CPME President Dr Ole Johan Bakke (left) with the outgoing BMA President, Dr. John Chisholm CBE (right)

Dear colleagues

This edition follows our Board meeting held online on 11 June, when the Board held its mid-term review, adjusting our priorities and looking forward to the second half of our mandate.

The first half of my term as President has been both busy and rewarding. The European health policy agenda is as active as ever, which takes place in the wider context of shifting geopolitics. The combined effort of CPME has ensured the voice of the medical profession is heard, and that we defend our positions and members' interests as effectively as possible.

In this regard, we report on our Secretary General's address to the European Parliament's public hearing on digital health and I was honoured to attend the British Medical Association's annual representative meeting in Brighton (pictured above). We invite you to read a full update in this month's edition.

Dr Ole Johan Bakke
CPME President

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Board of Directors meeting – 11 June 2026

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Internal affairs

Discussion with national medical associations

- The Board met representatives of the Spanish General Medical Council (OMC), the Italian National Federation of the Orders of Doctors and Dental Surgeons (FNOMCeO) and the Portuguese Medical Association to discuss perspectives to rejoin CPME.

Priorities

- The Board adopted the revised priorities for each of CPME's policy clusters (Professional Practice and Patients' Rights, Digital Health, Pharmaceuticals and Healthcare Products and Public Health and Disease Prevention).

The revised priorities are available on the Members section of our website.

Communication review

- The Board discussed the annual communication review, with the following considerations:

The Board suggested to continue preparing information that could be shared in national medical journals, making sure with the relevant staff of the NMA is always included in copy for specific actions. The Secretariat will also support Board members and NMAs who wish to post on social media platforms about CPME activities and policy priorities. In this regard, the Board reviewed the lobbying toolkit on the Digital Omnibus on AI, and agreed that the Secretariat will continue to make similar toolkits when deemed necessary.

Policies

EMA/Utrecht University Survey on risk minimisation measures

- The Board adopted the survey response. The Board underlined that better integration of medicines safety information with clinical practice guidelines is an important request.

EMA Survey on Youth Engagement

- The Board adopted the survey response. The Board agreed to continue to facilitate EMA contacts with EMSA and EJD.

Fossil Fuel Treaty Proposal

- The Board decided not to endorse the Fossil Fuel Treaty Proposal.

The EU Healthy Air Coalition, of which CPME is a founding member, is drafting a statement on fossil fuels. The content of the statement is in line with CPME policies, but includes a call to endorse the Fossil Fuel Treaty Proposal. The Board took note that the Proposal has already been endorsed by the British Medical Association, the German Medical Association, and the World Medical Association, but did not find a consensus. The Board suggested to delete the call to endorse the Treaty but approved the other parts of the draft statement.

Campaign on Health Workers for Climate-Ready Hospitals

- The Board decided to support the #HandleTheHeat campaign by Health Care Without Harm Europe with selected actions but not sign the open letter as CPME was not involved in the drafting process.

The campaign calls for climate-ready hospitals that protect health workers and strengthen health system resilience amid growing climate-related pressures.

Health Emergency Prevention, Preparedness and Response

- The Board discussed and approved the concept note for an action on health emergency prevention, preparedness and response as CPME members had suggested to add 'disaster and epidemic preparedness' and 'armed conflicts' to the priorities in 2024.

The concept note proposes what a policy paper could contain. It also highlights that the action is not limited to a policy but it could also be a mapping survey, an event, or a publication to showcase CPME members' experiences and policies.

UEMO statement calling for the recognition of General Practice / Family Medicine as a medical specialty

- The Board agreed to endorse the UEMO statement calling for the recognition of General Practice / Family Medicine as a medical specialty in Annex V of the Professional Qualifications Directive, subject to ensuring consistency with existing CPME policy.

FEMS declaration on the Fundamental rights of doctors

- The Board decided to put the declaration to the General Assembly for consideration.

Call for evidence on the protection of children against crime

- The Board took note of the call for evidence and the possible draft response to be prepared by IMO gathering academic references for the call.

