



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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Report from the AEMH-Liaison officer to the CPME

Dr. Raymond Lies

**The CPME met after the last AEMH Plenary Meeting on
10-11 September in Brussels,
12-13 November in Gothenburg
8-9 April in Brussels**

This report is a general perception of the activities of the CPME, as you all have been informed in the course of the year about resolutions and policy statement, which you will find listed at the end of this document.

This report does not reflect neither on the Patient Safety Conference, which has been a major part of the CPME activity in the past year, nor on the Conference on the Future of the European Medical Organisations, as both are subject of different records.

The CPME represents now the medical profession of all 25 EU member states, as the Lithuanian Medical Association has also applied for membership. EEA and EFTA countries like Iceland and Norway benefit already from full membership and the CPME is now considering to enlarge to other countries, such as Switzerland.

A considerable step has been achieved with the adoption of a new contribution key, which combines the difficult task to take into consideration all relevant parameters in a most transparent way. The option of linking this contribution key to weighted votes has been rejected.

In the last years the CPME has considerably increased its position as the consultative body of the medical profession not only to the European Institutions but also to all other stakeholders in the health care field such as patient and consumer organisations, representatives of other health professionals and also the industry. In this aspect the co-operation with EFPIA is to be mentioned. The establishment of a Joint Statement defines co-operation procedures and represents guidelines for the medical profession and the pharmaceutical industry and is of particular concern also for our organization.

The lobbying activities have been most fruitful and CPME could influence the decision makers on the important issues of professional recognition, the working time directive and the service directive. Patient and professional mobility are also major topics as the CPME is active member of the High Level Reflection Group the Health Policy Forum.

The CPME has been co-organizer of a conference held under the Dutch EU presidency on “Shaping the EU Health Community – Balancing Health, Social

Development and Internal Market” on 7th – 9th September. The issues were especially cross border care, health care in the local community and E-health.

The CPME plans to organize a Conference on CPD in 2006.

At the last Board meeting in April the Executive Committee of the CPME for the term 2006-2007 has been elected.

President	Dr Mart, Luxembourg
1 st Vice-President	Dr Bitenc, Slovenia
2 nd Vice-President	Dr Fjeldsted, Iceland
3 rd Vice-President	Dr Calloc’h, France
4 th Vice-President	Dr Bakke, Norway
Treasurer	Dr Lemye, Belgium

Dr Grewin remains a consultative member of the EC in 2006. Dr Righetti has been nominated Internal auditor.

The CPME’s procedure of working in parallel sessions has now been totally accepted and proves to work efficiently as all four sub-committees draft recommendations, resolutions and policy papers, adopted by the CPME Board, such as

At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy :

- Enhancing telemedecine in Europe (CPME/AD/Brd/270304/025)
- Revision of the European Working Time Directive - Révision de la directive européenne relative au temps de travail (CPME/AD/Brd/270304/040)
- CPME Statement on "Drug Use problem in EU" - Déclaration du CPME sur le "Problème de l'usage des drogues en Europe"(CPME/AD/Brd/270304/045)
- Care and Consent in Elderly Patients - Soins et Consentement des patients âgés (CPME/AD/Brd/270304/111)
- Professional Recognition - Letter sent to the Council of Ministers (Working Group Establishment Service) (CPME 2004/042)

At its Board meeting of 12 November 2004 in Gothenburg, the CPME adopted following policies:

- Proposed regulation on medicines for paediatric use: CPME response - (CPME 2004/140)
- CPME comments on the Bologna process (CPME 2004/109)
- FEMS motion on the Working Time Directive (F04/44 EN/FR)
- PWG Policy Statement on the Importance of Research in PGT (CPME 2004/138)
- Commission proposal for a directive on services in the internal market. Position paper of the CPME (CPME 2004/148)
- CPME position on the revision of the Working time Directive (CPME 2004/155)

At its Board meeting, Brussels, 9 April, 2005, the CPME adopted the following policy

- Fighting tobacco (CPME 2005/033 Final)
- Recommendations on Health Information (CPME 2005/027 Final)
- Health Care Professionals crossing borders (CPME 2005/029 Final)
- CPME Resolution regarding Health and Consumer Protection Budget 2007-2013 (CPME 2005/046 Final)

All document are available on request and can be retrieved from the Secretariat.

Dr. Raymond Lies