



**Health Check for Europe:
Five ambitions to
continue building the
European Health Union**

**Interview with Sara
Cerdas MEP and guest
article from Belgian
Presidency of the EU**

Tackling the health workforce crisis

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European doctors stand in solidarity

With our continent facing a challenging era, the upcoming European elections in June is a defining moment in shaping the next five years for the EU and beyond.

In January, I presented our ambitions to continue building the European Health Union to the President of the European Parliament, MEP Roberta Metsola, as we launched our [Health Check](#) manifesto. We welcome that European countries have made huge advances in collaboration on health in recent years, however we cannot take a step backwards.

Our health systems still suffer from deep structural flaws and our health workforce is exhausted and undervalued. The EU needs a coherent long-term vision for health in Europe and beyond for equitable access to healthcare for patients. To achieve this, we advocate for health to be a central focus of the EU's next policy programme.

In this magazine we invite you to read about each of our five ambitions in more detail. Our call for action to tackle the health workforce crisis features particularly prominently.

Beyond health, as European doctors we stand in solidarity and optimism that we can build a bright and healthy future. We will continue to collaborate with all the policy-makers and partners to make this happen.

Dr Christiaan Keijzer

CPME President

A handwritten signature in black ink, appearing to be 'C. Keijzer', written in a cursive style.

More, better and happier doctors



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As doctors across Europe raise their voices to draw attention to their situation, significant political momentum is building to address the pressing issue of the health workforce crisis.

When I started at the Medical Association of Malta over 25 years ago, over half of our doctors were leaving and never returning.

In recent years, we have reversed the brain drain and made the profession more attractive for young Maltese graduates.

Through this journey I have learned three lessons that can also be applied to tackling the Europe's current health workforce crisis.

My solution for the future of Europe's medical workforce can be encapsulated in three words:

We need more, better and happier doctors.



Dr Martin Balzan
CPME Vice President

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Better doctors

Investing in the education and training of the health workforce is paramount. It is crucial to provide quality undergraduate and postgraduate programmes.

On 13 December 2023, CPME hosted an expert webinar featuring distinguished speakers who discussed the importance of maintaining the highest standards and quality of basic medical education and training.

We will continue to underline to policy-makers that undercutting current minimum training requirements will not provide the best possible service to patients and is unlikely to increase recruitment numbers but rather promote the contrary.

More doctors

If we want to provide a high-quality service for patients, we need enough healthcare professionals.

However, if the current trajectory persists, we risk facing severe shortages in the future.

We must make the profession attractive to secure the health workforce of the future.

To overcome these obstacles, increased investment in health systems is imperative to ensure safe staffing levels and lawful working conditions.

Setting minimum health workforce capacities is critical to uphold high-quality patient care and universal health coverage.

Happier doctors

The well-being of the health workforce and doctors must be a priority. This is essential to retain doctors, by minimising migration and attrition. Alarming reports from our members across Europe highlight high bureaucratic demands, escalating rates of burnout, and overwhelming workloads. These challenges are exacerbated by workforce shortages, impeding the attainment of a healthy work-life balance.

To this end, CPME adopted a new policy on doctors' well-being last October. This policy, focuses on promoting work-life balance and supportive environments, provides a series of recommendations designed to support the holistic well-being of doctors throughout their careers (see page 7).



We are not alone in our raising our concerns, on page 28 the European Junior Doctors provide a stark reality-check for the future. Furthermore, doctors work as part of a team and the other healthcare professions must be addressed in parallel.

Belgium, currently holding the EU presidency, has placed the crisis at the forefront of its agenda, the first time in over a decade a Member State has paid the topic such attention (see page 25).

The topic is also a focal point in our European Elections Manifesto, titled "Health Check," (see page 9). The manifesto was unveiled to the President of the European Parliament, MEP Roberta Metsola, whom I met with CPME President Christiaan Keijzer.

We are pleased to have high-level political engagement, but more action is needed.

In conclusion, the health workforce crisis demands immediate and coordinated action.

The upcoming European Parliament elections and new European Commission provide a unique opportunity to address this issue collectively and implement lasting solutions that prioritise the well-being of our healthcare professionals.

The time for action is now.

Promoting work-life balance and supportive environments for doctors

CPME [published](#) recommendations to enhance the well-being of doctors across Europe, with the aim of improving patient care, professional excellence, and overall job satisfaction at all careers stages.

Doctors face significant challenges in maintaining their own well-being while caring for others.

The demanding nature of their work, long working hours, and high levels of stress can take a toll on their physical and mental health. These challenges are further compounded by workforce shortages, which create barriers to the pursuit of a work-life balance that accommodates family life.

CPME Vice President Dr. Martin Balzan said "European doctors call on the EU and Member States to ensure effective enforcement of EU directives like the Working Time Directive and Parental Leave Directive.

"We must ensure that all available tools are aligned to improving the well-being of doctors.

"We urge healthcare institutions to implement benchmarks for minimum workforce capacities to ensure safe staffing levels, which is only possible with fair financial remuneration.



CPME President Christiaan Keijzer said "The well-being of doctors is not only a personal matter but also a critical factor that directly influences patient safety and healthcare quality. We are committed to creating an environment where doctors can thrive both personally and professionally."

