



# The Newsletter of European Medical Specialists

## Editorial

Dear Readers,

This issue of the UEMS Newsletter sheds light to two of the main issues which will be at stake for the organisation in 2009:

You had already been informed of the release of the draft Directive on Patients' Rights in Cross-border Healthcare.

While MEPs and EU Council are discussing this text, the UEMS Executive also worked on further amending the proposal in order to achieve better compliance with the unanimous Resolution adopted by the UEMS Council in Copenhagen last year on this matter.

Besides, the European Commission recently issued a Green Paper on European Workforce for Health. The aim of this document is to find ways of addressing the main challenges facing healthcare professionals. For this purpose, a consultation, to which the UEMS will naturally contribute, is being held till 31st March 2009.

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## The UEMS gets MEPs support on Bowis Report amendments

*In the framework of the discussions in view of the first reading on the draft Directive on Patients' Rights in Cross-Border Healthcare (see UEMS News 2009/01), the UEMS is pleased to report it has gained support from eminent Members of the European Parliament on its proposals for further amending the Report drafted by John Bowis MEP. An increased effort will though be needed to ensure an effective endorsement of these proposals within the final text.*

As already mentioned, this draft Directive is currently under discussion at the level of the European Parliament and Council. In this framework and on the basis of the unanimous motion adopted by the UEMS Council in Copenhagen last year (See UEMS News 2008/06), the UEMS Executive formulated a series of suggestions for further amendments to the current proposal. These proposed amendments, reflecting a certain number of concerns with regard to the Report presented by John Bowis MEP, will be supported and formally taken

over by several eminent Members of the European Parliament.

Whilst the draft Report in question was deemed to be positive in general and hence well received by the UEMS Executive, further clarification was seen to be needed as regards some of the items covered within that text. Thanks to the positive support gained on these proposals, positive prospects can now be envisaged about their adoption by the European Parliament Committee on Health in February.

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## Green Paper on European Workforce for Health

*The European Commission recently released a Green Paper on healthcare workers and the challenges that healthcare professionals face currently. This initiative is also part of the priorities of the Czech Presidency on labour mobility.*

The Green Paper in question identifies a certain number of factors likely to have an impact on the working conditions of healthcare professionals, ranging from the current state of European demography, the rapid evolution of technology, the

emergence of new virus and diseases as well as increased mobility within the EU of both patients and



professionals. At the same time, this document is aimed to contribute to the debate on healthcare systems in the European Union. Within the document,

health workers are recognised as one of the most significant sectors of the EU economy, providing employment for one out of ten persons of the EU workforce. With this initiative, the Commission intends to increase the political visibility of the issues involving healthcare providers and to promote a fruitful debate between authorities, stakeholders and experts so as to exchange best practice and opinions on the best ways to improve healthcare workers' condi-

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The UEMS Executive is satisfied about this outcome, especially as this draft directive was considered a top priority for the UEMS in its Action Plan for 2009, given its repercussions on the medical profession as a whole, as well as on the objectives of the UEMS in delivering the highest quality of healthcare to EU citizens.

The UEMS requests for clarification on the draft directive addressed mainly the four following key points:

- **Maintaining professional mobility within the directive**

*The UEMS considers that patients' rights should be equally guaranteed and properly safeguarded in the context of professional mobility. This issue needs to be incorporated in order to ensure the necessary legal clarity of the cur-*

*rent text and avoid further postponing the settlement of this matter.*

- **Establishing European-wide standards for healthcare providers**

*The UEMS calls for extra provisions regarding healthcare providers through which principles of universality, equity, solidarity, quality, safety and access to healthcare can effectively be met. These standards should take into account progress in medical science and health technology and should, moreover, be regularly monitored and subject to corrective action.*

- **Guaranteeing quality and safety in the use of e-Health and Telemedicine**

*In order to ensure safe and high quality cross-border healthcare to European citizens, the UEMS calls for these*

*services to be subject to the same standards of quality and safety as other "regular" services, so as to avoid potential risks to patients.*

- **Increasing stakeholders involvement**

*The UEMS demands that the relevant experts and stakeholders are effectively involved in the whole implementation process of the directive.*

The UEMS Copenhagen Motion clearly pointed to the need of making the UEMS position heard in order to achieve a positive outcome in the benefit of its Membership.

