Medical Council

Contact: international@cn.medecin.fr

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UK JUNIOR DOCTORS DETERMINED TO RESOLVE ONGOING CONTRACT DISPUTE THROUGH NEGOTIATION

Junior doctors in England are not really very “political”. They tend to be nice, hard-working individuals typically found looking after patients whilst trying to study for postgraduate exams, complete a mountain of paperwork, and write a research paper or two.

Yet, in the last nine months this has changed. In July, the UK Secretary of State for Health Jeremy Hunt announced that unless the British Medical Association (BMA) came to an agreement about the widely disputed new junior doctor’s contract, he would impose the contract in its existing form on all junior doctors in England. He went on to tell junior doctors they had been “misled” by the BMA on the effect of the contract. This move turned the junior doctor body from apathetic to incandescent and has politicized a generation of junior doctors.

The key issues at the centre of this dispute are simple: safety and fairness. Yet whilst the mainstream media have taken sides depending on their political bent, independent surveys continue to indicate that the British public’s support of junior doctors is unwavering. Senior medics, and politicians alike have called on the UK Government to remove contract imposition and return to a genuine negotiation with the BMA.

In response to the government’s belligerence, tens of thousands of junior doctors across England took the unprecedented and reluctant step of fully withdrawing their labour on April 26 and 27, following four other courses of industrial action.

These two days of industrial action marked one of the lowest points in the wonderful history of the NHS and were something that no doctor wished to do. We had offered the government a simple choice — lift imposition and the strikes would be called off, but unfortunately the health secretary simply refused to do that and left us with no choice. We deeply regret the disruption caused to patients and are grateful to our experienced colleagues who worked hard to provide the emergency care patients needed during the industrial action.

Following the industrial action the Government agreed to pause the imposition of the contract for 5 days whilst talks could be held between employers and the BMA. At the time of writing those talks are ongoing and we are hopeful that sufficient progress is made that will bring this dispute to an end. Whatever is agreed over the coming days will be put to our membership so that they can have the final say.

The support of our doctors from Europe and beyond – the CPME, EJD, UEMO and WMA all support our struggle – has provided much succour and is greatly appreciated by junior doctors in England at this very difficult time.

For further information, please contact:

Dr Kitty Mohan, Co-chair of the BMA’s Junior Doctors Committee and Chair of the EJD’s (European Junior Doctors Permanent Working Group) EU/EEA Committee



MEDICAL APP CHECKER: A GUIDE TO ASSESSING MOBILE MEDICAL APPS

How do you as a medical professional check the reliability of a mobile medical app? Does the app provide a good solution for your patient's needs? And what about data protection? The KNMG Medical App Checker promotes responsible use of mobile medical apps by physicians and their patients. It provides tips and information for assessing reliability, quality and compliance with privacy regulations.

The [Medical App Checker](#) (pdf) provides a framework for the assessment of the quality of mobile medical apps. By publishing the Medical App Checker, the Royal Dutch Medical Association (KNMG) promotes responsible use of mobile medical apps by physicians and their patients. The Medical App Checker consists of three separate checks. The first check provides a framework for targeted search for a suitable mobile medical app for use by patients, physicians or caregivers. The second check helps to assess the reliability and quality of a medical application prior to downloading it. The third check assists, after downloading the app, in the assessment of the protection and security of personal data.

The Medical App Checker focuses on the following three categories of medical apps:

- Apps which serve as a medical device;
- Apps which facilitate the efficient tracking, storing and sharing of information (known as tracking, tracing and monitoring apps);
- Communication apps, through which, for example patients can ask their health care provider questions.

The ultimate judgement is yours

The Medical App Checker provides a comprehensive set of questions, by which you can evaluate various aspects of reliability, quality and privacy. However, it remains important to realize that as a physician you ultimately decide whether you want to use the app or recommend its use to a patient or not. The Medical App Checker should be seen as a primary assessment tool. After the check you need to make your own assessment as to what aspects of the app are most relevant in your particular case. Depending on the medical purposes for which you or your patient want to use the app, this may vary check by check.

For developers of medical apps

The Medical App Checker is primarily intended to support doctors, but it can certainly also be used by developers and vendors of mobile medical apps. A European Code of Conduct for app developers that focuses specifically on the privacy and security requirements for mobile medical applications is currently being developed. The draft version of this code has been published at <http://ec.europa.eu/digital-agenda/en/news/meeting-privacy-code-conduct-mhealth-apps>.

