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NATIONAL REPORT (CROATIA)

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1. COLLECTIVE AGREEMENT FOR THE HEALTHCARE SECTOR

Negotiations on a new Collective Agreement for the healthcare sector in Croatia are still ongoing. There are growing concerns that the Ministry of Health is unnecessarily prolonging the negotiation process and that key issues concerning physicians' working conditions remain unresolved.

The Croatian Medical Union (HLS) considers the full and effective implementation of the European Working Time Directive (EWTD – Directive 2003/88/EC) to be one of the fundamental priorities in the negotiation of the new Collective Agreement. HLS is also calling for the relevant provisions of the Collective Agreement to be brought into line with recent case law of the Court of Justice of the European Union (CJEU).

Full compliance with the applicable EU legislation and CJEU case law is therefore one of the principal objectives of the current negotiations.

HLS specifically seeks clear, enforceable provisions governing:

- the definition and recording of working time;
- the calculation and remuneration of standby duty;
- additional compensation for particularly demanding or arduous working conditions;
- entitlement to annual leave.

Standby duty arrangements and remuneration are a particular concern. In Croatia, standby duty is generally paid based on a physician's basic salary rather than the applicable hourly rate. HLS considers this practice inconsistent with EU working-time principles.

HLS's position is also supported by the judgment of the Court of Justice of the European Union in Case C-373/24, concerning the interpretation of Article 2 of Directive 2003/88/EC.

The judgment confirms, inter alia, the following fundamental principles:

- "Working time" and "rest period" are mutually exclusive;
- the intensity of the work performed and the level of activity or performance of the worker are not decisive criteria for determining whether a period constitutes working time.

For HLS, proper implementation of these principles is essential not only from the perspective of compliance with EU law, but also from the perspective of physicians' health, patient safety and the sustainability of healthcare services.

2. PHYSICIAN SHORTAGE AND THE GROWING USE OF STANDBY DUTY

As in many European Union Member States, the shortage of physicians remains one of the major challenges facing the Croatian healthcare system.

This shortage directly affects the organization of medical work. In a growing number of hospitals, standby arrangements are replacing traditional on-call duty. Because staffing levels are insufficient, physicians may have to return to the hospital several times during a standby period to provide active medical care.

In practice, this may result in physicians working during the night and then being required to report for their regular duties the following morning.

HLS has repeatedly questioned whether such arrangements comply with the EWTD, particularly the right to adequate daily rest after a physician performs active work.

This issue is particularly serious in the context of already excessive workloads. Croatian physicians are, in many cases, working substantially more overtime hours than the limits envisaged by the EWTD. Frequent standby duties, particularly where they involve repeated interruptions of rest or prolonged periods of active work, further increase the overall workload and contribute to physical and psychological exhaustion.

The cumulative effect is a growing occupational burden on physicians, with potential consequences for their health and well-being, professional performance, patient safety and the long-term sustainability of the healthcare workforce.

3. CHANGING INTEREST IN MEDICAL SPECIALTIES

Over the past several years, a significant change in the preferences of younger physicians regarding medical specialization has become increasingly apparent.

There is decreasing interest in physically and psychologically demanding specialties that involve frequent night work, on-call duties and high levels of occupational stress. At the same time, there is considerably greater interest in specialties that provide opportunities for employment in private practice and offer more predictable working hours and fewer demanding on-call duties. Recent applications for specialist training illustrate this trend.

For example:

35 positions in Emergency Medicine attracted only 5 applications;

28 positions in Internal Medicine attracted 10 applications;

29 positions in Paediatrics attracted 17 applications;

16 positions in Abdominal Surgery attracted only 3 applications.

By contrast:

7 positions in Dermatology attracted 148 applications;

20 positions in Radiology attracted 234 applications;

6 positions in Plastic, Reconstructive and Aesthetic Surgery attracted 80 applications.

These figures indicate a substantial shift in the career preferences of younger physicians.

Younger generations of doctors are increasingly unwilling to subordinate their private and family lives to the demands of the medical profession to the extent that previous generations did. Work-life balance has become a significantly more important consideration when choosing a specialty and planning a medical career.

This development should not be interpreted simply as a change in professional preferences among young doctors. It should also be understood as an important indicator of the sustainability of working conditions within the healthcare system.

The growing reluctance to enter specialties characterized by excessive workload, frequent night work and demanding on-call arrangements should be regarded as a warning sign for workforce planning. If working conditions in these specialties remain unchanged, the existing shortage of physicians is likely to become even more pronounced in areas of healthcare where the need for specialist services is greatest.

4. CONCLUSION

The issues described above are closely interconnected. The shortage of physicians contributes to increased workloads and more frequent standby and on-call duties, while inadequate working conditions in turn make the most demanding specialties increasingly unattractive to younger physicians.

From HLS's perspective, improving physicians' working conditions is therefore not merely a matter of employment rights. It is an essential component of healthcare workforce planning, physician retention, occupational health and patient safety.

Effective implementation of the EWTD, respect for physicians' right to adequate rest, appropriate remuneration of standby and on-call work, and recognition of the particularly demanding nature of medical work are essential prerequisites for maintaining a sustainable and high-quality public healthcare system.

HLS therefore considers that these issues should remain a priority not only at national level, but also within the broader European discussion on physicians' working conditions, occupational health, workforce sustainability and the future of the medical profession.