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Dear Sir/Madam,

Training doctors is no easy task. After medical school, new doctors enroll in residency programs for a length of 4 to 6 years, depending on their specialty. Resident physicians spend this time working long, arduous hours under their attending physicians, learning the clinical intricacies of their specialties which are not covered in medical school. What's interesting, though, is that residents end up doing a significant portion of the actual patient care. Hospitals are able to expand patient volume when they enroll residents. Resident doctors in the Republic of Macedonia protested over the impossible working and educational conditions imposed on them by the Ministry of Health on 10th of February.

We address you to kindly ask for your support in the struggle against a law which is discriminatory. Having been left without options and having exhausted all of our institutional pathways for a solution to our problems, having been turned down by our government officials, we ask for your help in our fight against the discrimination and violation of our human rights. Since all European Medical Organisations have a particular interest in the promotion of the highest level of professional training of physicians, medical practice, health and health care within the European Union, we address this letter to you in order to gain your support.

In the Republic of Macedonia, there are two types of medical residency programs: the so called *Private Residency Program* and the so called *State Residency Program*.

*Private resident doctors* pay tuition for specialization (1300-1600 Euros per year, up to 11,000 Euros total) and during the specialization which takes approximately 4 to 6 years they must work (under the umbrella of the term "education") in public hospitals for 8 hours a day and 24 hours on call 4 times a month, they must attend lectures for more than 500 hours and study two foreign languages outside of working hours, and all this time *not receive a penny of salary, without pension nor health insurance, which coincides with the notion of slavery*. Because of this busy agenda, full responsibilities and minimum working week of 60+ hours, it is obvious that neither physically nor physiologically it is possible for any of them to do another job where they could earn some money to support themselves and their families during the entire period of the residency. While private resident doctors treat patients and give free medical services in hospitals and clinics, their families are neglected and hungry, and many of them cannot even take the step to form a family because they are financially powerless.

*State resident doctors* are basically medical doctors already employed in public health institutions (PHI) and they do get paid (on average 400 euro monthly salary), but in order to be enrolled in a state residency program they must sign the so-called "loyalty contract" which states that after the specialization, they will remain to work in that specific PHI for up to 10 years and they guarantee this by signing blank bank drafts for a sum *five fold* of the value of the tuition for specialization which is paid by the PHI (up to 60 000 eur), which is enforced immediately in case of leaving the PHI or residency at any time and for any reason, even until the very last day during those 10 years after residency. This is a completely unrealistic sum, without any principle of proportionality. These doctors earn their wages by hard, honest work and they should not be forced to pay back a five fold value of the tuition for residency in case of abandoning the workplace, if they get a better job offer even in the PHI network. This practice could be seen as blackmail, humiliation and makes every doctor employed in public health a potential victim of mobbing. The amount for tuition covered by the state is between 6500 and 12000 euro, that is the entire amount which is covered and not a cent more. Each payback of an amount enormously enlarged from the amount invested is pure usury.

The following problem stems from the fact that the law prescribes a possibility to make a break in cases of sick leave or injury of 12 months, or pregnancy of 24 months most. Each doctor who is paralyzed or sick and makes a break in the specialization, or a female doctor who has had two consecutive complicated pregnancies is not qualified to be good specialists and loses the right to specialization. The law prescribes them as poor doctors who need to be excluded from the specialization immediately, even fined with a large amount of money, since thus defined law suggests that the break in the specialization is their fault and it reflects itself on the loyalty contracts with activation of the bank drafts. This presents gross discrimination.

Moreover, this law breaks the autonomy of the Medical Faculty by imposing it to introduce an interim exam in the middle of the specialization, which has no role by itself, presenting additional workload for doctors, given that the entire syllabus for this exam is already evaluated and passed with colloquia. The interim exam extends the period of specialization, increases the expenses, whereas the law by itself does not foresee deadlines for it to be passed which implies that if the exam is not passed the first time, the specialization is lost and the bank draft is activated.