European doctors warn of adverse health effects of cannabis

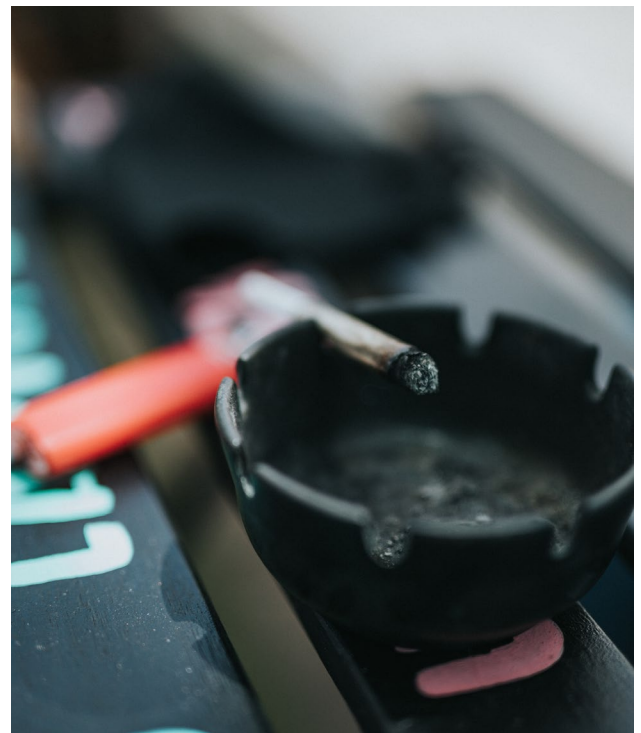
CPME [published](#) a policy cautioning policy-makers and the public of the serious public health concern of cannabis. The policy highlights evidence of substantial health harms related to cannabis use across Europe, but does not focus on cannabis-based products in specific medical conditions.

Adopting the core principle of medicine, of ‘first do no harm’, European doctors oppose further legalisation of cannabis and urge policy-makers to make efforts to reduce cannabis use by citizens.

CPME Vice-President Prof. Dr Ray Walley said “Evidence shows that cannabis is an addictive drug with many hazards.

These risks are heightened for adolescents in particular. The weight of current evidence indicates that legalisation adds to health harms across the population.

“European doctors encourage local, national, and European public health agencies to improve surveillance efforts to ensure data is available on the short- and long-term health effects of cannabis.”



Cannabis is the most consumed illicit drug in Europe. Latest estimates from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) indicate that about 23 million adults used cannabis in 2022, and 1.7 million people have a cannabis use disorder.

Cannabis use has acute health risks, and it tops the list of drug-related attendances at hospital emergency departments in Europe. In addition, regular use is associated with a range of chronic harms, many of which relate to mental health, such as psychosis, mania, depression and anxiety disorders.

Health Check for Europe 2024-2029

European doctors' five ambitions to continue building the European Health Union

In recent years, European countries have made huge advances in collaboration on health. We cannot take a step backwards.

The COVID-19 pandemic has shown that health is the foundation of our economy and society, exposing long-standing problems in our health systems and workforce. These problems have not been solved. At the same time, the pandemic showed the value of European cooperation and solidarity.

The European Health Union is not complete: the EU needs a coherent long-term vision for health in Europe and beyond for equitable access to healthcare for patients.

We urge European policy-makers to:



1. Tackle the health workforce crisis



Throughout Europe, the healthcare sector is experiencing a crisis. Doctors are taking to the streets to protest against untenable working conditions, excessive hours, and insufficient resources.

Doctors must have lawful working conditions and safe staffing levels to ensure the sustainability of the healthcare system.

The strain on healthcare professionals intensified during the pandemic, but it is crucial to acknowledge that structural flaws already existed.

Burnout is on the rise, accompanied by incidents of verbal and physical violence against healthcare workers, diverting precious time away from patient care. Medicine is losing its appeal as a lifelong profession, and if this trend continues, the health workforce will cease to function effectively.

The upcoming European elections provide a crucial opportunity to address the healthcare workforce. Recognising the urgency, Belgium, as the current EU presidency, has prioritised topic for the first time in over a decade, acknowledging the severity of the situation.



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Act Urgently on Workforce Shortages

The scarcity of healthcare professionals demands immediate attention. Although the health workforce forms the backbone of resilient health systems, the OECD [estimates](#) that Europe is currently grappling with a shortage of 2 million healthcare professionals.

Lowering training requirements or causing brain drain by contravening WHO's ethical recruitment policies is not a sustainable solution.

Collaboration among educational institutions, universities, employers, and ministries is necessary to make the medical profession more attractive and reduce deficits by investing in high-quality training and practice conditions.

Set Minimum Capacity Benchmarks

Collaboration among national medical associations, the OECD, European Commission, and WHO-Europe is crucial for effective data collection.

Setting minimum health workforce capacities through comprehensive data analysis ensures safe staffing levels, upholding high-quality patient care and universal health coverage.

Focus on retention of Healthcare Professionals

Better retention achieved by investing in the well-being of healthcare professionals.

Policies must address work-life balance, access to support services, mental health resources, professional development opportunities, and fair remuneration.

A holistic approach fosters an environment where healthcare professionals feel valued and supported, contributing to higher job satisfaction, reduced burnout rates.

