

## Message from the CPME President:



Welcome to our CPME Newsletter *Special Edition* on the CPME spring meetings. The meetings started on 4 May 2012 with a joint conference together with the European Centre on Disease and Prevention Control (ECDC) on childhood vaccination, engaging European doctors in a fruitful discussion. Then at the General Assembly on 5 May, a new President, Executive Committee and Board was elected to start 1 January 2013.

During the Board meeting, which took place on the same day, CPME endorsed the amendments of the Executive Committee to the European Commission's proposal to revise the Professional Qualifications Directive (PQD) and adopted a draft statement on PQD to be signed together with all main European medical organizations.

The Board adopted also a statement on medical devices as well as a policy on alcohol related harm to children and young people.

This special edition also brings to you news on the CPME commitment within the European Innovation Partnership on Active and Healthy Ageing. CPME submitted today a proposal for an integrated approach to frailty. The proposal intends to implement a real-life study on the benefit of an integrated intervention targeting prevention of physical frailty.

This edition also encourages you to consult the CPME Statement on Ethical and Fair Patents as well as a guest article from the European League Against Rheumatism on early referrals.

Yours sincerely,  
Dr Konstanty Radziwill  
CPME President

## CPME Spring meetings: policy and electoral outcomes

On 5 May 2012, the CPME Board adopted unanimously:

[The CPME call for increased surveillance of medical devices](#)

[The CPME Statement on the Alcohol-Related Harm to Children and Young People](#)

[Draft Joint EMOs Statement on Professional Qualifications \(CPME input\)](#)

The CPME delegates also elected the CPME Executive Committee for mandate 2013-2015 as follows:

### CPME Executive Committee 2013-2015:

#### CPME President:

- ◆ Dr Katrin Fjeldsted

#### 1st Vice-President 2013-2015:

- ◆ Dr Heikki Pälve (Finland)

#### 2nd Vice-President 2013-2015:

- ◆ Dr Milan Kubek (Czech Republic)

#### 3rd Vice-President 2013-2015:

- ◆ Dr Jacques de Haller (Switzerland)

#### 4th Vice-President 2013-2015:

- ◆ Dr Istvan Éger (Hungary)

#### CPME Treasurer:

- ◆ Dr Frank Ulrich Montgomery (Germany)

#### CPME Immediate Past President:

- ◆ Dr Konstanty Radziwill (Poland)

Dr Gordana Kalan Živčec (Slovenia) was elected **CPME Internal Auditor 2013-2015**.

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**Dr Katrin Fjeldsted was elected CPME President for a period of two years starting January 2013.**



Dr Fjeldsted completed her general practice training in 1979 in London, United Kingdom after receiving her Medical Degree from the University of Iceland in 1973. She has been a family physician at the

Efstaleiti Health Centre since 1980 and was the medical director from 1980 to 1982 and again from 1997 to 2003. She has furthermore held inter alia the following offices: Chairman of the Icelandic College of Family Physicians 1995-1999, Member of National Parliament from 1999-2003, Member of the Icelandic parliamentary delegation to the United Nations General Assembly in 1999 and 2000, CPME Vice President for 2006-2007 and 2008-2009 and CPME Treasurer for 2010-2012. At the CPME General Assembly in May 2012, Dr Fjeldsted was elected CPME President for 2013-2015.



## Joint CPME-ECDC conference on Doctors' roles in the debate on childhood vaccination

On 4 May 2012 CPME had the pleasure of co-hosting a discussion on the issue of "[Prevention through Childhood Vaccination - Defining Doctors' Roles in the Stakeholder Debate](#)" together with the European Centre for Disease Prevention and Control (ECDC). Following the opening of the event by CPME President Dr Konstanty Radziwill and ECDC Director Dr Marc Sprenger, Dr Alberto Tozzi, Epidemiology Unit, Bambino Gesù Hospital gave a keynote address setting out the evidence-base for childhood vaccinations and illustrating the rationale behind the target of 85 % population coverage for vaccinations. The discussion was focussed in two panel sessions.

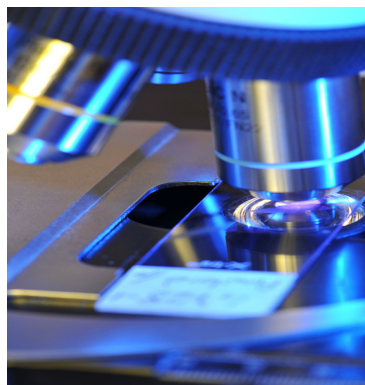
The first panel addressed approaches and challenges to reaching the WHO Europe target of eliminate measles in Europe by 2015. Given the rise of measles outbreaks in Europe, it was debated which barriers remained to be tackled to reach the 2015 target, especially with regard to 'hard-to-reach' populations in various national contexts. A second panel then looked at ways to improve communication to parents. Focus of debates was the doctors' role in providing information in response to parents' fears of side-effects of vaccinations and the perception of the severity of non-vaccinating children. The interactive discussion with the audience developed a set of valuable recommendations, joint action on which shall be explored. European doctors' reaffirmed their strong support for childhood vaccinations as a crucial tool in preventing ill health and look forward to taking this message to patients.

