



# NEWSLETTER

## 2nd notice 2014 ER-WCPT General Meeting

The European Region of the WCPT is pleased to invite all its Member Organisations (MOs) to participate in the **General Meeting of the European Region 2014, to be held on 8 - 10 May 2014 in Copenhagen, Denmark at the Scandic Hotel Sydhavnen.**

The agenda and its annexes will be provided to the MOs at least two months prior the GM according to the rules of procedure.

**A Workshop for Member Organisations' delegates will also take place on the 7 May 2014 at the same venue. The workshop will be on:**

*"Effective strategies to inform policy makers about the real value of physiotherapy"*

Taking advantage of the fact that most of the members will be at the same venue an **ER-WCPT Foundation meeting will follow the end of the 2014 GM (10 May, 12.30 hours)**. Further information will be provided in the near future.

### Other Motions and Nominations for elections

**Other Motions**, as well as **Nominations for Chairman, Treasurer, Regional Representative, two Alternate Members and Alternate Regional Member** must be received by the General Secretary by **7 February 2014**. Remember that as agreed at the 2004 GM in Cyprus it will only be possible to present nominations of candidates during the General Meeting if no nominations for the particular category have been received before.

### Registration, accommodation and mandate:

Member organisations may send no more than three

delegates to the General Meeting, as well as to the Workshop. The delegates must be authorised by the representative organisation. If you want to send more than three delegates to the GM please inform the ER-WCPT secretariat.

The registration and hotel accommodation booking should be made through the website using code information provided to the MOs from the secretariat.

### **Important remark regarding the Hotel booking:**

The Danish Association has guaranteed rooms till 2 February 2014. Since the dates of the GM will coincide with the Eurovision Song Contest in Copenhagen, we advise you to book flights and confirm the hotel reservations as soon as possible and before the mentioned date.

**Mandate:** A mandate form for the MOs delegates attending the General Meeting has been provided and should be returned to the Secretariat by e-mail, post or fax by **12 February 2014**. If you are not able to decide the delegates attending before the deadline, please inform the secretariat.

### **Reserve fund - Contribution to ER WCPT MOs to attend the 2014 GM**

According to the rules of our Reserve Fund and the budget available within it, the ER-WCPT would support MOs with less than 1.500 members and financial needs to facilitate their attendance to the GM. The ER-WCPT Treasurer will send out a letter in February 2014

We look forward to meeting all of you in Copenhagen.

## WHO Regional Meeting on Transforming Health Professions Educations and Training

The 1st Vice Chairman, Roland Craps, attended on behalf of the ER-WCPT a WHO Europe consultative meeting on transforming health professions education and training in support of the new policy Health 2020.

This meeting brought together different health professions, national and international leaders and experts in the area of health professions education.

### **The specific objectives of the meeting were:**

- Identify how to transform health professions education and training at all levels (undergraduate, postgraduate and continuing

professional development) to support *Health 2020*

- Analyse the pathways and barriers to implementation of *Health 2020* and identify relevant educational interventions
- Exchange information on country experiences in aligning population health needs, health services and health professions education
- Develop an action-orientated roadmap to address the challenges and transform health professions education and training in support of *Health 2020*



## According to the objectives is expected:

- A review of the WHO global guidelines in relation to the European context
- An action-orientated roadmap for transforming health professions education and training to support implementation of *Health 2020* in the WHO European Region
- A commitment to continue the process started at the July expert meeting in 2013

## Related documents for further information:

Transforming and scaling up health professionals' education and training? World Health Organization guidelines 2013; Summary: More professional health

workers are needed, but it has become clear that efforts to scale up health professionals' education must not only increase the quantity of health workers, but also address issues of quality and relevance in order to address population health needs. Educational institutions need to increase their capacity to teach in terms of infrastructure but also: improve the competencies of existing staff and increase their numbers; reform admissions criteria; strengthen health professionals' competencies by revising and updating curricula on a regular basis; and link the disease burden to training needs.

[http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/93635/1/9789241506502_eng.pdf)

## Greek Presidency of the EU - Health Priorities

The Greek Presidency of the EU started on the 1st January for a period of six months till 31 June 2014.

In December 2013, the Greek Health Minister Spyridon Adonis Georgiadis, presented the priorities of the Greek Presidency to the Health Council;

The Greek Presidency will prioritize the progress of a number of important legislative proposals in the field of health, pharmaceutical and medical devices, while non legislative work will aim at promoting successfully implemented initiatives towards more efficient health care systems and better public health.

