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Health System Performance Assessment: Commission Publishes a Report on Identifying and Reducing Low-Value Care

On 10 February, the Commission published a **report aimed at supporting Member States in addressing low-value care as part of their work on reforming health systems.**

The report was then presented at a meeting on 13 February from 14.00 to 15.00 CET Brussels time at a #EUHPP Live Webinar "Identifying, measuring and reducing low-value care in the context of health system performance assessment". After a presentation of the key findings, a panel of national experts provided their reflections on the document.

The latter was prepared by the European Commission's Expert Group on Health Systems Performance Assessment (HSPA), and was supported by the European Observatory on Health Systems and Policies, offering a comprehensive definition of what constitutes low-value care. It introduces in fact a comprehensive framework categorising nine types of low-value care, as well as a list of indicators for identifying low-value care used in multiple countries. This covers prevention, diagnostics, treatment and medication as well as other areas.

Gaps nonetheless remain in areas such as mental health and end-of-life care. The report highlights that methodological obstacles, particularly concerning data access and data quality, still complicate efforts to quantify low-value care. The implementation of strategies to reduce low-value care also vary between Member States.

Low-value care is: 'overuse, misuse and underuse of healthcare services (for example, prevention, diagnostics, treatment, medication); overuse and/or misuse comprise the delivery of harmful, ineffective, inappropriate, or not cost-effective healthcare services; underuse refers to healthcare services not provided or used despite being necessary. Low-value care can lead to negative consequences for patients, their caregivers, the healthcare workforce, the health system as a whole and the wider environment.'

In the UK, Union Sues After Physician Associates Called Medical Professionals

The following article was adapted from *The Telegraph* (London) newspaper.

The doctors' Union will take its regulator to court this week over its decision to call physician associates "medical professionals." **The British Medical Association (BMA) argues that patient safety is being put at risk by a "blurring" of the lines between doctors and physician associates (PAs).** The Union will tell the High Court that the General Medical Council's (GMC) decision to collectively call doctors, PAs and anaesthesia associates (AAs) "medical professionals" is **"an unlawful abdication of its statutory duty as a patient safety regulator."**

The profession has been in uproar since plans were announced to expand the use of associates throughout the NHS and to treble their numbers to more than 10,000. On top of that, doctors have also attacked the decision of the GMC to regulate PAs at all (the GMC has only regulated physicians since its foundation in 1858 until December of 2024). **Physicians have asked that a separate regulatory body be given the task of overseeing the PAs.**

In one of the two lawsuits against the GMC relating to the PAs, the BMA has called for the regulator to cease its plans of expanding its oversight to encompass physician associates, arguing that the move is confusing the public about the associates' skill sets, given that they have no formal medical training or qualification; therefore, the term "medical professional" should only be applied to doctors.

Speaking to The Telegraph, Professor Phil Banfield, Chair of the BMA Council said that the GMC 'was established so that the public could be confident they were **being treated by a qualified, competent doctor,**' adding that because the GMC is now 'regulating non-doctors as well, its paramount duty is to draw a distinction between who is and is not a doctor,' he

said. **‘This more than just semantics, it is an unlawful abdication of its statutory duty as a patient safety regulator’** (our emphasis).

The recent move towards the expansion of the term “medical professional” is one that has stoked fierce debate on its acceptability, a debate which touches also the nursing profession which is, at this point in time, in the midst of its own discussion on the inclusion of those who may not have the appropriate qualifications to be called nurses. Such measures are not merely an intellectual debate on linguistics but one that carries significant weight on the professionalism of the healthcare sector and above all, on the access to quality care and service by patients whose well-being is the supreme obligation of medical professionals.

This debate comes in the wake of recent *Telegraph* reporting on patients coming to harm or even dying after seeing a PA, in some cases believing they had been treated by a doctor such as, for example, the case of one patient passing away after being twice misdiagnosed by a PA whom she believed to have been a General Practitioner. The GMC has stated that: ‘We have made it very clear we will recognise and regulate doctors, PAs and AAs as three distinct professions.’

The BMA hearing took place on February 12-13 at the Royal Courts of Justice in London, with the decision no doubt reverberating across the medical professional world.

Does a similar issue between nurses and nursing assistants exist in your country?

Your feedback will be very appreciated.

