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<th>AEMH 04/041</th>
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<tbody>
<tr>
<td>Title</td>
<td>CPME – Liaison Officer’s Report</td>
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<td>Dr. Raymond Lies, AEMH-President</td>
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<td>Purpose</td>
<td>Information</td>
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<td>Date</td>
<td>19 April 2004</td>
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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
7th-8th November 2003 in Vienna
26th-27th March 2004 in Brussels

This is a short summary of the multiple activities of the CPME, which does not pretend to be exhaustive. Please do not hesitate to ask the secretariat for Reports, Policy statements or any other document and further information.

Dr Bernard Grewin, President of the Swedish Medical Organisation is the President of the CPME for the term 2004-2005.
At the CPME meeting in Vienna the Presidents of the four subcommittees have been elected for two years.

SUBCOMMITTEES 2004-2005

- Preventive medicine and environment subcommittee
  Chairman: Dr Louis-Jean CALLOC'H
- Medical training, continuing professional development and quality improvement subcommittee
  Chairman: Dr Wofgang ROUTIL
- Organisation of health care, social security, health economics and pharmaceutical industry subcommittee
  Chairman: Dr Markku AARIMAA
- Ethics and professional codes subcommittee
  Chairman: Dr Konstanty RADZIWILL

The CPME EXECUTIVE COMMITTEE 2004-2005 is composed as follows:

- Dr GREWIN - President
- Dr POULSEN – Vice-President
- Dr NUNES – Vice-President
- Dr LEMYE – Vice-President
- Prof VILMAR – Vice-President
- Dr MART - Treasurer
- Dr BRETTENTHALER - Consultative Member for 2004
- Dr FJELDSTED – internal auditor
The CPME can count from 1 January 2004 25 members, i.e. the 15 “old” member states plus Norway and Iceland and eight out of the 10 incoming new EU member states, meaning that all member states are represented, only Latvia and Lithuania are missing.

The CPME is trying to work out an equitable new contribution key. Lengthy discussions in former meetings have lent to the constitution of a working group who presented at the Board meeting 27th March a report and a draft contribution system based on population, the GDP and the number of doctors. Final decision is due in the November meeting of the General Assembly.

Preventive Medicine and Environment Subcommittee
The topics followed by this committee are: Health care for the elderly, Health and Safety at work, tobacco advertising and smoking prevention, food safety, drug consumption prevention, environmental issues, prevention of sharp injuries.
At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy: CPME Statement on “Drug use problem in EU”.

Ethics and Professional Codes Subcommittee
The topics followed by this committee are: Life sciences and biotechnology, tissue engineering, quality and safety of human tissues and stem cells, cloning, ethical aspects of biomedical research in developing countries, clinical trials, care and consent in elderly patients, euthanasia.
At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy: Care and Consent in Elderly Patients

Medical Training, Continuing Professional Development and Quality Improvement Subcommittee
The topics followed by this committee are:
Recognition of diplomas and professional qualifications, quality assurance of training programmes, postgraduate training and CME/CPD, funding of CME/CPD, patient safety/clinical risk management and the new directive on Services on the internal market.
At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy: Professional recognition – Letter to be sent to the Council of Ministers.

Organisation of Health Care, Social Security, Health Economics and Pharmaceutical Industry Subcommittee
The topics followed by this committee are:
Free movement of patients, patient safety/clinical risk management/medical curricula, pharma legislation, medical devices, blood safety, Working time, equal opportunities, quality of prescription, enlargement, telemedicine
At its Board meeting, Brussels, March 27th, 2004, the CPME adopted the following policy: Revision of the European Working Time Directive, Enhancing telemedicine in Europe.

**High Level Reflection Group**
An important external activity of the CPME has been in 2003 the participation together with health minister and other political and associative stakeholders in the High Level Reflection Group on Patient Mobility. This group has approved a final report in December 2003 which has been submitted to the Commission.

**Open Health Forum**
CPME will also actively participate in one of the working sessions of the Open Health Forum which will take place in Brussels May 17. The conclusion of the High Level Reflection Group on Patient and Professional mobility will be the issues CPME will address.

**Recognition of diplomas and Professional Recognition**
Thanks to the active lobbying of the CPME Presidents and Secretary General to the Members of Parliament the CPME and the AO’s position has been taken into consideration to en large extent. The directive is now in the hands of the Council which will give its position by mid-May. Contacts will now be made with this working group to further influence in the direction of the profession.

**The Steering Committee**
These meetings have now become an institution, on which is reported extensively in other reports.

The CPME plans to organize a conference on **Patient safety** in January 2005 including a workshop “Patient Safety at the Hospital Level”, where the AEMH should participate.

Dr. Raymond Lies