Legislative priorities of the Greek Presidency in the field of health will include issues related to tobacco products, clinical trials, pharmaco vigilance fees and transparency directive, while the Presidency's primary aim is to see significant progress on the issue of medical devices.

Non-Legislative priorities will include (a) the economic crisis and its impact on healthcare and health systems, (b) migration and public health, (c) nutrition and physical activity, and (d) e-Health and health innovation.

More specifically, elaborating on the proposals for medical devices, Minister Georgiadis underlined that it's an issue of high political importance and a top priority for the Greek Presidency in the field of health. These proposals will build trust between consumers/users, health professionals and economic operators and will provide a legislative framework for the manufacture and placing on the market of medical devices, while ensuring a high level of health protection. The Greek Presidency is committed to making substantial progress on these proposals in order to reach an agreement as soon as possible. The same effort will be made so that issues regarding tobacco, clinical trials and pharmaco vigilance fees are dealt with soon, the Minister said.

## ESCO - SREF on Healthcare and Social Services (latest developments)

The ESCO SREF on Healthcare and social service activities held its last meeting for the year on 10th December 2013. The ER-WCPT General Secretary, David Gorriá, chaired the meeting and the group agreed a time plan for 2014 in order to finalise the project by December 2014.

The next steps agreed were as follows:

1. Make definitions for each of the occupations related to the group
2. Make a list of transversal and group common skills and competences
3. Define core competences for each occupation as a minimum required list with a reference to national requirements for practice, recognition of title and registration.

The EU Matters WG, in close collaboration with the other ER-WCPT Working Groups and Executive Committee is supporting the General Secretary on this project.

A presentation of the current state of the project will be made at the 2014 GM.

Next meetings for the first half of 2014 were fixed as follows:

- 4 March 2014
- 22 May 2014
- 27 May 2014

For further information about ESCO: [Background information about ESCO](https://secure.destree.be/Ei/Docs/esco/background.pdf)  
<https://secure.destree.be/Ei/Docs/esco/background.pdf>



## EU Council adopts the first ever Recommendation on sport, notably on promoting health-enhancing physical activity (HEPA)

On 26 November of 2013 the Council adopted the first ever Council Recommendation in sport, notably on promoting health-enhancing physical activity across sectors (HEPA). It also adopted Council conclusions on the 'Contribution of sport to the EU economy, and in particular to addressing youth unemployment and social inclusion'. The Council also held a policy debate on 'Good governance in sport'.

The initiative aims to encourage the development and implementation of effective cross-sectoral HEPA policies in the Member States in the areas of sport, health, education, environment and transport. It contains a shared understanding that more can be done together to address the high rates of physical inactivity in the EU and the economic and social costs related to it.

The implementation of the new initiative will now require joint efforts and the Commission confirmed its intention to support this process, for example by providing financial support from the Sport Chapter of Erasmus+. The implementation of this HEPA Recommendation "on the ground" should start soon.

It sets out a monitoring framework with a minimal set of reporting requirements on general aspects of HEPA promotion that can be addressed by all member states. It will be implemented in close synergy and cooperation with the World Health Organization (WHO), thereby avoiding duplication of data collection. Physical activity, as recommended by the WHO, is a prerequisite for a healthy lifestyle and a healthy workforce, thus contributing also to the achievement of key objectives defined in the Europe 2020 Strategy, notably with regard to growth, productivity and health.

EU-wide surveys, including the 2010 Eurobarometer on sport and physical activity, indicate that 60 % of EU citizens claim to seldom or never engage in physical exercise. Data available at national levels confirms the general trends, as well as revealing significant differences between member states.

Link: [http://ec.europa.eu/sport/news/documents/hepa\\_en.pdf](http://ec.europa.eu/sport/news/documents/hepa_en.pdf)

## Second Conference on Partners in Innovation Partnership - Ageing means growth

The second Conference of Partners entitled 'Scaling up for healthy growth' presented the progress that the European Innovation Partnership on Healthy and Active Ageing (EIP on AHA) has made over the last year in the EIP's six action areas. It highlighted ageing-related innovation, both social and technological, as a crucial area for health investment.

The conference was opened by European Commissioner for Health Policy, Tonio Borg who stressed the need for health system reform in Europe to create a high quality, efficient and sustainable environment for health and avoid a lowering of standards. He also recalled the health sector's own crucial role in reducing joblessness both amongst the young and the old, thereby also helping to mitigate poverty and inequalities across Europe. A proactive, community-based model of innovation was needed not only to achieve cost savings but also to place patients at the very centre and reduce administrative burden and waiting times. Commissioner Borg added that e-Health

also had a significant role to play in achieving the desired reforms.