The time has come for comprehensive, cross-border solutions that prioritise the health and resilience of the medical workforce, ensuring a sustainable and effective healthcare future for all.

2. Ensure a safe digital transformation of healthcare



The EU, and all public and private stakeholders must respect ethical principles of medical confidentiality and professional secrecy.

EU health data exchange frameworks and infrastructures must be trustworthy and robust, otherwise patients may become reluctant to provide information or even to consult with their doctor if they fear that their data will not remain secret.

Gain the trust of patients and healthcare professionals

CPME welcomes that both the Council and the European Parliament have recognised the core principles of the “patient-doctor” relationship in the draft European Health Data Space (EHDS) Regulation currently under discussion.

We must apply medical confidentiality and professional secrecy to guide professional conduct and ensure the respect for private life.

Patients need to feel that the information shared with the doctor remains secret in the EHDS and beyond.

These principles also serve the society at large, pursuing an objective of general interest of free access to healthcare.

However, as the EHDS introduces the obligation for “health data holders” to make health data available for secondary use purposes, where any natural or legal person, public authority, agency or other body in the healthcare or care sectors will have to provide data when requested by the competent authority for research, innovation and policy-making purposes. It remains to be seen how the personal health information will be effectively pseudonymised and anonymised in a way that the process remains ethically sound, and by whom.



Doctors need to be fully supported with resources for digitisation and digital literacy

We need to optimise functionality of digital health tools as doctors' time should be spent on patient care and should not be diverted by excessive administration.

Only this way we can avoid aggravating administrative burnout and ensure that the time allocated to patients is not diminished.

Doctors need to have an active role in the development, implementation and governance system of the electronic health records (EHR), and local teams require continuous systemic support.

Organisational capacity needs to be built at national level from the healthcare providers' side and across medical specialties.

A profile of doctors with IT academic competence per medical specialty which can be part of a formal network that can be consulted when developing and implementing the EHR is needed.

Additionally, the EHR should not be an open door for mistrust and litigation with healthcare professionals.

European doctors are committed partners in ensuring a safe digital transformation for healthcare.

3. Enable healthier living

The EU must make better use of its cross-sectoral regulatory tools to prevent disease, eradicate inequalities and improve people's physical and mental health and well-being.

Investments in public health, disease prevention and health systems should be a key priority for the future.



In the beginning of 2021, the current European Commission presented the Europe's Beating Cancer Plan. One of the plan's priorities is prevention, recognised as the most cost-efficient long-term strategy.

It was announced that the actions would be supported by EU regulatory instruments.

There is currently progress in the trilogue to revise the EU air quality directives, which is expected to be concluded by the end of the current Parliament's mandate. We call for a full alignment with the WHO guidelines.

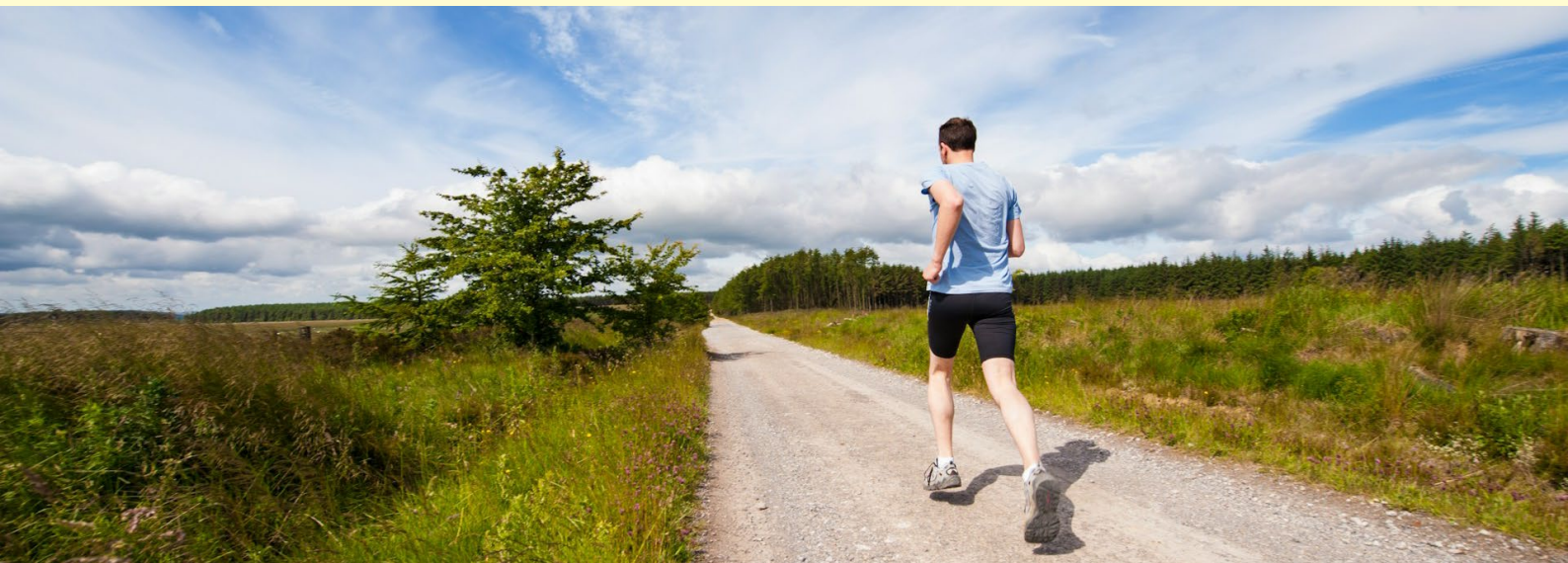
Unfortunately, many promised proposals have been delayed. This means that the next Commission and the Parliament have a crucial role in finalising and adopting the leftover actions.