The Board took also note of the possible request of adoption of the draft response via written procedure as the call is open until 29 June.

CPME Secretary General, Sarada Das, alongside SANT Committee Chair, MEP Adam Jarubas

CPME Secretary General presented to European Parliament public hearing on digital health

Our Secretary General, Sarada Das, presented European doctors' views at the European Parliament Public Health Committee's (SANT) public hearing "Digital health: Preparing healthcare systems for the future".

She highlighted that the current digital health policy agenda faces many challenges, including trying to match the speed of the technological innovation and perceived competitiveness risks. She presented CPME's positions on several key policy topics, including the deployment of AI in healthcare, the European Health Data Space, and the EU's Digital Omnibus on Data.

The full recording is available here.

Lobby package on Digital Omnibus on data

CPME requests your support for national lobbying action on the Digital Omnibus on Data (please see lobbying package).

The Council and the European Parliament are still preparing their initial positions. In the Council, the latest compromise text from the Cyprus Presidency was blocked on 19 June by a few countries (Germany, Italy, Poland, Sweden, Denmark, the Czech Republic and Austria), and the consensus that had been achieved so far is no longer certain.

According to CPME's current information, the definition of personal data will be revisited by the Irish Council Presidency, which started on 1 July 2026, and a legal basis to develop and train AI will be included in Article 9 of the General Data Protection Regulation (GDPR). It remains therefore relevant that at national level there is a discussion on how ministries are envisaging, on one hand, the compatibility of the new legal basis for AI in the GDPR, as proposed by the Digital Omnibus, and possible access to personal electronic health data and, on the other hand, with the strict safeguards that have been put in place by the European Health Data Space to access the same data (Article 53(1)(e)(ii) of the EHDS Regulation). It is also relevant to ensure that access to terminal equipment of doctors' respects Article 9 of GDPR, in particular professional secrecy requirements.

In the European Parliament, the deadline to table amendments to the joint draft report is 15 July. The rapporteurs have requested a targeted impact assessment on specific provisions of the proposal, in particular Article 3, which includes amendments to the GDPR (e.g. the definition of personal data, the legal basis for special categories of data, etc.). The results of this assessment, which are expected by the end of the year, will be fed into trilogues negotiations estimated to start next year. In relation to CPME's position, the right not to be subject to a decision based solely on automated processing was reinstated (AM 51). Another positive amendment is the reference to meaningful human intervention on the part of the data controller (AM 53). It should be noted that the joint draft report from the European Parliament only includes proposed amendments that both rapporteurs agree. CPME continues to actively lobby on this file at EU level.

We thank those members who have disseminated the lobbying package at national level.

CPME Secretary General, Sarada Das, presented to Commissioner Olivér Várhelyi

CPME Secretary General presented European doctors' views during Implementation Dialogue on the European Health Data Space Regulation with Commissioner Olivér Várhelyi

EU Commissioner for Health and Animal Welfare, Olivér Várhelyi, chaired the meeting which discussed the implementation of the EHDS Regulation.

Our Secretary General, Sarada Das, focused on two key aspects: safety and user-friendliness:

- Medical confidentiality in electronic health records is a vital concern for doctors across Europe, according to our recent members' survey.
- The primary function of electronic health records is to support clinical practice, therefore the clinical value and users' needs should direct the technical specifications.
- We encourage the involvement of health professionals in the development of the EHDS. We are a partner in the i2X project, where we contribute to the user needs assessment.
- Lastly, we continue to underline that the financing of the training, deployment and implementation of the EHDS cannot be borne by individual professionals, and we need a clear commitment and funding to facilitate this.

Meeting with the Director of the ECDC

On 10 June, our President, Dr Ole Johan Bakke, discussed our ongoing collaboration with the Director of European Centre for Disease Prevention and Control (ECD), Dr Pamela Rendi-Wagner.