Regarding more specifically the EIP on AHA, Borg stated that the examples of Good Practice already collected - to date the EIP includes 3,000+ partners, 300 Good Practice examples and 32 Reference Sites - must now inspire policy makers so that they could be replicated in other regions. It was encouraging to see that some regions, e.g. Northern Ireland and Catalunya are already operating under inter-regional agreements, and crucial to find synergies by using a holistic approach so that the positive examples of the EIP could become mainstream.

Speaking on behalf of European Commissioner for the Digital Agenda, Neelie Kroes Constantijn van Oranje-Nassau echoed Borg's statements and underlined the role of ICT in making lives easier for the growing cohort of the over-65s. He cited that the development of new technologies for falls prevention did not only benefit old



people by enabling them to lead more independent lives, but it had also boosted job creation in Spain, where the employment market has been particularly hard hit by the crisis.

A progress update of the six action areas of the EIP's Strategic Implementation Plan was provided, and a full overview is available on the EIP on AHA website.

The ER-WCPT is a member of this partnership and supplies information and material.

Link:

Leaflet 'Active and Healthy Ageing - A European Innovation Partnership'

[http://ec.europa.eu/health/ageing/docs/leaflet\\_eip\\_ah\\_a\\_en.pdf](http://ec.europa.eu/health/ageing/docs/leaflet_eip_ah_a_en.pdf)

## Investing in Health - Fit for Work

Fit for Work held its 5th Annual Fit for Work Europe Summit to debate the theme investing in Healthcare: Breaking down the Silos on 16 October 2013. The ER-WCPT General Secretary attended on behalf of the Region.

## Conclusions on Sustainable Health Systems putting the spotlight on the health impacts of the crisis (European Council)

On 10 December, Health Ministers unanimously adopted Council Conclusions on the Reflection Process on Modern, Responsive and Sustainable Health Systems, prepared by the Lithuanian Presidency of the Council of the EU. In the Conclusions the Member States acknowledge the core role of health for the economic prosperity and stress the importance of the principles of solidarity, universal health care accessibility as well as the horizontal principle "health in all policies".

"The EU Member States have to be proactive. Our healthcare systems have to be ready to withstand current and future challenges. The EU citizens have rightful expectations. While making decisions on future healthcare systems we, the EU Ministers of Health, have to consider these expectations seriously," said the Chair of the Council Minister of Health of the Republic of Lithuania Vytenis Povilas Andriukaitis.

Ministers encouraged the development of concrete EU action towards reducing the burden of chronic disease and aligning the research agenda to public health needs.

The Ministers supported measures necessary for better co-ordination at national and EU level in the field of health. Namely, to ensure appropriate coordination between the EPSCO and ECOFIN in order to improve the quality of the policy dialogue and to increase the added value of EU discussions on health policies which are facing challenges going beyond the mere fiscal sustainability.

Coordination at national and EU level is necessary in order to adequately represent the health sector in the process of the European Semester. Ministers asked to streamline the on-going healthcare assessments at EU level, in cooperation with the Social Protection Committee and the Economic Policy Committee, and by examining and establishing a working relationship between the Working Party on Public Health at Senior Level and the Social Protection Committee. This better collaboration should lead to recommendations in the European Semester that will improve health outcomes.

Another concrete call to action was to the possible impact of health system reforms as presented in National Reform Programmes, including direct and indirect effects on health, population poverty, employment rates, productivity and competitiveness. Since the onset of the crisis civil society has been calling for a health impact assessment, and this may be the first step.

The Conclusions also put forward a set of principles: (1) more effective use of European Structural and Investment Funds for health investments; (2) an active role for healthcare professional organisations; and (3) empower and inform patients through involvement of patient organisations in the development of policies and programmes on integrated care.

For further information:

[http://www.consilium.europa.eu/uedocs/cms\\_data/docs/pressdata/en/lsa/140004.pdf](http://www.consilium.europa.eu/uedocs/cms_data/docs/pressdata/en/lsa/140004.pdf)



## OECD Health at a glance 2013

Major brake in health spending growth as government cut budgets in the crisis.

The Organisation for Economic Cooperation and Development (OECD) published the 7th edition of 'Health at a Glance', which provides the latest comparable data on health systems across all 34 OECD countries. Total health spending has fallen in one of three OECD countries between 2009 and 2011, with those hardest hit by the crisis most affected. This seventh edition of 'Health at a Glance' provides evidence of large variations across countries in the costs and activities.