Urgent action for tobacco

The Commission has not published a single piece of the planned tobacco legislation.

The cancer plan mentions revisions of the EU's Taxation Directive and the legal framework on cross-border purchases as well as a proposal on smoke-free environments. Moreover, the processes to review the Tobacco Products Directive and the Tobacco Advertising Directive will be shifted to the next Commission.

There is an urgent need for these actions due to emerging products, such as e-cigarettes, nicotine pouches, and heated tobacco products. One of the main concerns is their appeal to young people.



Alcohol related harm remains a major public health concern

The main acts are the revision of the EU rules on taxation and cross-border purchases as well as the introduction of mandatory labelling rules of ingredients, nutritional values, and health warnings. All these initiatives are delayed. New policymakers should also monitor the implementation of the Audiovisual Media Service Directive provisions to reduce the exposure of young people to alcohol marketing.

Continue to support vaccination

Regarding vaccination, the EU has supported its member states to increase vaccination coverage and confidence. As a result, immunisation campaigns have reduced the incidence of vaccine-preventable diseases. The Commission has also proposed a Council recommendation on vaccine-preventable cancers focusing on boosting the uptake of vaccinations against Human papillomaviruses (HPV) and Hepatitis B virus (HBV).

Make healthy food more affordable and available

The cancer plan promised to propose a harmonised, mandatory front-of-pack nutrition labelling to empower people to make better and healthier food choices. The plan also committed to evaluate the outdated EU Action Plan on Childhood Obesity. Moreover, the Commission has been expected to propose an EU Sustainable Food Systems Law. Also, all these initiatives are delayed.

Mental health strategy needed

Well-being of European citizens should be in the focus. The challenge of people suffering from mental health issues worsened during the COVID-19 pandemic. A new EU-wide strategy is therefore needed to ensure that resources are allocated for mental health services. It is key is to break stigma around mental health and to guarantee access to effective prevention and mental healthcare and treatment.

4. Guarantee accessibility and effectiveness of medicines



The ongoing revision of the EU's pharmaceutical legislation is an enormous opportunity to rebalance the pharmaceutical system in the EU to better serve patients and healthcare systems, as well as stimulate meaningful innovation.

European doctors guiding principles for the revision are: accessibility, effectiveness and safety.

Deepening medicine shortages impact patient safety

The availability of medicines has been a long-standing challenge, however national medical associations have reported that shortages have become systemic and affect all types of medicinal products. This poses a risk to health of patients and creates burden for healthcare professionals.

We welcome the strong focus in the revision, especially by proposing earlier notifications, clear definitions and prevention plans.

However, we see room for further improvements around communication about shortages and alternatives for prescribers, and the safety stocks of medicines.



Fair pricing, innovation, and accessibility

The legislation must promote fair pricing, innovation, and accessibility, and provides an opportunity to address the inherent challenges posed by opaque pricing structures and a lack of competition.

By extending reporting and transparency in research and development costs, policymakers reduce the information asymmetries that national authorities face in pricing negotiations with industry.

Third, when it comes to supporting meaningful innovation, CPME welcomes the proposal of modulated incentives that would provide tailored and proportionate rewards.

Access to medicines for patients should not be determined by where they live. Therefore, we call for an obligation to file for pricing and reimbursement in all Member States.

Antimicrobial resistance crisis urgently needs greater European action

AMR is one of the greatest global health threats, causing 1.2 million deaths each year, more than 35 000 of which are in Europe. Bacteria have evolved ways to resist antibiotics, accelerated by overuse or misuse of medicines, including in agriculture. The deepening crisis is leaving doctors short of treatments for life-threatening infections.

A new comprehensive alternative market model is needed to ensure sustainable and equitable access to antibiotics. Due to the nature of the use of antibiotics (the less the better), the current market model is not in line with public health objectives.

CPME recommends focusing on investing EU and Member States' efforts in non-legislative tools, instead of incentives such the transferable exclusivity extension voucher.

5. Take climate action for better health



It is a societal, political, scientific and economic imperative to mitigate the negative effects of climate change.

In Europe, heatwaves, pollution, floods, drought, as well as shifting the geographical distribution and emergence of new diseases, are major climate related health threats.

Doctors see patients suffering increasingly from harm caused by climate change.

For scientists and doctors, global warming and climate change are not new concepts, but they have become major political questions only during the past decades.

All European regions face climate extremes every year impacting many different aspects of our lives, including health. There is no time to wait or slow down, tackling the climate emergency requires ambitious climate policies to achieve the EU's commitment to limit global warming to 1.5°C according to the Paris Agreement.

Last March, CPME published a policy on climate change and health, making key recommendations to current and future policy-makers and the healthcare sector.