An additional issue with the law is three months long training abroad which is a requirement to obtain a license to practice medicine as a specialist. Each doctor who has passed the specialization exam cannot obtain the license unless they spend three months in a OECD Member country, financially fully covered by the doctors themselves. This allows the law to completely negate the entire education acquired at the Medical Faculty. This possibly makes us the only country in the world which does not recognize its own institutions of higher education.

Finally, the most important issue at present is the *mandatory video filming and online streaming of all our exams, including the interim exam*. This item of the law breaks the privacy rights. Not a single resident doctor agrees with this procedure which is illegal, against the constitution and completely humiliates and degrades doctors. We expect the day when a colleague of ours is to become a youtube star due to a banal mistake in one of the most stressful days in their lives. Video filming and live streaming over the internet, as well as the availability of this video to the wider public, not only breaks the

dignity and integrity of the medical professional, but presents additional burden to the resident doctor and can have a negative impact on the performance at the exam which needs to be a fulfillment of the entire educational process.

Due to the above mentioned, we find the law fully discriminating. There is almost no human right which is not broken. We do not have the right to salary for job done, the right to social security, the right to education in equal terms, the right to privacy, the right to equality and freedom from discrimination, even the right to plan and form a family.

The established educational system limits our continuous professional development. Faced with these brutal and practically slavery and usury conditions for residency, both for private and for state residents, a growing number of doctors are forced to give up their residency, and sometimes the medical profession all together, and increasingly high number of doctors are leaving the country. These conditions encourage the migration of doctors, which is an expected consequence, a brutal reality and extremely serious problem for the NHS. For the purposes of these and all other issues, we submitted a petition to the Minister of Health with a list of demands, signed by more than 350 doctors. Our, still non-formal, association of Resident Doctors during the past months has had a very active campaign to persuade the Government officials that a change in the law for medical education is due but all our complaints remained unheard. At the public hearing that was held in the Parliament of the Republic of Macedonia on the occasion of new amendments to the Law on Health Protection, a group of residents revealed their proposal for changes in the discriminatory and unjust laws for medical specialization in Macedonia. Unfortunately, although the arguments were on our side, on January 27th 2016 the plenary session of the Parliament of the Republic of Macedonia, voted for the Bill to become a Law, where none of our demands were taken into consideration, including the petition signed by 350 doctors, so on 10th of February we took it to the streets to protest.

Among most important attitudes and demands stated in the petition are the following:

1. Urgent solution to the status of the private resident doctors - to become temporary employed, to receive salary, pension and health insurance, with all the legal obligations and rights from the Labor law and the Law for health care.
2. Fair loyalty contracts for state funded resident doctors with ratio of 1:1 – the number of years which needs to be covered upon completion of the residency needs to be equal to the number of years the residency took, as well as the financial means which need to be returned in case of breaking the contract for the amount invested in tuition
3. 24 hour on call shifts need to be paid, both for private, as well as state funded residents
4. The interim exam needs to be revoked
5. The unreal fines and discrimination need to be revoked, such as losing the right to residency in case of sick leave longer than 12 months, or pregnancy and maternity leave longer than 24 months
6. The three month training abroad which is a condition for obtaining a license to practice medicine as a specialist needs to be revoked

7. The video filming and live streaming of colloquia and exams needs to be revoked – it breaks the privacy of candidates, it is humiliating and degrading and presents additional stress for candidates

Few people choose the medical profession purely for financial reasons, but this condition has triggered a surge of resentment about how much harder doctors work for nothing than their equally ambitious and well-educated peers in other fields. The financial burdens place added strain on residents and their families, and they have an insidious effect of discouraging residents from medicine altogether. Both repercussions impact the nation's public health. What is complicating the situation even more is the medical culture that expects residents not to talk about this, or to quit complaining, even when any honest assessment would find that family roles and financial realities of residents are clearly different in Macedonia than the rest of the world.

Respectfully,

Resident Doctors of the Medical Faculty, Skopje – Ss. Cyril and Methodius  
University

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