Fédération Européenne des Médecins Salariés
European Federation of Salaried Doctors

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Title:	**Survey on Working Conditions of Salaried Physicians in Europe**		
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Working conditions of salaried physicians in Europe
Proposal for a FEMS survey

Our model of society presupposes the maintenance of growth and there will be no growth without a healthy population.

The recent European Commission (DG SANCO) Action Plans highlight the role of public health as a key factor for competitiveness and economic development in an ageing Europe and as cornerstone of the economic success. The EC underlines that a population in good health means more productivity, more time at work, more employed people, more old people at work and less healthcare demand. It also underlines the role of support of the EU' health policy in the economic revival and by helping the Member States to face the current challenges.

Investing in health professionals with good working conditions, fair wages and a better balance between work and family life is an investment in the economic revival of the EU.

During the Spring FEMS GA May 2013 held in Budapest (H), it appears necessary to elaborate a state-of-play of the working conditions of the salaried physicians in Europe.

1. Status of the salaried doctors in Europe

What is the legal situation/status of the salaried doctors in your country?
- ❑ Public servant
- ❑ Special healthcare worker status
- ❑ Other Comments:

Are you satisfied with your legal status?
- ❑ Yes
- ❑ No
- ❑ Other Comments:

2. Working conditions

a. Working time: EWTD 2003/88 (reference period, daily rest, opt-out)

Working time is decreasing in Europe. From 40.5 hours on average in 1991, it fell to 37.5 hours in 2010. However, some professions are beyond the average. Salaried physicians are thus part of the 9% of European employees who work more than 48 hours per week and the Commission wants to improve the protection of European workers, especially in the field of health.

Is the EWTD 2003/88 implemented in your country?

❑ Yes
❑ No
❑ Other Comments:

b. CME/CPD

An always-higher level of professional requirement increases stress, even though the Continuing Professional Development is down in most European countries.

Is an efficient CME/CPD training organised in your country?

❑ Yes
❑ No
❑ Other Comments:

Who is in charge of the programme?

❑ University
❑ Medical Chamber
❑ Medical Trade Unions
❑ Ministry of Health (State)
❑ Other Comments:

c. Quality of care, Patient Safety and Risk Management

European medical practitioners see their professional practice increasingly framed by recommendations or standards, officially for improving patient's safety and quality of care but in fact for best performance to improve productivity.

Do you feel oppressed by professional standards (not elaborated by peers) in your medical practice?

❑ Yes
❑ No
❑ Other Comments:

Are these situations threatening your medical practice?

❑ Yes
❑ No
❑ Other Comments:

Are these situations threatening the patients' safety?
❑ Yes
❑ No
❑ Other Comments:

d. Stress at work, burnout:

2nd EAHP Conference "Healthy Physicians for a Healthy Society": this major international conference took place in Barcelona from 1 to 3 December 2010.

The main recommendations are:

- Priority for promotion of health and wellbeing for health professionals
- Early detection to prevent problems before they occur
- Improvement of the caring programmes
- Involvement of policy makers, boards, institutions
- Assessment of effectiveness and efficiency of interventions and their outcomes
- Outcomes should favour human aspects, not only economic aspects
- Support human and social capital
- Hospital managers should care more for physicians' health, but they are not the only ones
- Interventions to focus on individuals, as well as organizations
- Using the health professional information to help all healthcare staff
- Encourage peer groups support
- Early detection in medical students
- Design of multicentric studies at European level in order to obtain funds from EU

Do you have medical burnout situations in your country?
❑ Yes
❑ No
❑ Other Comments:

e. Detection and caring programmes: programs to assist physicians in difficulty (PAIMM-Spain, PAMQ-Canada)

Do you have such type of programmes in your country?
❑ Yes
❑ No
❑ Other Comments:

Who is in charge of the programme?