*The UEMS Executive calls for increased support from all the UEMS constituent bodies, particularly its National Member Organisations and its Sections & Boards, in order to further defend the UEMS proposals to EU decision-makers.*

Recent Meetings in the Parliament with the European Commissioner in charge of Health Ms Androula Vassiliou shed light on concerns from several MEPs on the content of the directive, some of them being in line with the UEMS amendments. MEPs were also concerned with the impact of this directive on national security systems, but Commissioner Vassiliou ensured that the impact assessments already done demonstrated that this directive, once implemented, would not drive up current flows of patient mobility, estimated to a rough 1% of total EU healthcare spending. Still according to Commissioner Vassiliou, this directive should only improve quality and safety of healthcare services delivered in Europe, as stated in its declared objectives.

## Children's Mental Health

*The European Commission published recently a new Flash Eurobarometer survey on the Mental Health and Well-being of Children and Young People. As being part of the European Pact for Mental Health and Well-being launched in June 2008 (See UEMS News 2008/05), this survey examined parents' perceptions of their child's mental and well-being from 6 to 17 years-of-age in the 27 EU Member States.*

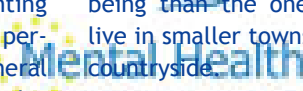
Approximately 12,750 randomly selected parents (including stepparents and guardians) were interviewed. The goal was to

evaluate several areas of children's quality of life: their level of energy and fitness, depressive moods and emotions, stressful feelings, physical well-being, their autonomy, and their opportunities to structure and enjoy their social life and leisure time and participate in social activities.

The survey used a standardised cross-cultural assessment tool, the KIDSCREEN - 10 Index. This survey tool complements existing health data on the mental and psychological well-being of children and young people used for the monitoring of population health.

The study revealed large variation between countries regarding the general health condition of children and young people. In general, two-thirds of parents rated their child's health as excellent (26%) or very good (38%). 30% of parents described their child's general health condition as good. In only a minority of the interviews parents evaluated their child's health as fair (5%) or poor (1%). In Baltic countries, around 30% of the parents considered their children's health poor, representing the lowest average perceived level of general health observed in this

survey. On the contrary, the highest average level was seen for Cyprus, Ireland and Greece, where around 50% of the parents considered their children's health excellent. Results also indicate that the proportion of children showing signs of mental health problems varied across socio-demographic and socio-economic subgroups. Other important observation showed that children and adolescent from metropolitan areas possess higher risks of impaired mental well-being than the ones who live in smaller towns or countryside.



## Green Paper on European Workforce for Health

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tions in Europe.

The text puts emphasis on issues such as:

- Increasing ageing population in Europe;
- Need of constant training and education;
- Worrying undesired consequences of professional mobility, such as medical brain drain;
- The shortage of healthcare workers
- Emergence of new diseases and infections

Based on these statements, this paper launches a public consultation process to address the issues identified, their impact on the quality and safety of healthcare provided and possible ways to improve the current situation.

As a whole, the UEMS welcomes this initiative, as a means to ensure that European health systems are duly prepared to face current and new challenges such as the ageing of European population or shortage in staffing.

Other challenges include the use of new technologies and techniques and, related to it, continuing education and training, so that health workers are able to take advantage of new devices and be aware of recent treatments. In essence, the need for continuing education and training is fully acknowledged by healthcare providers, but what appears to be even more important is to ensure that the education and training received are adequate to the needs of doctors and other medical staff. Beside this, the quality of training centres as well as the development of European-wide guidelines to standardise medical training in the EU, which are at the core of the UEMS action, appear to be as crucial in this respect.

Related to this overarching issue of quality, the question of mobility and medical brain drain makes up an even greater challenge. The central ques-

tion remains how to make sure that all doctors practicing in Europe, including those arriving from third countries are fit for that purpose? Furthermore, the Commission pointed to the need to develop appropriate retention strategies in order to avoid massive medical migration from one country to another.

Seeing the interests at stake, the UEMS will take the necessary action in a view to ensure that European medical specialist' concerns and interests are duly taken into consideration by EU decision-makers. The UEMS main concerns encompass items such as continuing education and training with the creation of general standards to guarantee their quality and the proper assessment of the medical schools and training centres. Other issues of importance include the mobility of healthcare professionals and thereby the need to ensure proper

monitoring of qualifications and fitness to practice of incoming staff, but also the need to find ways of retaining the healthcare workforce in countries or regions, which are seen, for a certain number of reasons, as being less attractive. Further action will also be called for to attract students into the medical and nursing professions in order to avoid a possible shortage of healthcare providers in the coming years.

The Green Paper launches a consultation process intended to stimulate the debate between experts, governments and other stakeholders on the issues pointed out by the Commission, which will run until 31<sup>st</sup> March 2009.

