



**Joint 5th Joint AEMH-FEMS General Assembly
10-11 May 2024, Berlin, Germany**

Members reports

Please name 3 main current concerns of the healthcare system in your country : BULGARIA

- **Continuous medical education/ continuous professional development**
- **Human capital in the healthcare sector**
- **Public healthcare financing/ National Health Insurance Plan**

A. Continuous medical education./ continuous professional development

Continuous medical education (CME) and continuous professional development (CPD) are vital components of ensuring that healthcare practitioners in Bulgaria remain competent, informed, and equipped to deliver high-quality care to patients. However, gaps in CME and CPD opportunities persist, limiting the professional growth and knowledge advancement of healthcare professionals across various specialties. Without access to ongoing education and training, healthcare practitioners may struggle to stay abreast of the latest medical advancements, evidence-based practices, and emerging treatment modalities, potentially compromising patient outcomes.

To address this challenge, the Bulgarian Medical Association at its VI-th National Congress of the Bulgarian Medical Association (BMA) in November 2023 discussed in detail the issue of CME/CPD.

It was recognised by participants that CME provision is chaotic, often left in the hands of pharmaceutical companies with even well-organized 1 symposiums witnessing low attendance of Bulgarian physicians. This is undermining quality and patient safety as well as it contributing to higher stress levels and burnout as the evolving nature of science and medicine necessitates continuous education throughout the medical career.. Thus the BMA will advocate for the introduction of mandatory Continuous Medical Education (CME) in Bulgaria. The Chairman

of BMA, Dr. Ivan Madzharov, underscored the need for legislative changes in the CME framework, proposing joint efforts of scientific societies, academia, hospital associations, and the BMA to set the regulatory rules

As a conclusion of the heated debates, presentations and frank discussions, the participants of the Congress called for concrete actions to improve the healthcare system in Bulgaria.

1. Taking the necessary initiatives for legislative changes regarding the introduction of mandatory continuous medical education for physicians in Bulgaria. Drafting methodology and assessment for the accreditation of continuous medical education.
2. Developing and implementing policies to address the personnel crisis in the healthcare sector, including an assessment and analysis to determine incentives, priority areas, and specialties.
3. Creating a methodology and analysis for the introduction of alternative funding models in healthcare in addition to the existing system, with the aim of reaching average GDP expenditure levels in the sector for the European Union.
4. Focusing on the more efficient allocation of healthcare expenditures, closely tied to results. Prioritizing outpatient health services for the population. Introducing a mechanism for a gradual alignment of remuneration for medical professionals in Bulgaria with average remuneration levels for the European Union.
5. Increasing the level of digitization to achieve broader accessibility, higher efficiency of provided healthcare, and improved coordination between different levels in healthcare structures.
6. Developing and implementing policies to increase the level of screening and prevention for the population, including improving citizens' awareness of the necessity and benefits of these practices.
7. Taking necessary initiatives for legislative changes for effective protection of medical professionals from verbal and physical aggression.

Bulgarian Medical Association is committed to work in cooperation with all stakeholders in order to see through these commitments for the improvement of Bulgarian healthcare.

B. Human capital in the healthcare sector

In Bulgaria, there is a human capital crisis in the field of health care.

There are significant disparities in the availability of physicians in various regions of the country. For instance, in Sofia-city, there are 471 physicians per 100,000 people, while in Silistra, the provision is 225 per 100,000. Further, there is a persistent trend of decreasing both the share and the number of physicians - specialists, especially those with high qualifications, due to a range of financial and organizational problems. This is particularly evident for specialists in anaesthesiology and intensive care, paediatrics, nephrology, obstetrics and gynaecology, psychiatry, clinical laboratory, emergency medicine, epidemiology, and infectious diseases. The age structure is concerning - According to our data as of July 2023, 27% (8836) of practicing physicians are in the age group of 61-70 years, 26% (8504) are between 51 and 60 years, and only 10% (3306) are between 41-50 years, 15% (4854) between 31-40, and those under 30 years old account for 12% (3976) of physicians. The average age of Bulgarian physicians is currently 53 years, with males being 52.9 years old and females 53.10 years old, and 33.5% of them work in hospitals, while 29% in outpatient care. And last but not least, over the last ten years, over 3000 specialist doctors have left the country. The main reasons for the emigration of young doctors, according to our surveys, besides low income, are the lack of opportunities and conditions for career development, opportunities for specializations, and professional growth in their careers. There is a persistent trend of emigration of specialists.