❑ Medical Chamber
❑ Trade Unions
❑ Ministry of Health (State)
❑ Other Comments:

Does the hospital occupational medicine department cover the salaried doctors in your country?
❑ Yes
❑ No
❑ Other Comments:

f. Age of retirement of the salaried doctors

❑ Male physician:
❑ Female physician:
❑ Other Comments:

Is the age of retirement of the physicians the same as in the main population?
❑ Yes
❑ No
❑ Other Comments:

g. Healthcare workforce demography, feminisation

The Ministerial Conference on the EU healthcare workforce, La Hulpe Brussels (B) 9-10 September 2010 "Investing in the health of tomorrow's Europe" has been one of the most important events of the year 2010. In 2020, there will be a shortage of one million health professionals in Europe, questioning 18% of the activity of health care. It is a social and political challenge across the continent.
The FEMS and other EMOs alerted the European political authorities on this threat for years.

4 large axes of developments were decided:

- To guarantee our future requirements as personnel for health (number/qualification)
- To prepare the necessary changes (profiles of the jobs/diversity of competences/DPC)
- To create the best environments of work to attract and retain the professionals of health (working conditions / personal and professional-life balance)
- To promote a culture of the training within the professionals of health (safety of the patients/quality of the care)
  Specific financings of the Structural Funds of the EU will be assigned to this policy, under the direction of DG MARKT (Internal market).

The Hungarian EU Presidency led a survey on the healthcare professionals migration. This survey was presented to the EPSCO Council in Gödöllö April 4-5, 2011 and this document is providing the European Observatory on Medical Demography and Migration established during the CEOM meeting, Paris 3 December 2010 with FEMS as founding member.

Is there a *numerus clausus* for entering in medical schools in your country?
❑ Yes
❑ No
❑ Other Comments:

Is feminisation of the medical profession growing in your country?
❑ Yes
❑ No
❑ Other Comments:

If YES, is growing feminisation of the medical profession taken into account in the regulation of medical positions?
❑ Yes
❑ No
❑ Other Comments:

Have the salaried doctors free access to hospital nurseries to keep their children during working hours?
❑ Yes
❑ No
❑ Other Comments:

Are you facing physicians' shortage in your country?
❑ Yes
❑ No
❑ Other Comments:

What is the type of HC workforce migration flow in your country?
❑ Emigration
❑ Immigration
❑ Other Comments:

h. Task shifting

Facing the problems of medical demography (more generally of the healthcare professionals), one of the attitudes of the governments generally observed is the task

shifting and the creation of new jobs with new skills. We think that this trend is like opening the "Pandora box".
FEMS and the other EMOs will never accept task shifting threatening quality of care and patient's safety, for reasons of defect of financing and/or bad organization of healthcare.

Are you facing task-shifting situations?
❑ Yes
❑ No
❑ Other Comments:

Are these situations threatening your medical practice?
❑ Yes
❑ No
❑ Other Comments:

Are these situations threatening the patients' safety?
❑ Yes
❑ No
❑ Other Comments:

3. Remuneration

The FEMS GA in Istanbul October 2010 decided unanimously to respond positively to the OZZL/Poland Draft Statement on Minimum Salaries by investigating on average salaries in Europe, to relate with PPP (Purchasing Power Parity), in order to define a formula for minimum salaries for doctors in Europe.
But in reality, the physicians' remuneration decreased by 10% to 30% in many European countries due to the financial crisis.

a. **Base medical salary** indexed to the national average salary, country's GDP, income *per capita (OECD, EUROSTAT),*

Is the FEMS' objective to have the medical specialists' salary improved to 2 or 3 times national average salary realised in your country?
❑ Yes
❑ No
❑ Other Comments:

Is the FEMS' objective to have the medical specialists' salary improved to 2 or 3 times national average salary a priority for you?
❑ Yes
❑ No
❑ Other Comments:

Do you notice a decrease of your salary/income due to the financial crisis?
❑ Yes
❑ No
❑ Other Comments:

b. **Resident** (in hospital or other health facility) **and non-resident** (at home) **on-call duties** (included in the weekly working time), **legal rests** (daily, weekly)

Everywhere in Europe, the doctors must work much while earning less. They will not accept that a revision of the European Working Time Directive leads them to make unrecognized on-call duty (inactive periods). Otherwise, the medical positions will still lose in attractiveness and the medical shortage will worsen.

