



CPME 2009/154 EN

TITLE

Report from the Working Group “Future of CPME” following the meeting on July 8th & 9th 2009 held in Brussels
and
Statement from five CPME Presidents

AUTHOR

Working Group “Future of CPME”

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CONCERNING

All delegations

PURPOSE

Information

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The five signatories to this statement have together provided leadership to CPME for ten years. We have been proud to have led an organisation that has worked hard to achieve a position of significant influence and respect in the European Union. Our experience convinces us that European national medical associations need to respond positively to this process of review, from which we believe CPME will emerge even stronger, and even more fitted to represent the interests of European doctors and patients.

Recent events within CPME have created both the opportunity and necessity to review its structure and function. This review needs to be based on a clear concept of the organisation's purpose. CPME's role is to develop and promote a coordinated and unified position, on behalf of European doctors, on European healthcare issues. Its members, the national medical associations (NMA) have decided to group together in a European organisation in order to represent their common interests. As the Brussels-based European Commission and Parliament have increased their influence in the European healthcare sector, so has the need for NMAs in effective representation. This is why European NMAs decided about 15 years ago to establish a permanent secretariat in Brussels. The role of this secretariat is to engage in a professional way in lobbying relevant bodies on those European issues which concern the medical profession.

European organisations and institutions are not concerned with how European doctors are represented. They simply want one clearly identifiable stakeholder representation to whom they can turn for authoritative and representative opinion. Medical doctors, while having an important role, are not the only players on the European healthcare field and the current high level of respect and influence enjoyed by CPME is due to years of hard and concentrated work. Constant effort is required in order for this position to be maintained. In the real world of politics influence can be easily lost. It is therefore the responsibility of CPME on occasions to review its structure and function so that its position is maintained.

Due to the diversity of healthcare systems and medical associations within Europe every country is different. This diversity makes an excellent basis for development based on comparison, and highlights the importance of the role of the NMAs represented in CPME. They can and must maintain the political representation of their national medical workforce. Like the EU itself, CPME has no direct competence in determining the harmonisation or integration of these different systems. But, again like the EU, CPME can and should bring its influence to bear on those healthcare issues that affect European patients as a whole. This where the expertise and influence of NMA delegates to CPME can be applied on an EU-wide basis.

In reviewing our structure and function, we need to listen to what our NMA members want from us. This requires clarity on their part, as they provide CPME with its members, political direction and financial support. NMAs have clearly indicated, by an overwhelming majority, that they want to strive towards a European "Domus Medica" and unite the medical profession in order to give it a strong, common voice. Achieving this will require the development of cooperative and collaborative structures between all existing European Medical Organisations resulting in a "one voice for all concept" and a strong, professionally run common Brussels secretariat with strong lobbying capabilities.

Over its first 50 years of life CPME has been an essential platform for the exchange of experience and views, and for mutual assistance, even if this is not its primary function. CPME has grown in

parallel with the European unification process, and now has as its members the most representative organisation of doctors in each of 27 European countries. This growth has not been without the same debates and “integration pains” that are a feature of the general European political scene, and which have led to our current reflections on the structure and role of CPME.

We thank the members of the working group for their hard work and commend their report to you. Efforts made under our Presidencies to enhance the influence of CPME have always been developed through discussion and democratic agreement. Because we are firmly committed to the need for unified European medical representation, we ask national medical associations, as the key decision makers, to give this report the most serious consideration, and to take a strong lead in defining the future of CPME.

Dr Michael Wilks (President 2008-2009)

Dr Daniel Mart (President 2006-2007)

Dr Bernhard Grewin (President 2004-2005)

Dr Reiner Brettenthaler (President 2002-2003)

Dr Markku Äärimaa (President 2000-2001)

The **Working Group “Future of CPME” [WG-F]** met in Brussels on 8-9th July 2009.

Its members were:

Konstanty Radziwill (PL) (chair), Terry John (GB), Katrin Fjeldsted (ISL), Jacques de Haller (CH), Menno van Leeuwen (NL), Frank Ulrich Montgomery (D), Heikki Pälve (FI), Erzsébet Podmaniczky (H), Jörg Pruckner (A), Annabel Seebohm (legal advisor BÄK) and Lisette Tiddens-Engwirda (SG).

Apologies were received from Martin Balzan (M).

The WG-F discussed the possibilities for improving the structure and functioning of CPME to face present and future challenges.

The recommendations were that CPME needs to focus on:

- A more proficient and cost-effective structure.
- Better cooperation with the National Medical Associations [NMAs] and specialized European Medical Organizations [EMOs].

The conclusions of the WG-F were as follows:

1. In view of the present financial situation the group has made a detailed examination of how CPME can continue to deliver value for money to its members.
2. In order to achieve this CPME has to set its priorities. These should be: quality of health, healthcare and workforce issues. All of these mirror the EU agenda. CPME has to accomplish this by lobbying EU institutions, and by being both proactive and reactive in this task.
3. The WG-F proposes to replace the permanent subcommittees with working groups, each established for a precisely defined purpose and time.
4. The Vice-Presidents (in the future possibly only two VPs) will be given portfolios which include responsibilities for supervising and coordinating these WGs. The chairs/rapporteurs will communicate with the appropriate Vice-President.

5. The subcommittee chairs will be asked to make a proposal to the October 2009 Board indicating which WGs need to be established in order to finalize present work.
6. There should be more cooperation and exchange of information with the NMAs and specialized EMOs. CPME should continue to invite them to participate and encourage their contributions, for example within CPME WGs.
7. The WG-F reinforces the need for an alert and vigorous Secretariat. Consequently, this aspect of the CPME budget must be maintained at the present level.
8. English should be the only working language of CPME. Members wishing to have interpretation will be supported, but at their own cost.
9. By enhancing the work done in WGs and by making full use of the internet and teleconferences more can be achieved between meetings. Therefore The WG-F proposes that CPME should hold two meetings per year.
10. The convening of Executive Committee [EC] meetings will be readjusted to make fuller use of Tele- or Skype-conference possibilities.
11. The WG-F reiterates that CPME is and must remain the voice of European doctors.
CPME should encourage the contributions of the specialized EMO's, for example within the CPME WGs.
12. The WG-F sees an advantage in having all European Medical Associations' offices under one roof: the concept of a "Domus Medica".
The WG-F welcomes any positive initiative in this direction being undertaken by other groups.
13. After studying the estimates of the Treasurer for a balanced budget for 2010, the WG-F believes that an increase of 5% in the members' contributions makes it possible to achieve these goals.

14. The WG has made proposals that require changes to our Rules of Procedure – (Proposals will follow shortly).
15. The WG-F is of the opinion that these proposals should be assessed in three years' time.