



**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
EURÓPSKA ASOCIÁCIA NEMOCNICNÝCH LEKÁROV**

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NATIONAL REPORT FROM PORTUGAL

1. **Country:** **Portugal**
2. **Name of the AEMH National Member:** **Ordem dos Médicos**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group:

a) Senior Specialists:	12002
b) Consultants = chief physicians:	2914
c) Clinical Directors = heads of department or clinic:	318
d) Hospital Directors:	53

Are there groups of senior physicians in your country not represented: _____
4. **Will there be a special education in management/ leadership for:**

a) Senior specialists?	Yes
b) Chief physicians?	Yes
c) Clinical Directors?	Yes
d) Hospital Directors?	Yes
5. **Number and size of hospitals:**

a) Private:	29
b) Public:	111
c) University:	4
6. **Financing Hospitals:**

	Public hospitals
• Taxes (county or state):	90%
• Health insurance fee:	8%
• Patient fee:	1%
• Other:	1%

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

- Special groups of patients? No
- Special regions? Yes
- Taxation by Diagnosis Related Groups = DRG points Yes
- 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? 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, dermatology? No
- Governmental and Regional plans to allocate resources?
 - a) To some specialties? No
 - b) To acute short-term care? No
 - c) To private specialists practitioners? No

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law? _____
- Has the accreditation been implemented? Yes
- How many hospitals in your state have been accredited? 6
- Which institutions performed the accreditation? _____
 - a) One or several national institutions? _____
 - b) International institutions? Yes
- Will a hospital only receive payment from an insurer/state if accredited? No

Risk management:

- Will there be a system for registration of Adverse Events? Yes

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? Doctors

10. Working conditions:

- What are the working hours? 35/42 hours
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? No
- Are there manpower problems? Yes
 - a) Which specialty? Almost all
 - b) Which region? Every region
- What is the salary for different groups of senior physicians? 1400 €/month
- Is it considered adequate? No
- Is salary comparable to specialist doctors working outside hospital? No

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

Following general elections, about one year ago, we now have a new centre-right Government in Portugal.

The main problem for this government continues to be the balance of the budget.

New legislation concerning the prescription and sale of drugs has been in force since the beginning of the year with the objective of increasing the use of generic drugs

A new medical prescription form was created which includes the possibility of the doctor authorising the pharmacist to substitute the medication. The Ordem dos Médicos (Portuguese Medical Association) is of the opinion that prescribed medication should not be substituted

Since 13th March 2003 a reference price was established for the reimbursement of drugs that have a generic on the market.

The Government approved a new law that makes important changes to the functioning of health centres. This law has been strongly opposed by the two medical unions, the general practice associations and the Ordem dos Médicos, and resulted in a three-day strike with a very significant participation in February 2003.

The law regarding the private management of hospitals was approved. Thus, 34 hospitals of medium size are now under private management, although remaining public and maintaining an identical relationship with the patients. The only alteration to date was the nomination of 70% of the managers without any experience in the health sector and with huge salaries.

These measures are probably an artificial form of correcting the deficit in public finance.

University hospitals and central hospitals will have their own laws.

The new law for hospital management is mainly characterised by the attribution of greater power to the heads of service (managerial and disciplinary power over all the staff, irrespective of their professional sector) and allowing doctors' civil service contracts to be changed to individual contracts of employment. It also establishes the possibility of productivity incentives and the subcontracting of services or departments by groups of doctors or private bodies.

The public hospitals continue to have a recovery programme for surgery waiting lists and it is also beginning in private clinics and the social sector under the same economic conditions. This new programme encompasses practically all of the surgical procedures.

The Manchester Protocol is being introduced for the prioritisation of access to the emergency services of the main hospitals.

The lack of doctors is becoming acute, mainly in some specialties. This situation is particularly critical in the emergency services since, by law, doctors can request exemption from nocturnal emergency duty after the age of 50 and full exemption after the age of 55.

Another critical issue in emergency services is the price of overtime; there are differences of more than 50% in payment per hour for exactly the same work depending on whether the doctor is working in exclusivity.

The Government has restricted the pensions and rises in salary of the civil servants. This alteration strongly penalises those who retire before the age of 60, even with the required years of service and there was no update in salary for the civil servants who earn more than €1000 a month. It should be pointed out that 95% of doctors are civil servants.

The Ordem dos Médicos created a new medical competence in management and approved the scientific curriculum for the postgraduate course in management for doctors. A prestigious university was selected to provide the course at the beginning of March.

The Ordem dos Médicos held its national congress on medicine in Lisbon in February. The general theme was “Doctors and power”.

Several issues of interest to the medical profession were debated, such as “The prescription of drugs and the conditioning factors”; “The power of the doctor-patient relationship and its management”; “Medical procedures - who may condition them”; “The doctor should be the administrator of the health unit”; “The new models of hospital management and medical careers”; “Academic - industry relations”; “Private medicine” and “Is recertification necessary?”

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