Is the EWTD 2003/88 fully implemented in your country?
❑ Yes
❑ No
❑ Other Comments:

4. Hospital Governance: Physician involvement in health policy and management

The position of salaried doctors is constantly challenged by alternative initiatives to the physicians' statutes, leading to a progressive individualization to isolate the health professionals and make them more dependent on the professional and administrative hierarchy. The loss of autonomy is an important factor in increasing the discomfort of doctors, leading to more burnout.

Are you facing such situations, reducing your autonomy, in your country?
❑ Yes
❑ No
❑ Other Comments:

Are these situations, in your opinion, threatening your medical practice?
❑ Yes
❑ No
❑ Other Comments:

Are these situations, in your opinion, threatening the patients' safety?
❑ Yes
❑ No
❑ Other Comments:

Are your professional organisations (Trade Unions, Medical Chamber) threatened?
❑ Yes
❑ No
❑ Other Comments:

Are you satisfied with the social dialogue in the hospitals and other medical facilities, in your country?
❑ Yes
❑ No
❑ Other Comments:

5. Information and Communication Technologies (ICT) in healthcare

Neelie KROES, the European Commissioner for Digital Agenda, called on 25 February 2011 for radical changes to increase the use of ICT in healthcare. The industry of telecommunications had to enter on the market of "e-health" so that the patients can have access to the medical files on line, supervise their health using mobile devices and communicate more easily with their doctor. She declared: *"the chronic diseases are in rise whereas a shortage of specialists and healthcare personnel appears. That will generate an enormous deficit of care, unless it is filled thanks to technology. That means that the collapse of our systems is guaranteed if we do not make radical changes "*. It will be necessary to quickly work out uniform standards for the protected data exchange, to allow an implementation generalized of the ICT in healthcare.

Do you notice any implementation of the ICT in your medical practice?
❑ Yes
❑ No
❑ Other Comments:

Are the medical data legally protected in your country?
❑ Yes
❑ No
❑ Other Comments:

Have the salaried doctors free access to mobile phone, Internet connection?
❑ Yes
❑ No
❑ Other Comments:

Have the salaried doctors free access to a secretary who helps in administrative duties?

❑ Yes
❑ No
❑ Other Comments:

6. Financing of the health system

Social budgets are constantly increasing, due to the aging population, growing technology and the demand of the European population to have access to quality care while accessing democracy.