The EU should meet its 2030 target to reduce net greenhouse gas emissions by at least 55% compared to 1990 levels, as part of its ambitious target to be climate-neutral by 2050.

In the beginning of February, the European Commission tabled its proposed climate target for 2040, recommending a 90% net greenhouse gas emissions reduction. This is the current Commission's legacy for its successor which will make a legislative proposal after the June EU elections.

Moreover, the publication of the first European Climate Risk Assessment (EUCRA) is scheduled for spring. This will provide an assessment of current and future climate change impacts and risks to the environment, economy and wider society in Europe.

National and local health systems need to take action through changes in education and capacity.

Globally the health sector accounts for 4.4% of greenhouse gas emissions, and even more in many European countries.

In practice, greening the healthcare sector means improving energy efficiency of hospitals, introducing more sustainable procurement of pharmaceutical products, medical devices and other hospital equipment, reducing waste, and promoting disease prevention as the most sustainable healthcare is the reduced need for healthcare.

European doctors are committed to help find solutions to improve the environmental footprint of the health sector.

Interview with MEP Sara Cerdas

Taking stock and looking forward to health policy from 2024-2029



We spoke to MEP Sara Cerdas to look back at her first term in the European Parliament, and look forward to the next 5 years.

MEP Cerdas is a medical doctor and a member of Portugal's Partido Socialista, part of the Socialists and Democrats (S&D). She was elected for the first time to the European Parliament in 2019, and is a co-host of the MEP Doctor roundtable, organised by CPME.

In this term, what achievements will have the most positive impact for health?

We cannot ignore the advance of European Health Union, but if I have to choose one big achievement it would be the climate law. Advancement on mitigating the impacts of climate change is a big turning point for health and will have a larger impact on the lives of European citizens across all ages, and vulnerable groups.

We also advanced the European Beating Cancer plan, and while we only know half of risk factors for cancer, we know that air pollution is responsible for 10% of cancers. The revision of the EU Ambient Air Quality Directive to bring it in line with the limits of the WHO 2021 Air Quality Guidelines will have a huge impact on the health of Europeans.



What is the European Parliament doing to address the health workforce?

Through the COVI committee, we outlined the exceedingly difficult working conditions faced by doctors during COVID-19.

I see a lot of despair with my peers asking themselves “Should I keep doing this for the next 30 or 40 years?”.

It is important to make sure that health professionals work conditions are attractive, and I’m not only talking about salaries.

As rapporteur on the report on mental health, we recognised that health professionals are more at risk of developing mental illnesses. Who takes care of the carers? We ask for more support and investment in services.

We will also review the recognition of diplomas, and need further collaboration because it has the potential to help address the shortage of health professionals.

What is your opinion of the European Health Data Space (EHDS)?

I am pleased that the EHDS will improve accessibility to medical data. This will help reduce costs, and increase efficiencies at the European level, as well as even within regions. There will be a lot of funding to accompany the implementation.

However, when we are looking at the biggest challenges, the EHDS will only be made possible if we have the trust of patients and ensure confidentiality of data.

It will be a tense balance to make available data for medical research while avoiding biases that may arise if we include an opt in or opt out system.

It is also important that we tackle training of health professionals, and the techno-stress associated with the roll-out. We should not overburden doctors to the detriment of their ability to be present with patients.

What health topics and themes do you see on the agenda in the next legislative cycle?

We need a strategy for mental health, including goals, indicators and better data.

I also see non communicable diseases (NCDs) being on the next agenda. Two of the biggest risk factors for NCDs are tobacco and alcohol consumption, and we are already so late in legislating on novel tobacco and nicotine products.

This requires a willingness and a more progressive approach to regulating tobacco.

On alcohol and food labeling, that's something we missed this mandate, we need more consumer information.

On shortage of medicines, we won't finish with this package in the current parliament mandate so it will remain on the agenda for the next parliamentary term.

Lastly, climate change and health ought to remain on the agenda and hopefully we will see COP29 hosting two days of health and the topic being discussed in the main meeting rooms instead of the side events.

Linked to the issue of climate change is also the WHO pandemic treaty accord which is essential because we know we will be facing more pandemics in the future, and we need to be ready.

[Read the full interview on our website.](#)



How do you see the future of the SANT sub committee?

I'm of the conviction that health needs a standalone committee with legislative power.

I believe this will be a reality because there is more health legislation up and coming, and I also believe it to be necessary if we truly want to explore the full potential of Article 168 TFEU to act on primordial prevention.

A reformed SANT committee ought to truly consider the Health in All Policies approach. I think the beauty of the EU is that we are world leaders in regulation and high standards of safety, health and when it comes to products we consume.

Bulgarian Medical Association advocates for mandatory continuous medical education

© Bulgarian Medical Association



BMA Chairman, Dr. Ivan Madzharov and Prime Minister of Bulgaria, Nikolay Denkov

Elisaveta Geretto

Bulgarian Medical Association

The sixth National Congress of the Bulgarian Medical Association (BMA) was held in Sofia in November 2023, gathering over 200 participants including leaders of the world medical community.

As a conclusion of the debates, the Congress called for 7 concrete actions to improve healthcare in Bulgaria.

The Prime Minister of Bulgaria, Acad. Nikolay Denkov, along with Prof. Hristo Hinkov, Minister of Health, Members of Parliament, and the National Health Insurance Fund took part in the congress sessions which debated pressing issues in Bulgarian healthcare which resonate with global challenges.