CPME and ECDC tweeted live from the event with the hashtag **#EuropeDoctorsMeet**. All tweets along with photos of the event can be revisited on the CPME Tweeter account: CPME\_Europa. [twitter](#)

*For further information, please contact:*  
[Sarada Das](#)



## CPME calls for increased surveillance of medical devices



The CPME Board, at its meeting on 5 May 2012, adopted by unanimity a statement calling on the European Commission to take action to tighten controls and increase surveillance in order to restore public confidence in medical devices.

The statement is made following the discovery of the fraudulent use of non-medical grade silicone in breast implants manufactured by the French company 'Poly Implant Prothèse' (PIP).

In the framework of the Commission's revision of the current legislation on medical devices, expected in September 2012, the CPME calls on the legislator to take note of the following considerations in its draft legislative proposal:

- In order to guarantee patients' safety vigilance on medical devices, legislation on the issue should evolve along the same principles as Pharmacovigilance as medical devices have reached a degree of complexity that easily compares with the one in use in the pharmaceutical industry.
- CPME proposes that the EU Commission establishes a centralized monitoring mechanism to ensure the highest safety standards of the Notified Bodies across the EU.

*For further information, please contact:*  
[Oscar Arias](#)

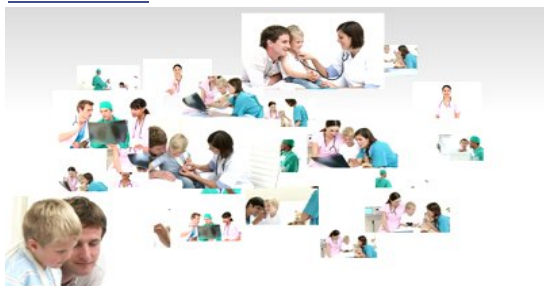




## CPME Board renews commitment to preventing alcohol-related harm to children and young people

At its meeting in Brussels on 5 May 2012, the CPME Board adopted the '[CPME statement on alcohol-related harm to children and young people](#)'. The statement reaffirms European doctors' commitment to actively contributing to the prevention of alcohol-related harm to this vulnerable group. One of the actions highlighted is the pro-active engagement with children and young people on the topic of alcohol. These 'brief interventions' by doctors have been proven a highly effective tool in preventing harm. Also, doctors up-hold their call for regulatory action to be taken both on maximum blood alcohol levels for drivers and on the advertising of alcohol products. In addition, the statement addresses the need for more effective enforcement of legislation on alcohol sales to minors and highlights the importance of choosing a participatory approach in school-based training programmes on alcohol-related harm. The statement supports CPME's activities carried out in the framework of the European Alcohol and Health Forum hosted by DG SANCO and [CPME commitments to the forum 2011-2013](#). To raise awareness for the need for action in this area, the statement's message shall be disseminated to stakeholders both at national and European level over the coming months.

For further information, please contact: [Sarada Das](#)



## Active and Healthy Ageing: CPME commits towards better care for older people

Today, the Standing Committee of European Doctors adopted a [Declaration of Intent to join an innovation partnership towards an integrated approach to frailty for older people](#). The commitment was submitted to the European Commission and follows up on the [CPME involvement within the European Innovation Partnership on Active and Healthy Ageing](#).



European Doctors envisage that early signals of pre-frailty offer the right momentum to intervene for the health of older patients through a preventive approach.

The commitment is part of the European Innovation Partnership on Active and Healthy Ageing and will cover around 3000 patients over a three year period in 5 regional settings along different member states. The integrated approach to frailty will focus mainly on a clinical study which will be accompanied by health literacy campaigns regarding current Vitamin D deficiencies at EU level and the application of functional capacity evaluation tools.

For further information, please contact: [Anamaria Corca](#)

## European Doctors demand ethical and fair patents



Innovation should be fair towards patients not only in discovery but also in terms of price of treatment and accessibility of health care according to the view of CPME.

The Council of Ministers held a preparatory debate on 30 May on the draft agreement for the creation of a unified patent court in view of a final say on the patent protection package during the 28-29 June Competitiveness Council meeting.