***The UEMS Executive calls on its Members to take an active part in this consultation and contribute their comments and opinions on ways to improve the present text to the UEMS Brussels Office.***

## EU Council Meeting in January on Working Time

***Discussions on the Working Time Directive are now under way in the Council (See UEMS News 2009/01). Last meetings of the Employment, Social Policy, Health and Consumer Affairs Council under the Czech Presidency have left no doubts about Members States' hesitations on some of the European Parliament amendments.*** The Council has already assured its willingness to negotiate with the EP so as to reach an agreement

during the conciliation procedure stage that is



now starting. However, the majority of the Member States are reluctant to adopt all the amendments voted last December by the MEPs. The main points of contention

are: on-call time, opt-out, and compensatory rest.

The Czech Presidency is multiplying its efforts to start negotiations with the Parliament in the beginning of March, under the conciliation proceedings. The European Commission is preparing its formal position, but officials already predict that concessions will be needed from both parts: on one hand, the Council should move towards the EP's position on the issue of on-call time while on

the other hand, the EP should consider moving towards the prevailing opinion among the Member States concerning the opt-out.

***While the outcomes of these negotiations remain uncertain, the UEMS reiterates its position expressed on the occasion of the vote in the European Parliament together with other European Medical Organisations (See UEMS News 2009/01).***



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**For further  
information  
on issues  
covered in this  
Newsletter,  
do not hesitate  
to contact  
the UEMS  
Secretariat.**

## UEMS - The voice of practising medical specialists in Europe

### EVENTS

#### International Plasma Protein Congress (IPPC) 2009

03<sup>rd</sup> - 04<sup>th</sup> March - Paris, France

More information on: <http://www.ippc2009.com/>

#### Sexual Health Forum

13<sup>th</sup> March - Brussels, Belgium

For more information, please contact: [wolfgang.philipp@ec.europa.eu](mailto:wolfgang.philipp@ec.europa.eu)

#### 3<sup>rd</sup> International Congress on Rare Pulmonary Diseases and Orphan Drugs

20<sup>th</sup> - 21<sup>st</sup> March - Milan, Italy

More information on: <http://www.ilpolmone.it/tool/home.php>

#### The Ageing Eye Conference 2009

20<sup>th</sup> - 21<sup>st</sup> March 2009 - Bonn, Germany

More information on:

<http://www.eurovisionnet.eu/news/news-ageing-eye-meeting.html>

#### 7<sup>th</sup> International Symposium on Target Anticancer Therapies

23<sup>rd</sup> - 25<sup>th</sup> March 2009 - Amsterdam, The Netherlands

More information on: [http://www.nddo.org/page\\_include\\_tat2009.shtml](http://www.nddo.org/page_include_tat2009.shtml)

#### The 5<sup>th</sup> Symposium on Diabetes and Pregnancy

26<sup>th</sup> - 28<sup>th</sup> March 2009 - Sorrento, Italy

More information on:

<http://www2.kenes.com/diabetes-pregnancy/Pages/Home.aspx>

#### Med-e-Tel 2009

1<sup>st</sup> - 3<sup>rd</sup> April 2009 - Luxembourg, Luxembourg

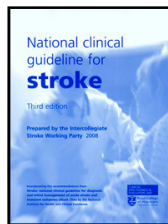
More information on: <http://www.medetel.lu/index.php>

#### 3<sup>rd</sup> International Congress on Prediabetes and the Metabolic Syndrome

1<sup>st</sup> - 4<sup>th</sup> April 2009 - Nice, France

More information on: <http://www2.kenes.com/Prediabetes/pages/home.aspx>

### PUBLICATIONS

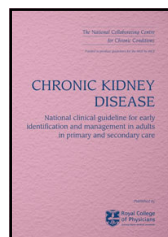


#### Royal Colleges of Physicians' clinical guidelines for stroke

The third edition of these stroke guidelines provides the reader with comprehensive coverage of stroke care to date, encompassing the whole of the stroke pathway from acute care through to longer-term rehabilitation and secondary prevention. It informs health professionals about what should be delivered to stroke patients and how this should be organised, with the aim of improving the quality of care delivered for everyone who has a stroke, regardless of age, gender, type of stroke, or location.

More information on:

<http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=250>



#### Royal Colleges of Physicians' clinical guidelines for chronic kidney disease

Chronic kidney disease (CKD) is of growing importance in the UK. The NHS is increasingly focusing on prevention and on the early detection and treatment of potentially progressive disease, while the prevalence of risk factors for CKD, such as diabetes, obesity and hypertension is rising.

More information on:

<http://www.rcplondon.ac.uk/pubs/brochure.aspx?e=250>