The BMA pledged to continue working for improving the healthcare system in dialogue between the government and medical professionals.

In order to further inform the debate, BMA presented initial results of the economic impact of healthcare on national economy. The study encompasses the structure of hospitals and physicians, direct economic contributions, additional economic activities, overall economic contributions, and future outlook.

© Bulgarian Medical Association



As a conclusion to the frank discussions, the Congress called for **seven concrete actions to improve the healthcare system in Bulgaria:**

1. Make legislative changes to **introduce mandatory continuous medical education (CME)** for physicians. Drafting methodology and assessment for the accreditation of CME.

Participants recognised that CME provision in Bulgaria is chaotic, often left in the hands of pharmaceutical companies with even well-organised symposiums witnessing low attendance of physicians. This is undermining quality and patient safety as well as contributing to higher stress and burnout as evolving science and medicine necessitates continuous education.

BMA Chairman, Dr. Ivan Madzharov, underscored the need for legislative changes, proposing joint efforts of scientific societies, academia, hospital associations, and the BMA to set the regulatory rules.

2. Develop and implement policies to **address the personnel crisis in the healthcare sector**, including an assessment and analysis to determine incentives, priority areas, and specialties.

3. Create a methodology and analysis for the introduction of **alternative funding models in healthcare**, with the aim of reaching average GDP expenditure levels in the EU.
4. Focus on **more efficient allocation of expenditure**, closely tied to results. Prioritise outpatient health services and introduce a mechanism for gradual alignment of remuneration for medical professionals with the EU average.
5. **Increase digitisation** to achieve broader accessibility, higher efficiency, and improved coordination between different levels in healthcare structures.
6. Develop and implement policies to **increase screening and prevention**, including improving citizens' awareness of the necessity and benefits.
7. Make legislative changes for effective **protection of medical professionals from verbal and physical aggression**.

Bulgarian Medical Association is committed work in cooperation with all stakeholders in order to see through these commitments for the betterment of Bulgarian healthcare.

For a Europe that cares, prepares *and* protects: Belgium intends to move the EU Health Union to the next stage



Arno De Potter, Rita Baeten and Lieven De Raedt

Belgian Presidency of the Council of the EU

Having the presidency of the Council of the European Union, the first semester of 2024 presents the ideal opportunity for Belgium to advocate for a robust EU health agenda.

Especially with the EU elections on their way, it is timely to organise a reflection on the EU policy agenda for the coming 5 years. Given the COVID-19 pandemic, the ever-growing needs of an ever-changing population, and the issues already present, there is a strong necessity for the EU to invest more in health.

The pandemic put health at the very top of the EU agenda. COVID-19 has demonstrated that the EU is a crucial actor when dealing with health crises.

Health authorities worked collectively, “in solidarity”, as this offered the best chance of success. It was thanks to Europe that we were able to quickly develop, procure and, distribute a safe and effective COVID-19 vaccine. We thus see this as one of Europe’s greatest recent successes as well as an inspiration of what we can achieve through collaboration and shared ambition. This sense of collective action remains important as the EU continues to have to deal with new emergencies: war, inflation, migration, mpox, natural disasters, and increasingly serious disruptions in the supply of medicinal products.

In this contribution, we briefly discuss a selection of the topics the Belgian Presidency would like to put on the agenda of the next EU Commission.



Sufficient health workers with the right skills are a basic condition for guaranteeing both access to healthcare for EU citizens and health emergency preparedness.

Firstly, this makes a strong case for the EU to further strengthen its health emergency preparedness and response systems. With the creation of HERA and the adoption of the EU Health Union legal package, we have a solid base to keep this topic high on the EU agenda. But the work related to health emergency preparedness is only starting. The Belgian Presidency will discuss whether, in the event of a new health emergency, the EU will be able to rely on the right tools; the financial means, and structures to effectively respond to the crisis.

Secondly, health crises and other challenges mentioned above put heavy pressure on our health systems. Sufficient health workers with the right skills are a basic condition for guaranteeing both access to healthcare for EU citizens and health emergency preparedness.

The Belgian Presidency therefore wants to address how Europe can support Member States in ensuring availability of sufficient health workers with the right skills and skill mix to sustain their health care systems.

This discussion should include the impact of the EU legal frameworks, in particular the Professional Qualifications Directive, on national health workforce policies.

Thirdly, a population that is healthier at the start is better prepared to deal with health crises like pandemics.

This requires investing in the fight against non-communicable and “lifestyle” diseases like obesity and cancer. Belgium wants to focus on multiple legislative initiatives tackling these issues, including tobacco, alcohol, nutrition, and environmental pollution.



The EU and its Member States should also be investing in health. Investing in these fields means better healthcare in times of relative peace, healthier, more resilient populations at the start, and enhanced preparedness for times of crisis, based on international cooperation.

Next, public incentives for medical research and innovation are currently not always addressing the highest health-related needs of our patients and society.

The EU has a crucial role in these mechanisms through its important research funding programmes, as well as through regulatory incentives.

Therefore, the presidency wants to launch a discussion for a shift towards a needs-driven system, based on a common methodology to identify disease-specific needs in an evidence-based manner and the setup of a mechanism for the appraisal of the needs, based on transparent criteria and a standardised way to assess the needs.

