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1. Political Context

- In Portugal, the ongoing labour reform was rejected by the Portuguese Parliament following two general strikes. The process could have put at risk several acquired rights, including trade union action, the right to strike, the regulation of working time (such as time banks), protections against dismissal, and parental rights.

2. State of the National Health Service

- Difficulty in retaining doctors within Portugal's National Health Service (NHS), resulting in a growing reliance on overtime work and outsourced medical service providers. By way of example, in May 2026, the Government authorised the opening of 2,528 positions for medical specialists, including 711 in General and Family Medicine. Of these 711 positions, only 273 were filled.
- Emergency Services: during summer of 2026, just like in previous years, Portugal's National Health Service (NHS) continued to experience severe constraints, with ongoing shortages of medical professionals limiting access to care. Several emergency departments — particularly those specializing in maternal and child health — remained closed or operated at minimal capacity due to a lack of doctors. The shortage of anaesthesiologists has also caused major constraints on the operation of several services, notably at Dona Estefânia Hospital, a leading referral centre for paediatric surgery.
- Shortage of Family Doctors: around 1.3 million citizens—roughly 15% of the population—continue without an assigned general practitioner (GP).
- Surgery: In July 2026, the Government introduced changes to the framework governing additional surgical activity, which led to the suspension or significant reduction of additional surgical procedures.
- Shifting Public Resources to the Private Sector: millions were again paid to pharmacies to provide vaccinations. The government continues to resort to outsourcing and the

transfer of patients to private healthcare providers as a structural response to persistent delays in the public healthcare service.

- High temperatures: during the summer, the high temperatures experienced across Portugal once again highlighted that healthcare infrastructure does not provide the necessary level of safety, as many facilities do not even have air-conditioning systems. These conditions affect the well-being of both healthcare professionals and patients and may compromise the quality and safety of the healthcare provided.

Faced with deteriorating working conditions and ineffective retention policies, doctors continue to leave the NHS for the private sector or pursue opportunities abroad. Government measures have failed to strengthen medical careers, further deepening the shortage of healthcare professionals and threatening the long-term sustainability of the NHS.

3. Professional and Union Activities

Sindicato Independente dos Médicos (SIM)

In recent months, o Sindicato Independente dos Médicos has focused its work on improving pay, career progression and working conditions in order to attract and retain doctors in the National Health Service (SNS).

SIM reached an agreement with the Government to adapt the performance appraisal system to the medical career. The rules, published in March 2026, sought to simplify appraisal and enable career progression.

Following the agreement with the Government, 350 posts for Assistente Graduado Sénior were allocated in 2026, as part of a commitment to open posts annually until 2028. After SIM denounced the delays, the national competition for the consultant qualification relating to 2025 opened in September. The union continues to call for regular and timely competitions.

Negotiations also produced results in other sectors. For civilian doctors in the Armed Forces, 40 Assistente Graduado Sénior posts and more than 100 opportunities to obtain the consultant qualification were agreed for the coming years. At the Santa Casa da Misericórdia de Lisboa, the new agreement provides for a 6% pay increase, retroactive to January 2026, pay repositioning and annual internal competitions. At Cascais Hospital, SIM reached an agreement establishing rules on career progression, pay, working time and rest for the doctors covered.

In primary care, SIM called for a review of quality-related documentation requirements to preserve the time family doctors devote to patient care.

SIM also continued to address recruitment delays, reliance on overtime and excessive bureaucracy in the SNS.

Federação Nacional dos Médicos (FNAM)

FNAM has actively defended measures aimed at strengthening the medical profession and reinforcing the NHS, while ensuring the full preservation of collective labour agreements and doctors' rights. It has reaffirmed its commitment to valuing medical careers and defending a public, universal, and high-quality NHS. In summary:

- FNAM is currently negotiating the revision of collective labour agreements, with the objective of ensuring that there are no setbacks for workers' rights.
- FNAM took part in the general strike of June 2026 against the Labour Reform, which saw significant participation from healthcare workers.
- At the Santa Casa da Misericórdia de Lisboa, a agreement that provides for a 6% pay increase and annual internal competitions was signed.
- At the Western Lisbon Local Health Unit, an agreement was reached to pay overtime, according to Law, rather than use a time-banking system.

Ordem dos Médicos (Portuguese Medical Association) – Contribution to the National Report)

FEMS General Assembly, Cluj, 2 October 2026

Unsafe staffing and liability waivers. Throughout 2026, dozens of doctors submitted declarations of exemption from liability (escusas de responsabilidade) because they were rostered in drastically reduced teams, above all in obstetrics and paediatrics emergency services, but also in surgery (over 20 surgeons at the Porto Oncology Institute in April). The OM regards these waivers as a last-resort safety alert: they show that minimum safe-staffing standards are not being met and that patients and doctors are exposed to avoidable risk. They are a symptom of the NHS's failure to recruit and retain doctors, not a solution.

Budget restraint instead of capacity. In March the OM demanded the reversal of reported guidance to hospitals to hold back consultations and surgeries in 2026 ("freezing care is not reforming the NHS"). Between January and May, hospitals performed 19,000 fewer scheduled surgeries (-5.4%) than a year earlier. In September the OM judged the NHS Reference Framework 2026–28 "far short of the necessary ambition": the family-doctor coverage target was lowered from 98% to 85.4%, and medical recruitment is limited to 1.4% a year. The OM

also called for greater hiring autonomy, since the private sector can hire within a week while NHS recruitment is slow.

Access to specialty training. The national access exam (mid-November) will admit 2,449 candidates to some 2,400 posts. For the first time the Central Administration of the Health System (ACSS) will run the choice of specialty and place through a new digital, algorithm-based platform built from scratch. On 24 September the OM asked for its postponement: it has undergone only spot technical tests, has no pre-tested contingency plan, and lacks traceability and clear communication on batches and deadlines. “Modernising is necessary, but not at the candidates’ expense”: no young doctor may lose a place through a system failure. Medical students, trade unions and a petition with over 4,800 signatures share these concerns.

Preventing violence and promoting the health. Finally, we would like to highlight the role of the Portuguese medical association and other medical organizations in preventing violence and promoting the health and well-being of doctors and staff.

The OM calls for safe-staffing standards in emergency services, attractive and reformed medical careers, funding that matches demand, and transparent, tested and auditable systems in doctors’ access to specialty training.

Portuguese medical unions and the medical board continue demanding effective change in health policies, implementation of structural measures to support the NHS, and better health care delivery, which include improvement of medical careers, working and pay conditions.

Cluj, 2nd October 2026

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