They discussed collaboration between ECDC, and national medical associations across Europe, with topics including antimicrobial resistance, the European Health Data Space, vaccination, and crisis preparedness. This included:

- The potential to improve online communications with doctors on the ground during outbreaks and other health issues. This must also be implemented into the Electronic Health Records of public health physicians and part of the solutions within the scope of the EHDS.
- The participation of doctors in crisis preparedness and management must be assured at all levels, for all kinds of crises, including outbreaks of infectious diseases.
- The role of competence and capacity in primary care cannot be overestimated when tackling the challenge of antimicrobial resistance.
- ECDC and CPME will collaborate more closely on the upskilling of doctors. Dissemination of ECDC's publications and training materials is an important part of this.

21 organisations call on the European Commission to take urgent action to create healthier food environments

CPME, alongside 20 organisations representing civil society, health associations and medical professionals have sent an open letter calling on the European Commission to take urgent action to create healthier food environments across Europe.

While we welcome the Commission's study on ultra-processed foods (UPFs) announced as part of the EU Safe Hearts Plan, policymakers should not wait for its conclusions before acting on what we already know: unhealthy diets are driving obesity, cancer, diabetes and cardiovascular disease across the EU. Healthy foods remain less accessible and less affordable, while unhealthy foods (ultra-processed and high in fat, sugar and salt) are heavily marketed, promoted and consumed.

That's why we are calling for:

- Stronger protections for children from unhealthy food marketing
- Healthier school food environments and meals
- Mandatory front-of-pack labelling
- Measures to improve access to affordable, healthy foods - especially for lower-income groups

The UPFs study can help strengthen the science base for future action but should not delay it. Importantly, it must be:

- Independent and science-led
- Comprehensive in scope
- Focused on policy solutions
- Transparent and accountable

European doctors welcome the European Parliament's Public Health Committee's response to the European Commission's cardiovascular health plan

On 24 June, the European Parliament SANT Committee approved its own initiative report on the EU's cardiovascular plan, which the European Commission published in December. Whilst the report is legally non-binding, it adds some pressure to Commission to address the points raised.

CPME particularly appreciates the MEPs' will to have strong regulatory measures to reduce the affordability, access, consumption, and appeal of tobacco and nicotine products and smoking devices, including novel and emerging nicotine and tobacco products. The EU has a great opportunity to do this now as the Commission has started the revision of the Tobacco Products and Advertising Directives.

CPME also agrees with the MEPs to introduce an improved front-of-pack nutrition labelling and to conduct health impact assessments of the consumption of ultra-processed foods and energy drinks.

Unfortunately, the report does not call for regulatory measures to tackle cardiovascular and other health risks associated with harmful alcohol consumption. European doctors believe education and communication campaigns are not effective enough by themselves to address one of the key risk factors.

Our reaction was reported in Brussels media outlets and our Feedback on the EU Cardiovascular Health Plan is available here.

Political Outlook

EU Health Ministers discussed Biotech and Medical Devices Regulation

On 16 June, EU Health Ministers met for the Employment, Social Policy, Health and Consumer Affairs Council (EPSCO), to discuss the Biotech Act I and progress on the Medical Devices Regulation (MDR) and the In Vitro Diagnostic Medical Devices Regulation (IVDR).

In relation to the Biotech Act I Regulation, countries such as Bulgaria and Poland raised concerns over the lack of an impact assessment, including for the effects of Supplementary Protection Certificates (SPCs). Euronews reported that countries such as Estonia and Malta are reluctant on SPCs with concerns including increasing costs and poor drug availability. Commissioner Várhelyi argued instead that SPCs would ultimately result in net savings, as he believed that prevention of disease could result in cost savings on care, and that without SPCs access to innovative medicines in Europe would become even worse. The Netherlands also called for an integration of unmet medical needs to the strategic framework.

Ireland, which took over the Council Presidency on 1 July, highlighted its intention to move as fast as possible with the Biotech Act.