The UK Professional Standards Authority Organises a Standards Review: Call for Evidence

We are happy to share a call for evidence we have received from the British Professional Standards Authority for Health and Social Care.

“Dear Colleagues,

Alongside the Professional Standards Authority’s public consultation on the Standards for Good Regulation and Standards for Accredited Registers we are today launching a call for evidence.

The aim of the call for evidence is to gather any published research, data or other written evidence which suggests ways professional regulation and registration could improve. This evidence, along with the responses to the public consultation, will feed into our Standards review, and may inform further work by the Professional Standards Authority (PSA).

Please use the link below to find out more about the call for evidence, including how to respond.

If you have any questions about this call for evidence, please contact policy@professionalstandards.org.uk

To find out more information about the public consultation on the Standards for Good Regulation and Standards for Accredited Registers please use the link below:

PSA Standards Review | Consultation

The call for evidence and the consultation will be open until 8 May 2025.

PSA Policy Team
policy@professionalstandards.org.uk
www.professionalstandards.org.uk
Direct line: (+44) 20 7389 8013
Switchboard: (+44) 20 7389 8030”

Highlights from the second meeting of the Critical Medicines Alliance Forum Brussels, 12 February 2025

The Critical Medicines Alliance convened its second Forum, bringing together key stakeholders in a hybrid event attended by over 300 participants both in person and online. The event served as a pivotal platform for advancing discussions on the resilience of Europe's critical medicines supply chain and strengthening international partnerships.

A key highlight of the Forum was the presentation of the Critical Medicines Alliance draft Strategic Report, a comprehensive overview outlining strategic recommendations aimed at bolstering the production of critical medicines within the European Union and forging strategic partnerships beyond its borders. The report, a product of extensive collaboration among the Alliance's thematic Working Groups, is set to inform the forthcoming Critical Medicines Act, reinforcing Europe's commitment to ensuring the availability of critical medicines.

The Forum was inaugurated with opening remarks by Laurent Muschel, Acting Director-General of HERA and Chair of the Steering Board, alongside the Director of the Department of Drug Policy and Pharmacy at the Ministry of Health of Poland, and the Director General of Medicines for Europe, both serving as Vice-Chairs of the Critical Medicines Alliance Steering Board.

Two expert panels were convened to present and discuss the draft recommendations outlined in the Strategic Report:

Panel 1: Strengthening EU Manufacturing Capacity

Led by the Deputy Minister of Health of the Czech Republic and the Director of Projects at France's Ministry of Industry, this panel explored critical themes such as vulnerability assessments, incentives for manufacturing, procurement, stockpiling, and creating a level

playing field for EU-based manufacturers. Additional insights were provided by representatives from Medicines for Europe, the European Fine Chemicals Group, and the Pharmaceutical Group of the European Union.

Panel 2: International Partnerships and Solidarity
Discussions focused on enhancing global cooperation to reinforce medicine supply chains. Contributions were made by the Secretary-General for Strategic Planning at Greece's Ministry of Health, the Coordinator for International Strategy on Shortages and Security of Supply at Belgium's Federal Agency for Medicines, Pfizer's Director of Global Trade Policy, the Director General of the Association of the European Self-Care Industry, and the Head of Policy at the European Patients' Forum. The panel explored strategies for diversifying international partnerships, strengthening supply chain resilience, and reinforcing international solidarity.

The Forum concluded with reflections on the preparation of the Critical Medicines Act by the Director for Medical Products and Innovation at the European Commission's Directorate-General for Health and Food Safety (SANTE). HERA then outlined the next steps in the consultation process.

The Strategic Report was made available to Forum members on 30 January 2025 via the HERA Stakeholders Hub. Members of the Alliance are invited to submit comments on the recommendations until 20 February 2025, with the formal adoption of the report planned for 25 February 2025.

The report represents a significant milestone in the European Union's commitment to reinforcing the security of critical medicine supply chains. Developed through collaborative efforts within the Alliance's Working Groups, it provides recommendations to strengthen European manufacturing and secure global partnerships.

The second Forum of the Critical Medicines Alliance underscored the collective resolve of European institutions, industry leaders, and healthcare stakeholders to safeguard public health across the EU, contributing to the ongoing efforts to ensure sustainable and reliable access to critical medicines for all European citizens.