Download

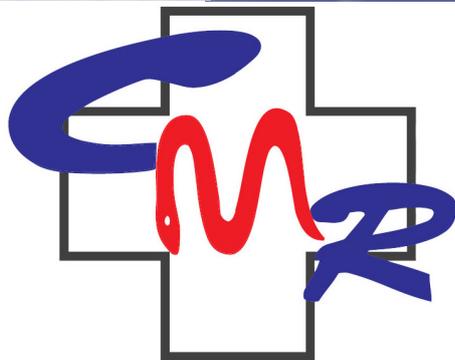
[Medical App Checker: Evaluation of Mobile Medical Apps](#) (pdf)

[Medische App Checker: beoordeling van medische apps](#) (dutch version, pdf)

[Draft Code of Conduct on privacy for mobile health applications](#) (pdf)

[New EU working group aims to draft guidelines to improve mHealth apps data quality](#)





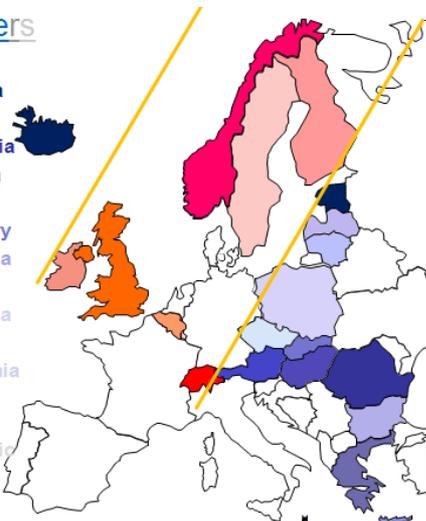
ROMANIAN DOCTORS' MIGRATION 2007-2014 - A COMPARATIVE STUDY -

How significant is the phenomenon of medical migration in Romania? Annually 3000 doctors enter the health system and 3500 leave the healthcare system through migration, retirement and death. The healthcare emigration from Romania is massive and growing annually, as the Romanian College of Physicians data would indicate: in the early 90s there were about 55000 doctors, while in 2014 only 37363 were recorded as active.

According to European Commission (EC) data, accessed in August 2015, the main destinations of Romanian doctors in the EU are Germany, UK, Belgium, Sweden and France. We calculated the indicator of the effective migration, i.e. the difference between emigration and immigration for each European country, noting that the main beneficiaries of medical migration is the UK with a positive figure of 17681 migrants, followed by Switzerland with 8894 migrants, Norway with 4126 and Sweden with 1259. Most European countries have a negative migration, meaning that they are losing doctors, with Romania becoming the European champion in terms of the absolute number of doctors emigrated, with a deficit of 7896 physicians, followed at distance by Greece, Italy, Hungary, Poland, Austria, Bulgaria, Slovakia, and the Czech Republic.

Beneficiaries / Losers

- | | |
|-----------------|------------------|
| • Switzerland | • Iceland |
| • Norway | • Estonia |
| • Great Britain | • Malta |
| • Belgium | • Romania |
| • Finland | • Austria |
| • Luxembourg | • Greece |
| • Ireland | • Hungary |
| • Sweden | • Slovakia |
| | • Cyprus |
| | • Bulgaria |
| | • Latvia |
| | • Lithuania |
| | • Poland |
| | • Czech Republic |



HIGHLIGHTS

The main issue that influence all the factors that are increasing the migration is the lowest health expenditure in the Romanian contemporary history, 4% of GDP in 2015 and 4.2% in 2016.

More suggestive is the effective rate, i.e. the percentage of effective migration from the number of doctors registered in each country in 2007 or the closest year (figures collected from WHO data, accessed in August 2015). The migration rate puts Iceland on the first place amongst the countries that lost physicians with 47.15% emigrated doctors from all the Icelanders doctors in the first year of the study (2007), followed by Estonia with 41.13%, Malta with 26.8% and Romania with 18.44%.

The correction of data by calculating the difference between the immigrated physicians and those received in each country relative to the number of doctors in each country in 2007 (or nearest year) confirms the hierarchy of the losing countries, with Iceland ranked first, followed by Estonia, Malta and Romania, but also highlights the main beneficiaries of emigration as host countries: Switzerland with an increase of 28.4% of doctors registered compared to 2007, followed by Norway with 21.07%, UK with 9.96%, Belgium with 7.76 %, Finland with 7.05%, Luxembourg with 6.57%, Ireland with 5.89% and Sweden closing the list of winners with an increase of 4.24%.

