



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
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
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV**

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NATIONAL REPORT SPAIN

1. **Country :** **SPAIN**
2. **Name of the AEMH National Member :** **CONSEJO GENERAL DE COLEGIOS OFICIALES DE MÉDICOS**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group:

- | | |
|--|----------------------------|
| a) Senior Specialists: | 20 000 |
| b) Consultants = chief physicians: | 15 000 |
| c) Clinical Directors = heads of Units : | 10 000 |
| heads of Service: | 5 000 |
| d) Hospital Directors: | Do not provide health care |

Are there groups of senior physicians in your country not represented: No

4. **Will there be a special education in management/ leadership for:**
- | | |
|------------------------|----------------------------|
| a) Senior specialists? | No (voluntary) |
| b) Chief physicians? | No (voluntary) |
| c) Clinical Directors? | No (voluntary) |
| d) Hospital Directors? | Do not provide health care |
5. **Number and size of hospitals:**
- | | |
|----------------|-----|
| a) Private: | 550 |
| b) Public: | 400 |
| c) University: | 30 |
6. **Financing Hospitals:**
- Taxes (county or state): General State Budget
 - Health insurance fee:
 - Patient fee:

- Other:

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

- Special groups of patients? No
- Special regions? No
- Taxation by Diagnosis Related Groups = DRG points The DRG are used to establish each hospital's budget
- Are patients free to choose hospital, and then get it paid? No
- Will a hospital have fixed budget (%) for:
 - a) Diagnosing, treatment and care? Yes
 - b) Education of doctors and other hospital staff? Yes, but not much
 - c) Research? Some, but not much

8. National plans for budget for different specialties:

- Surgery and anaesthesiology?
- Medicine?
- Psychiatry?
- Pathology, radiology, clinical chemistry and others?
- ENT, eye, dermatology?
- Governmental and Regional plans to allocate resources?
 - 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? See final report
- Has the accreditation been implemented?
- How many hospitals in your state have been accredited?

- Which institutions performed the accreditation?
 - a) One or several national institutions?
 - b) International institutions?
- Will a hospital only receive payment from an insurer/state if accredited?

Risk management:

- Will there be a system for registration of Adverse Events? No

Complaint:

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

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? No
- Who pays the CME/CPD? The doctor, the pharmaceutical industry

10. Working conditions:

- What are the working hours? 37.5 h/week
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? It hasn't been applied
- Are there manpower problems? Only in a just a few specialities
Anaesthesia,
Allergy
- a) Which specialty? All of them
- b) Which region?
- What is the salary for different groups of senior physicians? Between 35,000 € and 60,000 €
- Is it considered adequate? No, we think it's mingy
- Is salary comparable to specialist doctors working outside hospital? Yes

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

Complementary Report

In Spain, all Medical Specialists who work at public or private Hospitals have full responsibility over their patients. The study of the patients, their diagnosis and their treatment are in their hands, with the reservations demanded by Ethics and in the Ethical Code.

There are four categories of hospital doctors: Area Medical Specialist (FEA), Assistant Doctor or Specialist, Head of Section and Head of Service.

In reality, with the exception of the first grade (FEA), and only in the first years, almost all hospital specialists are the same age and although they work as a team within each Service, each one assumes the responsibility for his patients.

In Spain there is the figure of Managing Director who is maximum head of the Hospital Management, and who indeed does not have to be a Doctor.

There is also a Medical Director who cannot carry out any clinical or health care activity simultaneously. He only has administrative or management activity.

75% of the hospital beds, for acute and for chronic patients, belong to the public system, which is also their “physical” owner.

The remaining 25% is in private hands on a non-profit or profit-making basis.

Except for half a dozen private hospitals, the vast majority only has between 50 and 100 beds. They seldom reach 200. In general, no high-risk surgery is performed here, transplants, for example.

Most of the big public hospitals enjoy the name “University Hospitals”, although in reality and even the true University Hospitals, one for each Medical Faculty, are directly dependent on the public system and the academic authorities have little intervention in their management and none whatsoever in their budgets.

The Health System is 99% financed in Spain from the General State Budget. The State has drawn up a general covenant with the Autonomous Regions or Communities (CCAA) to transfer health to them, although each CCAA may establish its own budget on health matters, and even the wages of its health care workers.

There are 17 CCAA in Spain so to avoid chaos in the health system and to guarantee a coherent working, Parliament has just approved the “Law on Cohesion and Quality of the National Health System” which all the CCAA are obliged to fulfil. This Law lays down minimum principles that guarantee the free movement of patients and health care staff in the whole of the national territory, free access to the health care services and equality within the entire system. The difficulties we will encounter to guarantee the same services in the entire National Health System will in no way be few and will not be easily resolved.

This Law (approved some two months ago), contemplates the CME/CPD and the Accreditation of Hospitals, Health Centres and Services, but the necessary mechanisms for their working have still not yet been developed.

For some years now there is a hospitals accreditor entity that was implemented by the Avedis Donabedian Foundation, a private, non-profit making organisation, that has reached an agreement with the American Joint Commission to accredit those hospitals who voluntarily apply for such accreditation. About a dozen hospitals have already been accredited.

The Accreditation of the CME/CPD, according to the Law will lie in the hands of the CCAA, although the General Council of Medical Colleges of Spain (OMC) has

achieved the special licence of an Accreditation Commission, for which an accreditor entity, the SEAFORMEC (Spanish Accreditation System of Continuing Medical Training) has been formed, with the participation of Scientific Societies, the OMC and the University.

Two more Laws are now being discussed at Parliament:

- Law on Framework Statute of the Health Services Statutory Personnel
- Law on Regulation of the Health Professions

These two laws will determine the future of the Medical Profession and the OMC has submitted numerous amendments which we hope will be attended by the different Parliamentary Groups, because the initial draft presents numerous gaps which we hope will be corrected in the course of the parliamentary debate.

A Professional Career system is developed in these laws, which is an old-time aspiration of the Spanish hospital doctors, that through the OMC have developed a Professional Career system that has been warmly received by the doctors.

Spain has no system for collecting data on adverse events or risk management, although a couple of private entities are trying to put it into operation, like the Avedis Donabedian Foundation, with the collaboration of the OMC, among others.

Each Health Centre in Spain and each hospital has its Patient Attention Service, where the complaints and claims from the patients or from their families are received.

The working conditions of doctors are the same in Spain as they have been for the past few years, although with the implementation of the three laws we have referred to above, we finally hope these will be reviewed and modernised.

In Spain there are some 20,000 unemployed doctors, although in certain specialities such as Allergy, Anaesthesia or Ophthalmology there is a shortage of specialists.

The wages of Spanish doctors are the lowest in the EU, with the exception of Greece. The figures that are mentioned in this document include on-call duties and other concepts such as “Exclusive Dedication”, that impedes the private practice of Medicine, and in this respect attempts are underway to have it imposed obligatorily on all doctors who work in the public system, in certain CCAA.

In view of such new developments in the laws, we doctors are greatly concerned and the OMC is developing an intense activity to procure that the goal sought in the practice of medicine in Spain is for the best possible quality health care at a reasonable cost, although we are very much afraid that the “economicist” criteria of the different central and/or autonomous authorities may represent a hurdle for the professional practice.

The Spanish health scenario is in a turmoil and at the present moment I cannot predict what events may occur in my country in the next few months.

Many thanks for your attention.

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