

The background features abstract, overlapping geometric shapes in various shades of blue, primarily on the right side of the page. The shapes include triangles and polygons, creating a modern, layered effect. The text is centered on the left side of the page.

EU health institutional and policy developments

Update May 2015

Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU (I)

(contracted to a consortium led by CPME):

- ▶ CPD is an ethical obligation for **all** health professionals to ensure their professional practice is up-to-date and can contribute to improving patient outcomes and quality of care.
- ▶ CPD systems across Europe are highly complex and show different approaches across professions and countries. There is no evidence to suggest that one system is preferable to another.
- ▶ It is understood that CPD can contribute to patient safety, however so far there is limited research on this relationship. CPD is only one of many contributing factors to achieve a culture of patient safety.
- ▶ Across all countries, professionals report the burden of costs and the lack of time as the main barriers to accessing CPD activities.

Study concerning the review and mapping of continuous professional development and lifelong learning for health professionals in the EU (II)

The full report sets out 22 recommendations to help strengthen CPD in Member States and promote European cooperation in five areas:

1. CPD structures and trends;
2. Barriers and incentives to following CPD;
3. Patient safety and CPD;
4. Accreditation systems;
5. Role of the European cooperation.

Cross-border care: Commission study looks at how patient choices are influenced by availability of information

The study: [Impact of information on patients' choice within the context of the Directive 2011/24/EU of the European Parliament and of the Council on the application of patients' rights in cross-border healthcare.](#)

Among the key findings:

- Price of treatment and waiting time - the key drivers of getting treatment in another MS;
- The level of trust in the healthcare of the target country;
- the information currently provided on cross-border healthcare is too complex for patients to understand;
- payers believe that patients currently do not have access to all the information they need to make an informed decision;
- majority of payers are confident that Directive 2011/24/EU effectively
- clarifies patients' rights with regard to reimbursement of cross-border healthcare.

**Public consultation on the
European Working Time Directive
(period of consultation: from 01/12/2014 to
15/03/2015)**

- **Consultation document available in all EU languages**
- **<https://ec.europa.eu/eusurvey/runner/54d2a95e-114a-7edc-217f-5bed8fd02492>**

Health at a Glance: Europe 2014

Key findings:

- Between 2009 and 2012 **health spending** in real terms (adjusted for inflation) decreased by 0.6% per year on average. This was due to cuts in health workforce and salaries, reductions in fees paid to health providers, lower pharmaceutical prices, and increased patient co-payments.
- Since 2000, the **number of doctors** per capita has increased in all EU countries except for France where it has remained stable. The **number of practising nurses** has also increased in all but two Member States.
- **Patients are increasingly moving across borders** to pursue medical treatment. Both imports and exports of health care services have grown in most EU countries between 2007 and 2012.
- There are wide variations across EU countries in **waiting times for non-emergency surgical interventions** (increasing times for Spain and Portugal, decreasing for other MS).

TTIP update

- ▶ [Report](#) on ISDS (Investor-to-State Dispute Settlement) published by the Commission, following a public consultation (13/01/2015);
- ▶ *“The consultation clearly shows that there is a huge skepticism against the ISDS instrument”*, said Cecilia Malmström, Commissioner for Trade.
- ▶ In the first quarter of 2015, the Commission has organised a number of consultation meetings with EU governments, the European Parliament, and different stakeholders, including NGOs, business, trade unions, consumer and environment organisations, to discuss investment protection and ISDS in TTIP on the basis of this report.
- ▶ **Members of the Parliament's Committee on the Environment, Public Health and Food Safety (ENVI) on Tuesday (14 April) voted in favour of an opinion which calls for five health-related areas to be excluded from the Transatlantic Trade and Investment partnership (TTIP) negotiations** (public health services, genetically-modified organisms (GMOs), the use of hormones in the bovine sector, chemical legislation REACH and its implementation, and cloning from the talks).

TISA (Trade in Service Agreement) negotiations

- ▶ Leaked [document](#) reveals secret talks to privatize and raise health costs;
- ▶ Put forward by the Turkish government, was discussed by EU MS at the Geneva TISA negotiations (September 2014)
- ▶ It suggests an annex on health care services in the TISA that would promote offshoring by facilitating patients' travel abroad to access health services based on health insurance portability;
- ▶ According to experts, it would raise healthcare costs in developing countries and lower quality in developed countries;
- ▶ The beneficiaries of the deal: health corporations and insurance companies (approximately USD 6 trillion business benefit).

CEN publishes standard on Aesthetic Surgery services ([press release](#))

The new European Standard ([EN 16372](#)) was developed by CEN's Project Committee on 'Aesthetic Surgery and Aesthetic Non-surgical Medical services' ([CEN/TC 403](#)), which was set up in 2010

The new European Standard ([EN 16372](#)) was formally approved by CEN in October 2014 and the final version of the standard was made available to all CEN Members (National Standardization Bodies) on 17 December.

Before the end of June 2015 (at the latest), this standard will be published at national level by CEN Members in 33 European countries.

Ways to get your message through to the EU (I)

European Commission:

- ▶ SOLVIT: http://ec.europa.eu/solvit/index_en.htm (= an online service provided by the national administration all over EU; SOLVIT aims to find solutions within **10 weeks** - starting on the day your case is taken on by the SOLVIT centre in the country where the problem occurred.
- ▶ The Joint Action on Health Workforce Planning and Forecasting (<http://www.euhwforce.eu/>)
- ▶ Your Voice in Europe: <http://ec.europa.eu/yourvoice/> (=consultations on EU policies, discussions with EU leaders and other tools, such as for instance the Transparency Register - <http://ec.europa.eu/transparencyregister/info/homePage.do?locale=en>)

Ways to get your message through to the EU (II)

- ▶ **European Parliament: the Petitions Committee**
(<http://www.europarl.europa.eu/aboutparliament/en/00533cec74/Petitions.html>), an individual request, a complaint or observation concerning the application of EU law or an appeal to the European Parliament to adopt a position on a specific matter.
- ▶ **European Network of Medical Competent Authorities** (www.enmca.eu)
- ▶ **Healthcare Professionals Crossing Borders (HPCB)** (<http://www.hpcb.eu>)