This seventh edition of 'Health at a Glance' provides evidence of large variations across countries in the

costs, activities and results of health systems. Key indicators provide information on health status, the determinants of health, health care activities and health expenditure and financing in OECD countries.

It takes as a basis the OECD Health Data 2013, which is one of the most comprehensive set of statistics and indicators to compare health systems across the 34 OECD countries.

Link: <http://www.oecd.org/health/health-at-a-glance.htm>

## The cross-border healthcare directive enters into force

*By Paola Testori Coggi, Director General for Health and Consumers, European Commission*

European citizens, no matter where they live, have the right to choose where to receive medical treatment across the EU, and to be reimbursed for it. This right is now spelled out in the Directive on Cross-Border Healthcare, which enters into force in the whole European Union on 25 October 2013.

Under present EU laws, citizens benefit from their own countries national social security scheme if they fall sick while travelling in another Member State. However, for planned cross-border care, a Member State can require that patients first apply for prior authorisation and the Member State is only compelled to grant the authorisation, if patients cannot be treated at home within a time limit considered medically justified.

The new Directive introduces three major changes focusing on patients' rights:

Firstly, citizens have the right to choose and be reimbursed for treatment, either public health care or private health care, anywhere in the EU.

Secondly, prior authorisations for cross-border healthcare will become the exception rather than the rule.

Finally, citizens have the right to make informed decisions about treatment options. They are therefore entitled to receive any relevant information from

national contact points, established under the new Directive, and information from health care and treatment providers directly.

In order to increase transparency on quality and safety standards across the EU, the Directive advocates mutual assistance and cooperation between Member States in particular on the interoperability of e-Health tools and the use of health technology assessment. It also facilitates the recognition of prescriptions for medical products in every Member State.

Eventually, the Directive will provide for the development of European reference networks, to encourage the pooling of knowledge and maximise the cost effective use of resources in highly specialized healthcare, such as the diagnosis and treatment of rare diseases.

This new law marks a real breakthrough for European citizens: not only will European citizens able to take more control over their own health care, this will in turn help patients associations promote higher quality and safety of care. This can only have a beneficial effect on our healthcare systems.

For more information on Cross-border Healthcare: [http://ec.europa.eu/health/cross\\_border\\_care/policy/index\\_en.htm](http://ec.europa.eu/health/cross_border_care/policy/index_en.htm)



## Adoption of the revised Professional Qualifications Directive

The amended Directive will enter into beginning of 2014 with a transition period of 2 years.

The review aimed to make the system of mutual recognition of professional qualifications more efficient in order to achieve greater mobility of skilled workers across the EU.

The main features of the directive include the creation of a European professional card; changes to the current system, such as the insertion of the principle of partial access to certain professions and the clarification of training requirements, as well as measures for a better use of existing instruments such as the Internal Market Information (IMI) system.

### European professional card

The European professional card will be an electronic certificate issued by the professional's country of departure that will facilitate automatic recognition in the host country (the country where the professional seeks to establish himself).

The introduction of professional cards will be considered for a particular profession where there is clear interest from professionals, the national authorities and the business community; the mobility of the professionals concerned has significant potential; and the profession is regulated in a significant number of member states.

On 18 October 2013 the European Commission invited representative professional organisations and associations at national and EU level to express an interest in the introduction of the European Professional Card for their respective professions.

The ER-WCPT on behalf of its MOs expressed interest to the European Commission.

The results of this call for expression of interest were published on 6 December 2013 at the following address:

[http://ec.europa.eu/internal\\_market/qualifications/docs/policy\\_developments/131206\\_results-call-for-interest\\_en.pdf](http://ec.europa.eu/internal_market/qualifications/docs/policy_developments/131206_results-call-for-interest_en.pdf)

Physiotherapy is on the short list.

### Transparency of regulated professions

Currently, some 800 categories of regulated professions exist across the 27 EU member states. A regulated profession means that access to the profession is subject to a person holding a specific qualification, such as a university diploma, and that activities are reserved to holders of such qualifications.

The new directive, which seeks to reduce the number of regulated professions and to remove unjustified regulatory barriers, provides for a transparency exercise involving an evaluation of the justification of the need for regulation against the principles of necessity, proportionality and non-discrimination.