Before such a final decision, European doctors consider that a patient centric approach should be more

## Undocumented Migrants: Access to Healthcare

On 2 March 2012, the European Commission's Fundamental Rights Agency (FRA) hosted a conference entitled 'Access to Healthcare for Migrants in an Irregular Situation' in the context of a series of events on the rights of undocumented migrants with regard to healthcare.

Please consult the meeting conclusions for further details [here](#).

## European Innovation Partnership on Active and Healthy Ageing (EIPAA)

CPME response to the EIPAA invitation for commitment was submitted today, 31 May 2012 to the European Commission. Today is the last day for submissions. To do so please click [here](#).

## EU-OSHA launches a 'Smoke-Free Workplaces' campaign.

More information [here](#).

## NEXT CPME MEETINGS

November 2012

Friday Saturday

23 24

SAVE THE DATE  
23-24 November 2012

CPME Board and General Assembly, Limassol, Cyprus.

## Editorial Board

Oscar Arias  
Senior Policy Advisor

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Policy Advisor

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CPME Intern

explicitly part of the agreement. Before such a final decision, European doctors consider that a patient centric approach should be more explicitly part of the agreement. The [CPME Statement on Fair and Ethical Patents](#) adopted by the Executive Committee on 3 May 2012 reminds policy makers that the long-awaited and positive results expected through the new unitary patent system can only be brought to fruition through fair and ethical rules.

CPME asks in particular that the proposal for a regulation on enhanced cooperation to implement unitary patents includes clearer exemptions on the human genome. Furthermore any direct or indirect barrier to the development and fair pricing of new treatment should also be prohibited, being in itself a barrier to healthcare.

The current proposal for a regulation should introduce a clearly specified exemption in its scope on the human genome and natural substances, in particular with regard to the limitations set out in Article 8 of the proposal.

*For further information, please contact:*  
[Anamaria Corca](#)

**GUEST ARTICLE:** **eular**

### Preventing disability from Rheumatic and Musculoskeletal Diseases – the need for early referral

Early referral usually relates to the transfer of a patient with specific symptoms from a general practitioner (GP) to a specialist at an early stage of the disease. For patients suffering from rheumatic and musculoskeletal diseases (RMDs), especially inflammatory types such as rheumatoid arthritis, early referral is crucial since it is extremely important to receive adequate treatment from the beginning so that joint damage and disability can be minimised, symptoms rapidly reversed and consequently long-term cost-intensive therapies spared.

In the EU around 120 million people, one in four citizens, live with RMDs. They comprise more than 200 different diseases which span from various types of arthritis and spondylitis to osteoporosis and systemic connective tissue diseases. RMDs are characterized by pain and a consequent reduction in the range of motion and function in one or more areas of the musculoskeletal system. The damage that these diseases induce frequently leads to irreversible disability. However, with the right and *timely* treatment many patients manage to live a normal and independent life and to actively participate in society including being able to work. Rheumatologists stress that in several of these diseases the first six to twelve weeks after symptom onset are crucial for starting with the right treatment. Afterwards symptoms can be much less easily to interfere with and irreversible. Due to the rather unspecific symptoms patients usually refer to their GP first before they go to see a rheumatologist. In many cases, GPs are not adequately trained to recognise the symptoms of RMDs and therefore might not refer, or might inadvertently delay the referral, of patients to the specialists for appropriate treatment.

The European League Against Rheumatism (EULAR), representing the patient, health professional and scientific societies of rheumatology of all the European nations, is very concerned about the underdiagnoses and sub-optimal treatment of RMD patients and aims to stress the importance of early referral. EULAR especially urges national and EU health authorities to:

- Provide better education and training for GPs so that they can recognise symptoms of RMDs as soon as possible;
- Raise awareness of the importance of early referral, diagnosis and treatment of RMDs among the population at EU and national level;
- Establish clear guidelines on early referral for GPs and patients; and
- Strongly involve organisations which represent people with RMDs in the arrangements which determine early referral, diagnosis and treatment.

*Professor Maxime Dougados*  
President EULAR

### Guest commentary:

CPME values your feedback! Feel free to leave us a message by [clicking here](#) or by simply [contacting us](#).

The Standing Committee of European Doctors (CPME) represents medical doctors across Europe and is composed of the most representative National Medical Associations of 27 European countries. CPME aims to promote the highest standards of medical training and medical practice in order to achieve the highest quality of healthcare for all patients in Europe. CPME is also concerned with the promotion of public health, the relationship between patients and doctors, and the free movement of doctors within the EU. CPME also cooperates closely with national medical associations from associated and observer countries, as well as with specialised European medical organisations and international medical associations.



COMITÉ PERMANENT DES MÉDECINS EUROPÉENS  
STANDING COMMITTEE OF EUROPEAN DOCTORS



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