A progress report on the MDR was also presented, highlighting that the proposal was generally supported. Some Member States promote more clarification on the scope of EMA and the Medical Device Coordination Group (also reported by Euractiv), and some others want to further strengthen streamlining of procedures for more efficient outcomes when coordinating competent authorities. "Well-established technology devices" was reported to be broadly supported as a concept, yet with many delegations asking for further clarification. Member States were reluctant about giving more authority to the Commission in delegated or implementing acts, reductions of conformity assessment fees for small companies and about many aspects of the Joint Assessment Teams (JATs). Importantly, many Member States were reported to support a sectoral approach to AI regulation, which CPME currently opposes.

Commission adopts new workplan for the EU Health Emergency Preparedness and Response Authority (DG HERA)

On 23 June, the Commission adopted the workplan for DG HERA for 2026. The workplan contains seven "core tasks" directed at crisis preparedness and response, while implementing the Medical Countermeasures (MCM) Strategy. Work includes collecting health threat intelligence, including institutionalising wastewater monitoring and supporting microbiology laboratories. HERA will support research of MCM and will invest in innovative technologies. The workplan includes more civil-military cooperation and efforts to strengthen strategic autonomy. DG HERA will also launch the first EU List of MCM for Priority Threats, the MCMs industrial roadmaps for specific health emergency scenarios and a list of MCMs relevant for the clinical management of mass casualty incidents. Other tasks include international cooperation, capacity building and MCM-related crisis response. Crucially, the workplan does not entail issues of workforce, with the overall MCM-limited mandate being unchanged. CPME has repeatedly called for the mandate to be extended, i.a. to include action on the health workforce.

EU budget negotiations continue

On 18 and 19 June, European leaders discussed the Cypriot presidency's proposal for a €1.73 trillion budget, 2% less than what the European Commission proposed last year. However, richer countries are negotiating for a decrease of up to 20% of the Commission budget proposal. Negotiations will continue until at least the end of the year, and potentially, well into 2027. CPME is calling for a ring-fenced health budget.

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Professional Practice

Trilogue deal on toxic substances legislation

On 23 June, the Council and European Parliament reached a trilogue agreement on the sixth revision of the Carcinogens, Mutagens, and Reprotoxic Substances Directive (CMRD). The agreement updates occupational exposure limit values for dangerous industrial chemicals. It also introduces mandatory rest breaks for workers wearing personal protective equipment (PPE), increased safety for emergency workers, and assistance with compliance for small businesses. The file is scheduled for a vote in October in the Parliament plenary.

Private equity investment in long-term care in Europe

On 3 June, the European Health Observatory issued a report warning about private equity investment in long term care, citing many risks from such development in USA. The report notes that private equity investment may cause decreased quality of care, less affordability, equity, access and may lead to facilities being closed at short notice and without investors taking responsibility for the continuation of care. Policy options to counteract this include retaining public ownership, regulating investments with increased long-term accountability, quality of care assurance mechanisms, and to keep flexible legislation to be able to react to market developments.

Provision of health services to nursing home residents

On 3 June, the European Health Observatory released a policy option report on health service provision for residents of nursing homes. The report highlights key approaches and its pros and cons, such as keeping the original GP in charge of each patient, having primary healthcare facilities dedicated to certain nursing homes and having a physician work at the nursing home.

Public Health

Parliament takes no position on tobacco taxation

On 17 June, the European Parliament rejected by a large majority the position of its Committee on Economic and Monetary Affairs on the revision of excise duty levels for tobacco products. The position was drafted by the right-wing Patriots for Europe group which also voted against the adoption. The EU is currently revising the Tobacco Taxation Directive. However, in EU tax matters, the Parliament is strictly only an advisory body as taxation is the sovereign right of the Member States, meaning the Council of the EU acts as the sole, unanimous legislator. The Council is expected to vote on the file in October. According to a Euractiv article, a failure to reach a deal might conversely strengthen the chance of the Commission's more ambitious proposal of getting through the Council.

ECDC and EFSA publish maps on the distribution of disease vectors across Europe

On 3 June, ECDC published detailed regional-level maps of the current European distribution of vectors able to carry diseases such as ticks, biting midges, mosquitoes and sandflies. These vectors can carry diseases such as malaria, chikungunya, dengue, tick-born-encephalitis, Lyme disease, bluetongue virus and others. A recent change is the appearance of the Aedes Aegypti mosquito in Luxembourg.