Of course, the number of doctors in each country suffered natural changes in the period 2007-2014, but equally true is that this increase may be related to the massive medical emigration, particularly from developing countries.

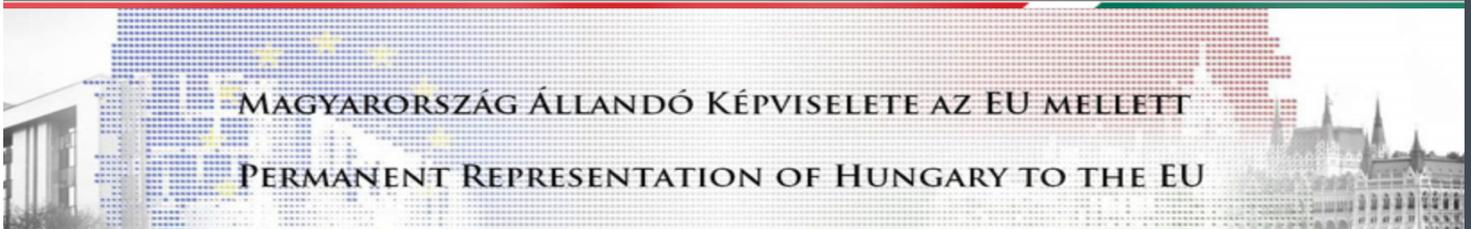
The number of Romanian doctors migrating is higher than that found in the European Register, some emigrating also outside the EU, but some of them are not declared by host countries, one example being France in EC register appearing with 449 Romanian doctors recognized during the period 2007 to 2013, but in the register of the French Medical Council shows 3159 physicians.

The beneficiaries of intra-European migration are less numerous than the losers: Switzerland, Norway, Great Britain, Belgium, Finland, Luxembourg, Ireland, and Sweden benefit. The losers are: Iceland, Estonia, Malta, Romania, Austria, Greece, Hungary, Slovakia, Cyprus, Bulgaria, Latvia, Lithuania, Poland, and the Czech Republic.

For further information, please contact:

[Dr Călin Bumbuluf](#), Vice-President of the Romanian College of Physicians

News from the EU Institutions



HUNGARY SUPPORTS THE COMPREHENSIVE ANALYSIS OF THE CURRENT PHARMACEUTICAL INNOVATION INCENTIVES

PRESS RELEASE OF THE HUNGARIAN PERMANENT REPRESENTATION TO THE EUROPEAN UNION

On 18 April 2016, Attila Beneda Deputy Secretary of State attended the Informal Health Ministers' Council in Amsterdam. The Dutch Presidency initiated a very important debate on the current pharmaceutical market structure.

The discussion was triggered by the recent increase of specific innovative medicines' prices which affects affordability hence the sustainability of systems in the Member States with lower GDP, but in the better off ones as well. This is an alarm call that makes it necessary to cooperate more closely in the field of the pharma policy.

Hungary supports the cooperation in the field of health technology assessment and the regional cooperation between Member States in the field of pricing and reimbursement, which may allow that countries in similar economic situation and healthcare establishment can more efficiently negotiate with pharma industry players enjoying a monopolistic situation. In addition, Hungary considers that incentives enshrined in the EU law for promoting innovation did not fully achieve the legislator's objective which is to ensure access to efficient pharmaceutical therapies for patients with unmet medical needs. Therefore we strongly support an overall analysis of the current system with a view of ensuring a fair, more proportionate and need based pharma innovation policy.

Mr. Beneda also expressed Hungary's commitment in the field of food reformulation, another agenda item discussed during the Informal Council, as it is essential that salt, sugar, saturated fat and trans fatty acid content is significantly decreased in foodstuffs. For this reason, the Government endorsed the food reformulation roadmap put forward by the Dutch Presidency.

Antimicrobial resistance was also at the agenda of the meeting. Hungary recognises the importance of the one health approach clearly expressing that AMR can not be faced through isolated actions of different policy sectors, but close cooperation is needed between human healthcare, veterinary care, environment and other policy makers.

OUTCOMES OF THE CPME BOARD AND GENERAL ASSEMBLY:



On 9 April 2016, the CPME Board and General Assembly met in Brussels. The outcome of these meetings includes the following decisions:

- The CPME Board decided unanimously to appoint Ms Annabel Seebohm as CPME Secretary General.
- The CPME Board adopted a '[CPME policy on Sex and Gender in Medicine](#)'.
- The CPME General Assembly voted unanimously for the Georgian Medical Association to join CPME as Observer.