Finally, the EU is increasingly confronted with severe medicines shortages. The reasons for shortages are complex. To address the issue, 21 countries supported a non-paper that proposes measures to help relieve the worst effects of shortages on patients, as well as provide a more structural answer to the underlying causes. The presidency will seek to implement and/or develop these policies during its tenure.

To close, the multiple facets mentioned above make a solid case that both the EU and its Member States should also be investing in health. Investing in these fields means better healthcare in times of relative peace, healthier, more resilient populations at the start, and enhanced preparedness for times of crisis, based on international cooperation.

From tradition to transition: Unveiling junior doctors' realities



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The European Junior Doctors Association (EJD) represents more than 300 000 junior doctors in Europe. We advocate for these professionals' rights, the quality of postgraduate training systems and optimal patient care.

To achieve these goals, we have recently published a study which aims to understand the impact of work experiences on both the professional and personal spheres of junior doctors across Europe.

The study engaged with representatives from 24 National Medical Associations through in-depth, semi-structured interviews.

The proposals presented offer a roadmap for reform, reflecting the urgent need for change to sustain and nurture the future of healthcare in Europe.

A striking consensus emerged across diverse European healthcare landscapes revealing dissatisfaction and job disillusionment.

Junior doctors face an overwhelming workload due to heightened healthcare demands, forcing many to make hasty decisions, often without adequate supervision or reflection, leading to insecurity and frustration about the quality-of-care provided.

1. Overview of Junior Doctors' situation in Europe



Another trend observed is the generational shift in the medical profession: contemporary junior doctors are redefining the concept of professional calling.

They demand fair compensation and respect for their time, unwilling to accept being overworked as an inherent part of their profession.

The study also highlighted troubling gender inequalities and the unique challenges faced by migrant junior doctors, including career interruptions, part-time work biases, pay gaps, and specific workplace violence for female doctors. Migrant doctors encounter limited professional growth and social integration challenges.

Three cross-cutting elements impacting job satisfaction were identified: work-related experiences, training-related experiences, and difficulties in achieving work-life balance.

Junior doctors are physically and mentally exhausted due to disproportionate patient numbers, increased bureaucratic tasks, and a lack of strategic resource planning.

Training-related experiences are impacted by high workloads overshadowing training requirements, inadequate supervision, and insufficient time for academic activities. The rigidity of work schedules often clashes with personal life, significantly impairing career advancement decisions.

In response to these challenges, the study's participants proposed strategies to enhance job satisfaction and retention, aiming to revitalise the healthcare sector with a particular focus on the needs and aspirations of junior doctors. These strategies include:



Governance: Recognising medical workforce as a central issue in national and European health policy agendas, implementing robust medical workforce planning, increasing health workforce investment, and aligning workforce strategies with the evolving work values of new generations of doctors.

Working Conditions: Enhancing workplace flexibility, improving working environments, monitoring and reducing workloads, and ensuring compliance with working hour regulations and rest periods.

Work & Work-life Balance: Offering more work flexibility and autonomy, rethinking shift schedules, and increasing job stability and career progression opportunities.

Occupational Wellbeing: Increasing research and indicators on junior doctors' wellbeing, promoting networking and bonding for a better work atmosphere, and monitoring and increasing professional satisfaction.

Training: Safeguarding structured competency-based training programmes, standardising training across Europe, and allocating sufficient quality training time for both trainees and supervisors.

Addressing Inequalities: Promoting gender diversity, reducing discrimination, advocating for gender parity in leadership, and providing knowledge and skills to all health professionals regarding gender and migration inequalities.

European junior doctors emphasise that addressing these issues is not merely about improving individual job satisfaction but safeguarding the fabric of healthcare systems' which is built and upheld with the dedication and expertise of these early-career physicians.

In a time of workforce scarcity, acting upon these insights is paramount to ensuring a resilient, effective, and compassionate healthcare system.

CPME joins forces with ‘Safe and healthy work in the digital age’ campaign



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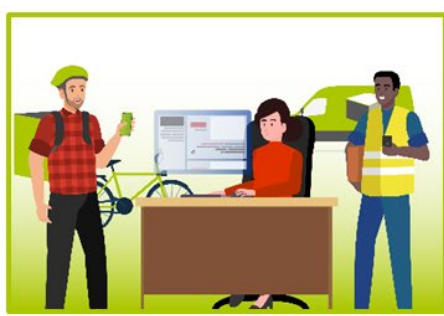


Organised by the European Agency for Safety and Health at Work (EU-OSHA), the 2023–25 Healthy Workplaces Campaign ‘Safe and healthy work in the digital age’ puts the spotlight on the impact of digital technologies on work and workplaces and aims to promote and protect workers’ safety and health, so that risks do not overshadow the benefits.

CPME is an [official partner](#) of the [campaign](#) — raising awareness among doctors across Europe about the impact of new digital technologies in the health care sector and the associated occupational safety and health challenges and opportunities.

The expansion of digital technologies have deeply transformed society and impacted many aspects of our lives, including work. An overwhelming majority of companies in the European Union (EU) already enjoy the potential offered by these technologies such as supporting workers in hazardous environments, helping workers in heavy manual lifting work, and facilitating telework to improve work–life balance.