Council of Europe calls for strengthened governance of performance- and image-enhancing substances

On 28 May, the Council of Europe discussed the increased use and availability of performance- and image-enhancing substances (PIEDs), such as anabolic steroids, weight-loss compounds etc., naming it a significant public health risk, and calling for strengthened governance.

New harmonised standards for Hepatitis B and C screening for donors

On 22 June, ECDC issued new guidelines for screening for hepatitis B and C in donors of biological materials. The guidelines are intended to create a harmonised system, as previous EU regulations were outdated leading to fragmented national approaches. These new guidelines relate to the regulation (EU) 2024/1938 on standards of quality and safety for substances of human origin (SoHo) being enforced by August 2027 and is applicable for Member States and SoHo establishments.

Court of Justice of the EU ruling on Covid-19 vaccine requirement for military personnel

On 18 June, the Court of Justice of the European Union issued a preliminary ruling that compulsory vaccination against SARS-CoV-2, limited to military personnel, does not constitute discrimination under EU law. The ruling relates to the case of a military staff member in Italy who was suspended from employment after refusing a Covid-19 vaccination. The ruling noted that public health opinions are not an explicitly listed ground for discrimination. The court however highlighted that religious or spiritual beliefs and measures that indirectly could negatively affect such groups are protected against discrimination. The ruling was thus based on the fact that the applicant had cited public health research as reason for not wanting the vaccine, rather than religion.

New health risks for Europeans in a fast-moving drug market

On 9 June, the European Union Drugs Agency released its annual drug report. The report highlighted many recent market developments, such an increase in vaping products used for synthetic cannabis, an increase in ketamine use among youth, 50 new psychoactive substances (NPS) being found in 2025, many of them opioids, and new forms of cannabis products. EUDA warns about the increased availability of such synthetic opioids on the fake medicine markets. Overall fatal opioid overdoses were at record high levels, with 7600 in 2024, as compared to 7100 in 2022.

Digital Health

Code of practice for AI labeling published by the Commission

On 10 June, the European Commission published a voluntary Code of Practice to help providers and deployers meet requirements for transparency obligations under the AI Act, to assist in the process of identifying (marking) and labelling AI-generated content. The Commission has proposed AI-warning icons for different scenarios, that can be used but are not mandatory.

New form to report GDPR inconsistencies

On 24 June, the European Data Protection Board (EDPB) launched a form to report "inconsistencies in how the GDPR is interpreted across Europe", aligning with the EDPB Helsinki Statement's goals for unified enforcement and stakeholder dialogue. The contact form enables stakeholders to flag conflicting local legal interpretations, also those differing from the position of EDPB. The EDPB will use the results to guide future harmonisation measures.

EPF Survey on AI with findings for patient-doctor relationship

The European Patients Forum (EPF) published a report of their 2026 survey on "What do patients think about AI in healthcare?" There is a specific section on the patient-doctor relationship, where findings reveal that patients fear that AI could weaken or fundamentally change the patient-doctor relationship. Patients are concerned about the potential loss of human empathy and personal interaction in healthcare, the risk of biased AI-driven decisions, incorrect diagnoses, and insufficient transparency about when and how AI is being used in patient care. Healthcare professionals remain the most trusted actors to guide patients in the transitions toward AI-enabled healthcare. For patients, AI could make a difference in supporting healthcare professionals in delivering more personalised care, enabling faster and more accurate diagnoses, and helping individuals better manage their health and treatments.

Pharmaceuticals

WHO issues first recommendation on doxycycline post-exposure prophylaxis to help prevent sexually transmitted infections

On 28 May, the WHO issued its first recommendations for the use of doxycycline as post exposure prophylaxis (doxyPEP) to prevent chlamydia and syphilis for men having sex with men or transgender men in high incidence environments. Traditionally PEP is directed at HIV-prevention, the doxycycline add follows a rise in bacterial STIs across many countries and is supported by "moderate evidence" according to the WHO classification.

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