CPME WELCOMES GEORGIAN MEDICAL ASSOCIATION

On the occasion of the Board and General Assembly meetings held in Brussels on 9 April 2016, CPME voted to accept the application of the Georgia Medical Association to become Observer Member to CPME.

The Georgian Medical Association was founded on 5 May 1989. It was the first non-governmental, professional organisation in Georgia. All licensed physicians practicing in Georgia, living overseas doctors, residents and students of the Faculty of Medicine can join the Georgian Medical Association.

The Georgia Medical Association joined the CPME as Observer Member. It is also member of EFMA and WHO since 1995, WMA since 2002 and SEEMF since 2011. CPME looks forward to a long and fruitful collaboration in the future.

For further information, please contact:

[Miriam D'Ambrosio](#),

CPME Communication and Project Officer



GEORGIAN MEDICAL ASSOCIATION



From left to right: Prof. Dr Gia Lobjanidze, GMA Secretary General, Dr Jacques de Haller, CPME President and Dr Zaza Khachiperadze, GMA Board member

CPME NEWS

- ◆ On 10-11 March 2016, CPME President Dr Jacques de Haller participated in the EFMA meeting in Tashkent.
- ◆ On 23 March 2016, CPME Vice-President Bernard Maillet spoke at the EPF Roundtable during the European Patients' Forum Annual General Meeting in Brussels. Please find more information [here](#).
- ◆ On 22 April 2016, CPME President Dr Jacques de Haller and Past President Dr Katrín Fjeldsted spoke at the Psychosomatics and Psychotherapy Conference, themed Doctor – patient relationship and migration crisis in clinical practice, in Riga. Please find more information [here](#).
- ◆ On 26 April 2016, CPME President Dr Jacques de Haller spoke at the Research and Innovation Summit at the European Parliament in Brussels. Please find more information [here](#).
- ◆ On 28-30 April 2016, CPME Vice-President Prof. Dr Rutger Jan van der Gaag participated in the WMA Council Session in Buenos Aires. Please find more information [here](#).
- ◆ On 29-30 April 2016, CPME President Dr Jacques de Haller participated in the EANA Spring Meeting in Brussels. Please find more information [here](#).



INVITATION

World No Tobacco Day reception:

The 2014 Tobacco Products Directive and Plain Packaging Progress in the EU

Hosted by **Linda MCAVAN MEP**

Remarks by

Vytenis ANDRIUKAITIS

European Commissioner for Health and Food Safety

Roberto BERTOLLINI

Chief Scientist and WHO Representative to the European Union

Announcement and celebration of **WHO World No Tobacco Day 2016 Awards**

31 May 2016 | 18h00

European Parliament, Brussels | ASP E1 Sandwicherie

[REGISTER HERE!](#)

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Announcement and celebration of **WHO World No Tobacco Day 2016 Awards**

**** This event is organised to inform MEPs, representatives of EU and national institutions and authorities as well as organisations working in the area of health, public health and tobacco control. *The tobacco industry and those representing tobacco industry interests are not welcome, in accordance with the Guidelines of Article 5.3 FCTC. Due to the fact that the relationship between individuals and organisations representing tobacco industry's interest is not always declared, all registrations will be screened*****

CPME LAUNCHES 'HEALTH VILLAGE' TOOLBOX

Promoting healthy lifestyles to prevent disease is a red thread in CPME's public health policies, as doctors' play a key role in this process. In the context of its contribution to the [European Commission's EU Platform for Diet, Physical Activity and Health](#), CPME has created a ['Health Village' toolbox](#) which is to support doctors in bringing messages on diet, nutrition and physical activity to citizens outside the traditional healthcare settings. A 'Health Village' can be created as a tent with skipping ropes and healthy lunch ideas at a school's summer fete or stalls with information on healthy workplaces at a company's team day. The toolbox contains information on the rationale, logistics and implementation of the activity to serve as one-stop shop for anyone interested in creating their own 'Health Village'.