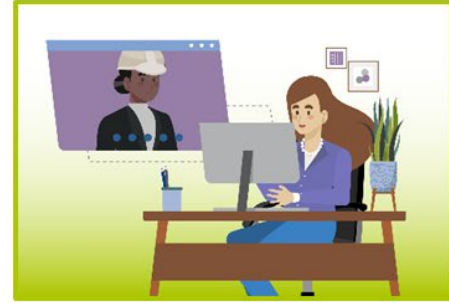
Priority areas



Digital platform work



Automation of tasks



Remote and hybrid work



Work management through AI



Smart digital systems

However, digitalisation also presents some challenges: isolation and blurring of boundaries between work and private life, loss of control and autonomy, replacement of jobs by algorithms and other technologies, penalties associated to workers' performance or incorrect decisions taken by automated processes using flawed data.

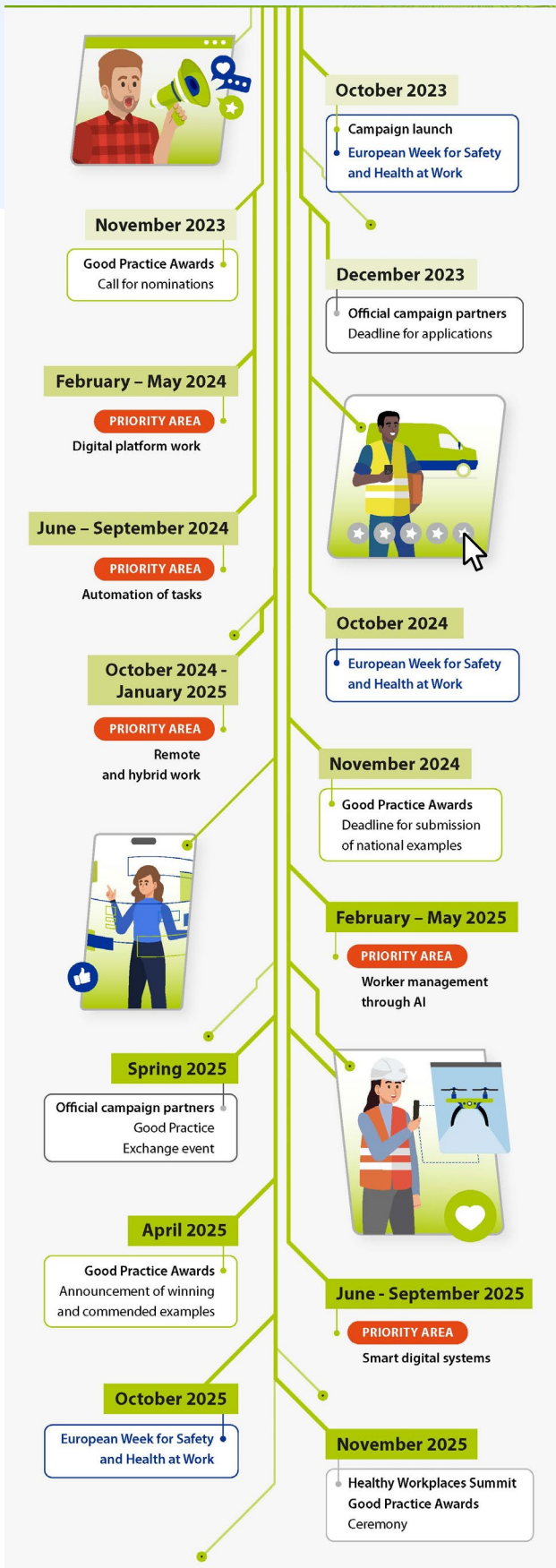
Within this context, the development of new technologies and their application to the health and social care sector has been substantial over the last few years. In turn, the new possibilities for task automation, the emergence of digital platforms offering care services or the newly acquired digital skills among professionals have made new OSH risks surface, especially psychosocial ones.

The 'Safe and healthy work in the digital age' campaign aims at raising awareness about the occupational safety and health (OSH) implications of digitalisation and it is structured around five [priority areas](#) (see image above).

CPME promotes knowledge among doctors across Europe about the impact of digitalisation on work and workplaces and the associated OSH challenges and opportunities.

In words of Christiaan Keijzer (CPME President):

"Digital health technologies are changing the way health and care are delivered, reshaping medical practice and the patient-doctor relationship".



You can get involved in the campaign by submitting an entry to the [Healthy Workplaces Good Practice Awards](#). Organised by EU-OSHA and its national focal points, the Healthy Workplaces Good Practice Awards recognise organisations that demonstrate outstanding and innovative approaches to workplace safety and health. The winners and commended initiatives will be promoted across Europe and become a source of inspiration for other companies.

Companies and organisations can also participate in the many activities and events organised during the campaign, which runs from autumn 2023 to late 2025: competitions, film screenings, conferences, exhibitions, and much more (see image).

Besides, digitalisation is one of the research areas of EU-OSHA’s [project](#) ‘Health and social care sector and occupational safety and health (OSH)’, which runs from 2022 to 2026, and aims to provide evidence-based knowledge on the diverse challenges faced by the sector when it comes to the safety and health of its workers in order to increase awareness and guide the policy-making process.

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