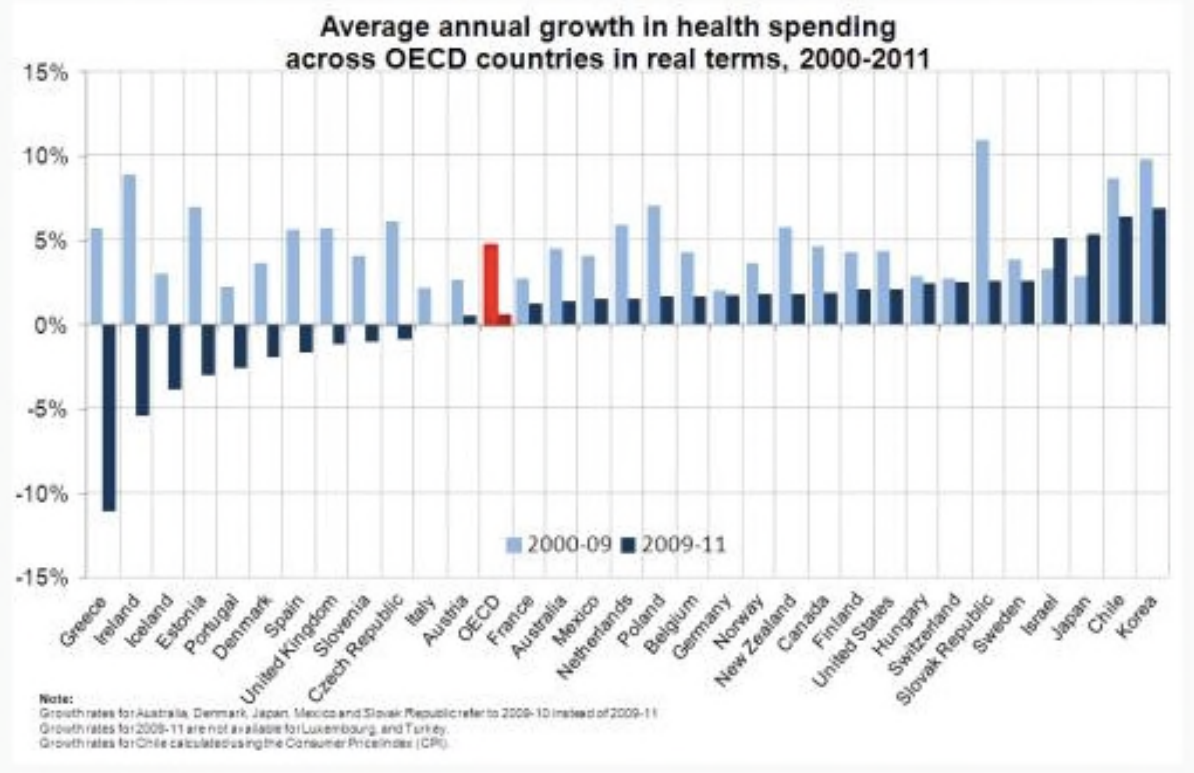
The global financial crisis obviously has a negative impact on the financing of health systems, patient safety, improved working conditions and wages of salaried physicians in Europe. WHO has found it necessary to warn governments, asking them to maintain a high level of service to cope with the deteriorating health caused by the financial crisis.

Reductions in public spending on health in many OECD countries have typically been made across the board. Pharmaceutical spending has been a prime target, with spending falling slightly in 2010 followed by deeper cuts in 2011. Many countries have increased cost sharing for pharmaceuticals, reduced prices and coverage, and promoted the use of generics. In 2011, Portugal, Greece and Spain reduced spending on prescription pharmaceuticals by 20%, 13% and 8% respectively. In Spain, the share of generic drugs (in the total volume of consumption) more than doubled between 2006 and 2011.

In many countries, governments have also decided to cut their spending on prevention and public health, although these typically represent only a small share of their overall health budgets. More than three-quarters of OECD countries reporting expenditure on prevention and public health for 2011 showed a real-term cut in spending.

Many governments have also tried to contain the growth in hospital spending - one of the biggest ticket items in most countries – by cutting wages, reducing hospital staff and beds, and increasing co-payments for patients.