For further information, please contact:

[Sarada Das](#), Senior EU Policy Advisor



Joint Action Health Workforce
Planning and Forecasting

JOINT ACTION ON HEALTH WORKFORCE PLANNING AND FORECASTING HOLDS FINAL CONFERENCE

On 3-4 May 2016, the Joint Action on Health Workforce Planning and Forecasting presented its [results at a closing event in Mons](#). The Joint Action has brought together Member States and stakeholders to map approaches to planning and forecasting and to exchange best practices. The three-year project has looked at the use of health workforce data, quantitative and qualitative planning methodologies and tools to identify key developments at systemic, technological and professional level which are expected to have an impact on the workforce. CPME has been an active partner in the Joint Action and contributed to several reports. For the final weeks of the project, CPME looks forward to contributing towards the consolidation of the Joint Action's technical and policy recommendations, as well as the sustainability of results.

For further information, please contact:

[Sarada Das](#), Senior EU Policy Advisor

Events

- | | |
|------------------|--|
| 6 April 2016 | Joint meeting of the High-Level Group on Nutrition and Physical Activity took place on 6 April 2016. Please find here the presentations from the meeting. |
| 7 April 2016 | On 7 April 2016, the plenary meeting of the EU Platform on Diet, Physical Activity and Health (Diet Platform) was held. For presentations, please click here . |
| 15 April 2016 | The world's biggest health and safety at work campaign, ' <i>Healthy Workplaces for All Ages</i> ', was launched by the European Commission and the European Agency for Safety and Health at Work in cooperation with the Netherlands EU Presidency. The campaign aims to promote sustainable work and workplace safety and health in the context of the ageing workforce. More information about campaign can be found here . |
| 21 April 2016 | The EU Health Policy Platform was launched at the conference "Towards better prevention and management of chronic diseases". For more information about the Platform, please click here . Prior to the official launch in Brussels, the Platform was presented to a large group of stakeholders on 5 April. Please find here the flash report of the EU Health Policy Platform Meeting . |
| 2 - 4 May 2016 | WHO Europe organizes the "Final consultation on the European framework for action on integrated health services delivery" in Copenhagen, Denmark. Please find here more information about the event. |
| 23-24 May 2016 | The European Parliament ENVI and IMCO Committees will hold their upcoming meetings. The draft agenda of the ENVI committee meeting is available here and of the IMCO Committee here . |
| 8 - 10 June 2016 | The eHealth Week 2016 is organized by Dutch Ministry and will take place in Amsterdam. The three main themes include Empowering People, Trust and Standards, and Social Innovation and Transition. For further information and registration, please click here . |

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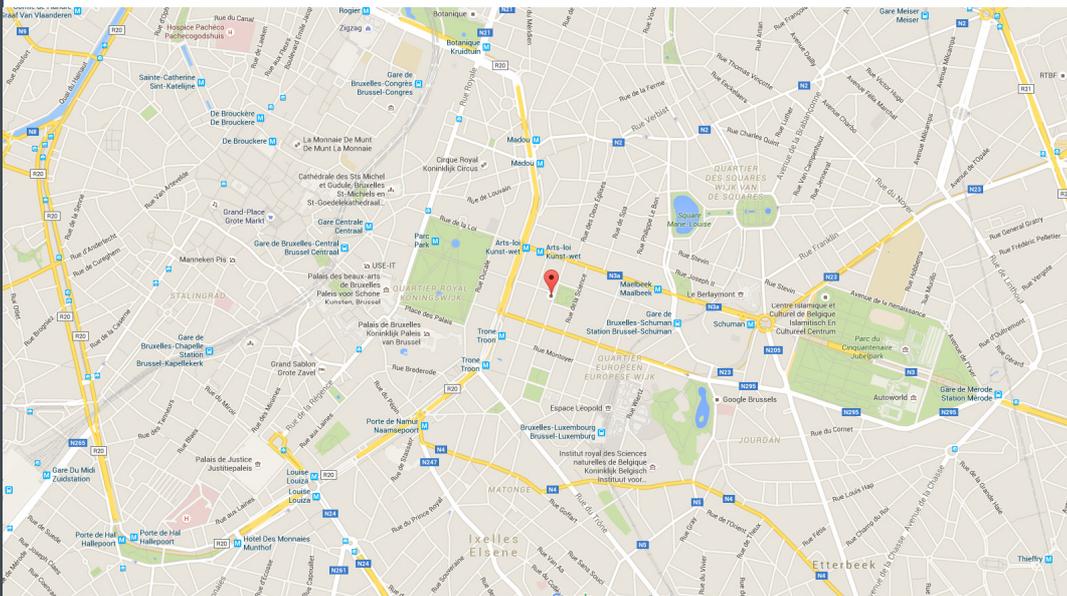
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