



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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  
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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## NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** **CROATIA**
2. **Name of the AEMH National Member :** **Croatian Medical Chamber**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group:

- |   |      |
|---|------|
| a) Senior Specialists:                                  | 5769 |
| b) Consultants = chief physicians:                      |      |
| c) Clinical Directors = heads of department or clinic : |      |
| d) Hospital Directors:                                  |      |

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?	no
b) Chief physicians?	no
c) Clinical Directors?	voluntary
d) Hospital Directors?	voluntary
5. **Number and size of hospitals:**

a) Private:	2
b) Public:	65
c) University:	7
6. **Financing Hospitals:**
  - Taxes (county or state):
  - Health insurance fee: 95 %
  - Patient fee: 5 %
  - Other:

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

- Special groups of patients? yes
- Special regions? no
- Taxation by Diagnosis Related Groups = DRG points yes
- Are patients free to choose hospital, and then get it paid? yes
- Will a hospital have fixed budget (%) for:
  - a) Diagnosing, treatment and care? 40 %
  - b) Education of doctors and other hospital staff? not defined
  - c) Research? grants
  - d) Salaries 60 %

**8. National plans for budget for different specialities:**

- 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? no
  - a) To some specialities?
  - b) To acute short-term care?
  - c) To private specialists practitioners?

## 9. Quality improvement:

### Hospitals:

- When was accreditation decided by government/law? 2000.
- Has the accreditation been implemented? no
- How many hospitals in your state have been accredited? 2 private
- Which institutions performed the accreditation?
  - a) One or several national institutions?
  - b) International institutions? ISO
- 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? yes
- Who pays the CME/CPD? hospital, doctor, pharma industry

## 10. Working conditions:

- What are the working hours? 40/week  
wards – no limit  
non EU country
- Does the result of the European Court of Justice decision on working hour lead to manpower problems?
- Are there manpower problems?
  - a) Which speciality? surgical,  
intensive care
  - b) Which region? rural
- What is the salary for different groups of senior physicians? EURO 1500 net
- Is it considered adequate? no

- Is salary comparable to specialist doctors working outside hospital? no

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

As a non-EU country delegation we are very carefully observing what problems other delegations are facing and from our point of view there are few areas of possible major difficulties in years to come.

Croatia has a new government since November 2003. The working obligation for hospital doctors was abrogated in January 2004, and the doctors-strike ended. The newly elected Minister of Health promised to continue the negotiations with the Doctors trade union. Possible negotiation's results are still kept hidden from the profession. The above mentioned doctors-strike was only a visible consequence resulting from deeper problems.

1. EU working-time directive

The average age of a specialist working in Croatian hospital is 53 years. For decades less specialist than needed were trained. Long lasting and laborious education, unemployed young doctors and low salaries have made medicine less and less attractive for young students. In last years our Schools of Medicine report declining interest for studying. For example, in 1980-es five colleagues have applied for one free student-post.

Possible Croatian EU membership in next 3-5 years could bring us marked troubles regarding working power in our hospitals.

2. Funding of hospitals

All Croatian hospitals are at this moment owned by the state. Croatian Health Insurance Fund (part of the state's treasury) offers every hospital a one-year contract and assigns every month the agreed amount of money (monthly budget). The Croatian Health Insurance Fund holds a monopolist position. Other

commercial/private insurance companies can offer their customers only additional and private health insurance programs.

According to the law the hospital director has to pay all the salaries (est. 60 % of the budget) regardless of the financial results. On the other hand, drugs and energy suppliers wait 120-150 days for hospitals to pay their obligations. In the last days hospitals budgets were raised generally by 11 %.

The new health legislation adopted in July 2003 allows for the first time the possibility that a public hospital (or a part of it) could be sold to private entrepreneurs. Time will show whether some debt-producing departments will be closed.

### 3. The future of medical organisations in Croatia

The Croatian medical community consists of 15000 physicians and dentists, organised in three major organisations: The Croatian Medical Association, The Croatian Medical Chamber and The Croatian Doctors Trade Union. Only the president of the Chamber is employed by his organisation, all other doctors involved are volunteers. In such a situation, where most of the members practice medicine and take active part in “medical politics” in their free time, it is very unlikely for doctors to be a strong and significant interlocutor to the health authorities.

The cost of membership-fees is a burden to all the members who are often disappointed and not satisfied with their representatives, considering their “inactivity” responsible for all the frustrations of the profession. Limited resources inevitably lead to the conflict of interests between doctor’s organisations and they often give different messages when negotiating with the politicians.

Every organisation has it’s own secretariat what triplicates our activities, diminishes our scarce resources and weakens the strength of our voice.

It would be of greatest importance in the future to reach a single, unique organisation which will adequately represent all the doctors, and which will raise our political authority.