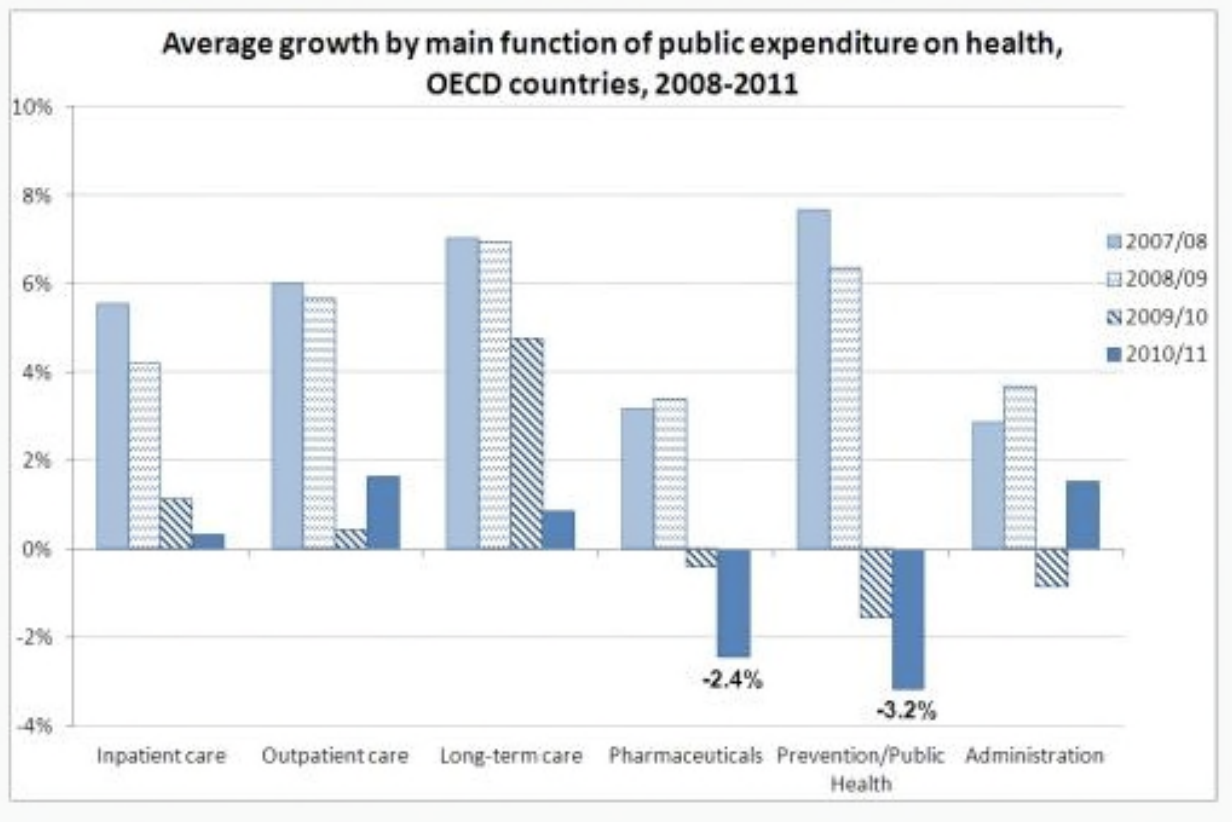
Source: OECD Health Data 2013



Source: OECD Health Data 2013

As a result of the minimal growth in health spending across OECD countries in 2010 and 2011, the percentage of GDP devoted to health declined slightly in most countries. Health spending accounted for 9.3% of GDP on average across OECD countries in 2011, compared with 9.5% in 2010. Excluding capital spending, current expenditure on health as a share of GDP dropped from 9.1% on average in 2010 to 9.0% in 2011.

Source: OECD Health Data 2013



Source: OECD Health Data 2013

a. "Public" funding (National Health Insurances, State, …)

Public funding remains the only guarantee of equal access to health care. Public funding remains, for the moment, the majority in all EU countries.

Do you notice any changes in public funding of HC?

❑ Yes
❑ No
❑ Other Comments:

b. Privatisation

Most European governments are trying to get rid of social costs, especially those related to health, and to transfer to private insurances, with a significant risk of impossible access to care for a growing share of the population. The privatization of health systems is not a solution for the future. Throughout Europe, but especially in Central and Eastern Europe, the financial situation of public health is deteriorating. Only private hospitals still find a willing ear of financiers, allowing them to take new "market shares".

Do you notice a trend of your government for privatisation of your HC system?

❑ Yes
❑ No
❑ Other Comments:

c. Out-of-pocket payment

Do you notice an increasing part of out-of-pocket payment in your country?

❑ Yes
❑ No
❑ Other Comments:

7. Hospital funding

On what type of system is the public hospital funding based in your country?

❑ Block grant funding
❑ DRGs, activity-based funding
❑ Other Comments:

Please, send documents and data supporting your answers to the survey!
Many thanks for taking part in the survey!

Answers given by:

Name: Surname:

Country: Organisation:

Date:

Please send your answers to: Dr Claude WETZEL claude.wetzel@mac.com