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ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV

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National report from member states of the AEMH

1. **Country:** Slovak Republic

2. **Name of the AEMH National Member:**
Slovenská lekárska komora – Slovak Medical Chamber

3. **Groups of Senior physicians working in hospitals represented by the National Association:**

Number of all physicians registered by Slovak Medical Chamber: 18865

Number of physicians working in hospitals: 8691

Number of physicians working in private medical practice: 6292

Rest involves those working abroad, retirees and other groups.

Number of physicians in each group:

a) Senior specialists: unknown

b) Consultants = chief physicians: unknown

c) Clinical Directors: unknown

d) Hospital Directors: 79

4. **Will there be a special education in management/ leadership for:**

a) Senior specialist? No

b) Chief physicians? Yes – optional

c) Clinical Directors? Yes – optional

d) Hospital Directors? Yes – obligatory

There is possibility to study Master of Public Health organised by Slovenská zdravotnícka univerzita - Slovak Health University, Faculty of Public Health and World Health Organisation in Slovakia. The study lasts 3 years.

5. **Number and size of hospitals:**

a) Private: 17 (out of them: 11 small and 6 medium size)

b) Public: 64 (out of them: 15 small, 34 medium, 9 large and 6 are specialized Psychiatric hospitals)

c) University: 9, but only 3 of them are related to the medical faculties, resting 6 belong to the faculties of nursing.

(Source: Institute of Health Information and Statistics – 31.05.2003).

6. **Financing Hospitals:**

- Taxes (county or state): yes – small part

- Health insurance fee: yes – main part

- Patient fee: since June 2003
patient pays symbolic fee around 1,2 EUR per each day spent in a hospital

- Other:

Hospitals in Slovakia are paid mainly via Health insurance system. Everyone has to be insured in one of 5 insurance services. A small part of hospitals financing (including purchases of special equipment, building up of top departments, financing of some especially demanding treatment and preventive medicine programmes) is covered by national budget

7. **Will there be re-distribution of resources for:**

- Special groups of patients? No

- Special regions? No

- Taxation by DRG? No

- Are patients free to choose hospital, and then get it paid? An agreement of patients insurance company is necessary.
- Will a hospital have fixed budget (%) for:
 - a) Diagnosing, treatment and care? No
 - b) Education of doctors and other hospital staff? No
 - c) Research? No

8. National plans for budget for different specialties:

- Surgery and anaesthesiology? No
- Medicine? No
- Psychiatry? No
- Pathology, radiology, clinical chemistry and others? No
- ENT, eye, dermathology? No
- Governmental and Regional plans to allocate resources? No
 - a) To some specialties?
 - b) To acute short-term care?
 - c) To private specialists practitioners?

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law? Never
- Has the accreditation been implemented? No
- How many hospitals in your state have been accredited? 0
- Which institutions performed the accreditation? Such institution does not exist
 - a) One or several national institutions?
 - b) International institutions?

- Will a hospital only receive payment from an insurer/state if accredited? No

The problem of accreditation should be solved by new law dealing with providers of health care which is going to be discussed by Parliament in September 2003.

Risk management:

- Will there be a system for registration of Adverse Events? Only for adverse effects of medicaments. Other adverse events are registered systematically by only a few departments or hospitals.

System for registration of adverse effects of medicaments is based on law (no. 140/1998).

Complaints:

- Will there be a system for registration of complaints? Yes

System for registration of complaint is based on laws (no. 152/1998 and 219/2002) and the Medical Chamber has been involved into it.

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? Yes
- Who pays the CME/CPD? Usually doctors on their own. Hospitals are not obliged to reimburse these expenses. However, some of them do it.

10. Working conditions:

- What are working hours? Without duties 37.5 hours per week (max.40)
 Including duties max. 58 hours per week
 Overtime of max. 400 hrs/year is allowed
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? It will become a problem as soon as Slovakia join European Union
- Are there manpower problems? Not yet. However, they are expectable for at least two reasons: First, due to low salaries many colleagues have decided to work abroad – for instance outflow to Czech Republic has reached as many as 40 physicians per month. Second, after joining European Union we will need to keep up with new rules restricting overtimes which can result in manpower problems.
 - a) Which specialty?
 - b) Which region?
- What is the salary for different groups of senior physicians? The mean salary of the public hospital doctors including the payment for duties was roughly 8000 EUR per year in the year 2002. Overall mean salary in state organisations was less than 4000 EUR per year.
- Is it considered adequate? No.
- Is salary comparable to specialist doctors working outside hospital? It is difficult to compare.

11. Current problems/ Issues for discussion in your country?

The Slovak Government has started reform of the health care system after elections in 2002. Huge number of new legislative rules in the field of health care proposed by Government is going to be discussed and perhaps admitted by Slovak Parliament during this year. The aim is to improve the efficiency of system, increase the quality of provided health care and maintain its high availability. Patient should participate more actively in maintaining of her/his health. Health system should become less centralised and work more effectively. Moreover, commercial insurance services should come in the scene. Slovak Medical Chamber realises the need for reform. Nevertheless, some proposals and decisions of Government and Ministry of Health have been considered controversial by Slovak Medical Chamber.

Sources:

Ministry of Health, Slovak Republic
Institute of Health Information and Statistics
Slovak Medical Chamber