Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

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NATIONAL REPORT CROATIA

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After the significant results that the HLS has achieved for doctors over the past two years, the most recent being a 3% increase in the base salary as of September 1, we are now facing the task of resolving several important issues:

Collective Agreement in Healthcare and Stand-by Duty

Collective Agreement in Healthcare was supposed to be adopted in March 2024. Instead of adopting the Agreement, the Croatian Government issued a Decision stating that all rights regulated by the Collective Agreement will continue to apply until a new Agreement is signed. In the coming days, we expect to be invited to resume negotiations, and we hope it will be signed soon.

One of the most important issues that we need to resolve in the Collective Agreement is the matter of stand-by compensation. Owing to a shortage of physicians, the number of on-call staff has been reduced, while additional doctors have been assigned to stand-by duties.

By introducing stand-by duties instead of regular shifts or on-call duties, hospitals save on staffing costs, since fewer overtime hours need to be paid for stand-by duty than for regular shifts and/or on-call duties.

During stand-by duty, we are required to wait at home for a call and be ready to come to the workplace within 30 minutes of being called, which is compensated with a fixed allowance. Stand-by hours are paid at an overtime rate. However, the amount of the stand-by allowance is the same for Saturdays, Sundays and holidays, even though our Law on Labor prescribes different bonuses for work on those days (a 25% bonus for Saturday, 50% for Sunday, and 150% for national holidays), which means that doctors are most disadvantaged by this system.

The stand-by system is often misused, with some doctors calling in 4 to 6 times for non-emergency cases.

This is further compounded by the issue of violating the EU Working Time Directive, specifically regarding the required rest period between two workdays. For example, when a doctor is called in from stand-by duty during the night (say, on a Sunday), they are expected to work their regular shift the next morning without the mandated rest period. While it cannot be stated that physicians are overtly deprived of their right to daily rest, there exists an implicit expectation that often compels them to continue working without breaks. This tendency arises from a commitment to ensuring that patients—

many of whom have scheduled examinations, tests, or surgeries months in advance—do not experience unnecessary delays.
Being on stand-by duty requires us to put our personal lives aside from possible work calls, which affects our work-life balance.
When discussing stand-by duty, the fundamental question for all of us here is: Is stand-by duty considered working time or the doctor's free time?
The HLS considers stand-by duty to be a form of overtime work. Therefore, we demand that compensation for stand-by duty be paid at the overtime hourly rate, rather than the regular hourly rate, and that the same criteria for increased compensation on weekends and holidays be applied, according to the Law on Labor.

Hourly Wage Calculation Discrepancies
Currently, in Croatia, there is a regulation in place that results in an inconsistent hourly wage throughout the year. Determining the hourly cost of labor based on the number of working days in a month presents a problematic scenario. Specifically, the hourly wage is not uniform across different months.
This situation creates a paradox: during months with a higher number of working days—such as August—when employees work more total hours, the value of one hour of work is actually paid at a lower rate compared to months that have fewer working days and fewer total working hours- such in February.
With this method of calculating the hourly wage, doctors are most disadvantaged—especially those of us who work the most overtime hours. Supporting this is data recently collected by the HLS: of all the overtime hours worked by Croatian physicians in the first eight months of 2025, on average about 60% of overtime was performed during the summer months (June, July, August).
HLS is demanding a change in the legal regulations – we are demanding that every hour in every month be valued and paid equally.

Time and personnel standards and norms
One of the key steps for a functional healthcare system is to define norms and standards that measure how much work a doctors are expected to accomplish during their regular working hours.
The existing time-personnel standards for the healthcare system are essentially a list of non-binding recommendations that, in many ways, do not reflect the actual situation in the system: for example, they do not mention some newer treatment methods, completely overlook the time required for working with patients in hospital wards, rounds, writing discharge letters, administrative tasks, prescribing and reviewing test results, and so on.
As such, the prescribed time norms are considered entirely unrealistic and disconnected from the actual requirements and workflows present in contemporary medical practice.
HLS believes it is essential to introduce binding regulations for norms and standards that would allow us to measure whether a doctor is working sufficiently, excessively, or insufficiently—because without these, no one can truly determine how much anyone is working.
Binding time and personnel standards are also a prerequisite for regulating additional work performed by doctors in private institutions.
Currently, the only stipulation is that someone may be granted permission for additional private work if they fulfill all prescribed obligations at their hospital job. The problem is that nowhere are these obligations clearly defined, and with the adoption of such standards, this issue would be resolved—because as it stands, no one knows what and how much a doctor needs to accomplish during working hours in order to say, "they have done their job."
Almost a year ago we submitted our comprehensive proposals and suggested corrections for each medical specialty to the Ministry of Health.
We hope for a quick resolution and implementation of new, updated norms and high-quality standards, which will ultimately benefit both healthcare professionals and patients.
This act is needed also to manage excessive overtime and protect doctors from errors caused by overwork due to staff shortages.

Zagreb, 6 October 2025