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57 PLENARY MEETING OF THE AEMH
Madrid, 23-24 April 2004
Report by the Spanish Delegation

Once again, as in the past two years, we have to start this report by announcing that we will have a new Minister for Health in our country. It seems that Ms. Elena Salgado, a Civil Engineer and Graduate in Economic Sciences, will be covering this ministerial post. She already held offices in the last Socialist government, 8 years ago, in the economic area. She is therefore a manager in principle distant from the health area. May God help us!

Since last year's Plenary Meeting in Copenhagen, various events have taken place in my country that are worthy of comment.

Three Laws have been passed that will mark the future of Spanish health care.

Following the transfers of health matters to the Autonomous Communities (AACC), including financing, the National Health System (NHS) is completely decentralised and its competencies depend exclusively on the autonomous governments, which today number a total of 17. This situation called for a Law on Cohesion and Quality of the National Health System, which will coordinate the action of the AACCs, guaranteeing the quality of services, equity in access to the system and the free movement of patients throughout the national territory. This Law defines the competencies of the AACCs and of the Ministry for Health. It has been accused of being too general and that the competencies of the AACC could convert the NHS into 17 different systems.

The second Law that has been passed, is the Law on Framework Statute of statutory personnel of the health services. We Spanish doctors have objected to this Law for various reasons:

- We are asking for a specific Framework Statute for the professional personnel, given the special features of the medical practice.
- We do not accept the compulsory mobility of medical personnel.
- We demand a Selection System of the medical personnel with homogeneous Evaluation Systems, and periodic and simultaneous calls at the 17 Health Services.
- The regulation of working hours established in this Law is perverse and is a biased interpretation of sentence of the European Court of Justice, extending the working hours to 48 hours per week working on a six-month basis, which will open a period of constant claims at the European courts.
- There is no fair regulation on continuing health care (ward duties), endangering the quality of the health care provision.
- No fair and updated remunerative system is considered that would allow the physician to dedicate himself to his profession without other conditioning factors and would guarantee the permanent updating of his skills in benefit of the Society that he serves.
- The regulation on rights to leaves is abusive and unacceptable.

The third Law passed by Parliament, the Law on Organisation of the Health Professions, is, generally speaking, a good Law. It organises all the health professions, defining the role of the Professional Orders, establishing the concept of the Professional Career and organising Post Graduate Medical Education, Continuing Education and Professional Development, etc. etc. But it has a serious shortcoming: We cannot consent to the doctors' merits being evaluated by the Centre, because this detracts from the Professional Career concept. To perform a fair evaluation of health care, teaching and research merits, it should be conducted by a Technical National Assessment Commission in each speciality to guarantee the homogeneity and independence of process and assure the free movement of doctors throughout the State, respecting the principle of "specialist evaluates specialist", based solely on professional criteria. In a decentralised system like the Spanish one, this avoids endogamy and guarantees equality of all Spanish doctors within the NHS.

Some 40% of the appointments of Spanish doctors were not firm positions and this precarious state of their employment was causing serious upsets in the system. The Spanish Medical Organisation has managed to unite the criteria of all the affected doctors and has obtained a Public Employment Offer (PEO) that will find a solution to this problem. With more problems than were initially foreseen, this PEO is progressing, guaranteeing the occupational stability of these doctors.

The Spanish Accreditation System of Continuing Medical Education (SEAFORMEC), implemented by the Spanish Medical Organisation, integrating the Hospital Doctors Section, is now operating. We have procured the integration of the Scientific Societies, the Conference of Deans of Medical Faculties and the National Council of Medical Specialities in this System. The Spanish Medical Organisation has signed a collaboration agreement with the American AMA and another on Reciprocal Recognition of Accreditation with the UEMS.

The Spanish Medical Organisation has purchased a building in front of the Spanish Parliament, right in the heart of Madrid, where the Organisation's new headquarters will be located. This is a building that is equipped with the new information and communication technologies. Unfortunately it will not be ready by the time the Symposium on risks Management is held, as we had initially foreseen.

The Health Care Programme for Sick Doctors, which I had the opportunity of presenting to you at the last Plenary Meeting, that was started in Barcelona, is now being extended to the rest of the country, with the financial collaboration of the Autonomous Communities.