### Partial access

Directive 2005/36/EC only applies to professionals who want to pursue the same profession in another member state. However, there are cases where the activities concerned are part of a profession with a larger scope of activities in the host member state. If the differences between the fields of activity are so large that in reality a full programme of education and training is required from the professional to compensate for shortcomings and if the professional so requests, a host member state shall under these circumstances grant partial access.

A member state will be able to refuse a partial access to a profession on the grounds of public health concerns. This may in particular be the case for health professionals.

### Alert mechanism

The existing rules already provide for detailed obligations on member states to exchange information. These obligations will be reinforced. In future, competent authorities of member states will have to proactively alert the authorities of other member states about professionals who are no longer entitled to practice their profession due to a disciplinary action or criminal conviction, through a specific alert mechanism.

### Common training principles

While taking into account the competence of member states to decide on the qualifications required for the pursuit of professions in their territory and on the organisation of their education systems, the development of common training principles will try to better respond to the needs of the professions.

Qualifications obtained under common training frameworks, based on a common set of knowledge, skills and competences or standardised training tests, will automatically be recognised by member states.

Professional associations and organisations which are representative at national or Union level will be able to propose common training principles.

### Language skills

The review clarifies certain provisions of the current rules that already provide for obligations for professionals to have the necessary language skills.



Competent authorities will be able to apply language controls after the recognition of the qualifications. It is important for professions with patient safety implications in particular, that a language control can be exercised before the professional is permitted to practice in such a profession. Language controls should however be reasonable and necessary for the jobs in question and should not aim at the exclusion of professionals from the labour market in the host member state.

Employers will also continue to play an important role in ascertaining the knowledge of languages necessary to carry out professional activities in their workplaces.

### Recognition of traineeships

Given that national rules organising the access to regulated professions should not constitute an obstacle to the mobility of young graduates, when a graduate completes a professional qualification in another member state, the qualification will be recognised when the graduate applies for accessing a regulated profession in the home member state.

## Patient safety and quality of care: Launch of public consultation

The European Commission has launched a consultation on patient safety and quality of care in the EU, which will run until 28 February 2014. The aim of the consultation is to receive opinions from citizens and stakeholders on:

1. Whether patient safety measures included in the **2009 Recommendation on patient safety including the prevention and control of healthcare associated infections** ([http://ec.europa.eu/health/patient\\_safety/docs/ps\\_qc\\_cons2013\\_background\\_en.pdf](http://ec.europa.eu/health/patient_safety/docs/ps_qc_cons2013_background_en.pdf)) are implemented and contribute to improving patient safety in the EU;
2. Which areas of patient safety are not covered by the Recommendation and should be;

3. What should be done at EU level on patient safety beyond the Recommendation; and
4. Whether quality of healthcare should be given more importance in the future EU activities.

Results of this consultation will contribute to the reflection on the future of EU policies on patient safety and quality of care.

Note: The EU WG will provide a response on behalf of the Region. However, MOs can also provide individual response through the link below:

[http://ec.europa.eu/health/patient\\_safety/consultation/patient\\_safety\\_quality\\_care\\_cons2013\\_en.htm](http://ec.europa.eu/health/patient_safety/consultation/patient_safety_quality_care_cons2013_en.htm)

## Horizon 2020 - EU Funding

On 3rd December, the European Council adopted the "Horizon 2020" programme for research and innovation for 2014-2020. Replacing the EU's 7th Research Framework Programme (FP7), and with a budget of 80 billion Euros. Horizon 2020 is the biggest EU research programme yet, and one of the biggest publicly funded worldwide.

Horizon 2020 is a totally new type of research programme for the EU that has been designed to deliver results that make a difference to people's lives. Built on three pillars – Excellent Science, Industrial Leadership and Societal Challenges - it will fund all types of activities, from frontier science to close-to-market innovation.

The programme for the first time brings all EU-level funding for research and innovation under one roof. The

overarching goal is a more coherent, simpler programme that will make it easier to participate, especially for smaller research organisations and small businesses.

The first call for proposals to apply for funding on health research is already published on the below link [http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/index.html?utm\\_source=buffer&utm\\_campaign=Buffer&utm\\_content=buffer0870b&utm\\_medium=google](http://ec.europa.eu/research/participants/portal/desktop/en/opportunities/h2020/index.html?utm_source=buffer&utm_campaign=Buffer&utm_content=buffer0870b&utm_medium=google)

The ER-WCPT secretariat, in close collaboration with the Working Groups, is evaluating them and will come back to the Member Organisations in order to prepare proposals.