The emigration and age distribution of healthcare specialists - doctors and healthcare professionals indicates a worrying trend of "aging" human resources in healthcare. Considering that 26% or more than $\frac{1}{4}$ of doctors are over 60 years old, with an aging population requiring more healthcare services, the uneven distribution of doctors in the country, mainly concentrated in large university cities, lead to deficiencies in providing sufficient qualified personnel and consequently worsen the quality of medical care.

In order to motivate young physicians to specialize, as one of the initiatives, legislative changes were made by changing the specialization regulation. An incentive was given for specializations in priority specialties such as paediatrics, GP, anaesthesiology, patho-anatomy, etc. being funded by the state at the places of specialization and having the possibility of flexible working hours and specialization as well as the possibility of future development. In addition, the BMA and regional colleges support young doctors with additional financial incentives for training or when a child is born.

Physicians working in remote locations receive additional financial stimuli.

Another staffing problem is a significant shortage of nurses, a challenge that reverberates throughout the healthcare system.

The number of nurses has decreased by almost half over the last 10 years, reaching 44,451 in 2021 compared to 81,500 in 1995. The shortage of nurses can be attributed to several factors: the small number of nursing graduates, the loss of trained nurses due to emigration, the aging workforce (the average age of nurses is over 50 years), and dissatisfaction with salaries, working conditions, and negative attitude not only from patients and their families but also from colleagues. The physician /nurse ratio is around 1.1, while good medical practice requires a minimum of 1:2. In the EU, the ratio is no less than 1:3 - 5 nurses. There are 65.0 nurses per ten thousand population. Comparatively, Bulgaria ranks second to last in EU in terms of availability of nurses

The scarcity of nursing staff contributes to increased workloads, longer working hours, and heightened stress levels among existing nurses, compromising both the quality of patient care and the well-being of healthcare staff. Addressing this shortage requires multifaceted solutions, including initiatives to attract more individuals to the nursing profession through recruitment drives, improved working conditions, competitive remuneration packages, and opportunities for career advancement. According to the Institute of Social and Syndical Studies, the average salary in the healthcare sector is 15% lower in the public sector and 3% lower in the private sector, with women's salaries averaging 100 BGN less than men's. It should be noted that in 2021 and 2022, the "Human Healthcare and Social Work" sector saw the highest wage growth compared to other production sectors - 15% in 2021 and 11% in 2022, with the average salary in the sector being 1981 BGN for 2022. Despite this reported growth, salaries lag far behind leading sectors in terms of pay with almost double the difference.

C. Public health care finance, negotiations with the National Health Insurance Fund

At the extraordinary congress of the BMA in February 2024, delegates voted to approve the conditions for signing the annex to the National Framework Agreement for Medical Activities for 2023-2025. These changes are geared towards shifting the burden from hospital care to outpatient services, ensuring patients receive necessary treatments without lengthy hospital stays. Additionally, streamlining administrative processes for procedures like MRI scans is provided, allowing specialists in outpatient care to directly allocate a set number of scans without requiring individual approval from the NHIF.

Thus, the Bulgarian Medical Association (BMA), the Bulgarian Dental Association (BDA), and the National Health Insurance Fund (NHIF) signed the

annexes to the National Framework Agreement for 2024. These annexes aim to facilitate easier access to medical procedures such as MRI scans, gastroscopies, and colonoscopies. Additionally, there are provisions for increased funding for maternal and child healthcare, extending hospital stay after a stroke to 10 days, and removing restrictions for cancer patients, allowing for 30 days of palliative care, twice for year

New parameters for minimum and maximum hospital stays have been introduced, particularly in cases of severe stroke, with an increase in prices for child and maternal healthcare. Notable changes include increased funding for preventive medicine, expanded coverage screening, and inclusion of certain short-term procedures previously done in hospitals to be performed in outpatient settings. Moreover, there is an emphasis on increased remuneration for clinical pathways related to severe diagnoses and conditions.

The Annexes represent a continuation of policies aimed at better financing outpatient care, with a focus on high-tech medical procedures within hospitals such as a separate line for robotic surgery.

These changes are in line with both societal expectations and the need to support innovation and improve conditions for both patients and doctors. The Annexes reflect a concerted effort to improve healthcare accessibility, efficiency, and quality in Bulgaria, ensuring patients receive timely and appropriate medical care while alleviating strain on hospital resources.

However, regional disparities in healthcare access and provision continue to pose significant challenges to achieving equitable healthcare delivery in Bulgaria. Rural areas, in particular, often face pronounced disparities in healthcare infrastructure, resources, and services compared to urban centers. Limited access to medical facilities, specialist care, diagnostic services, and preventive health programs in rural regions exacerbates healthcare inequalities and contributes to disparities in health outcomes.