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Report by the Spanish Delegation

Since the last meeting held in Athens about a year ago, few things, but all of them bad ones, have happened in my country.

The deterioration in the labour conditions of Spanish hospital doctors continues its slow, inexorable course.

The particular political-administrative division of Spain into 17 Autonomous Regions (CCAA) is making the differences between Spanish doctors become more marked each day. There are differences in wages, in labour conditions, in retirement age, etc. etc. etc.

In accordance with the Framework Statute Law, retirement age is fixed at 65 years, with the possibility of prolonging it until 70, depending on the criterion of each CCAA.

In Catalonia and Andalusia, the criterion of automatically retiring at the age of 65 has been applied. This has led to an immediate shortage of specialists, arousing acute concern, to the extent that specialists are now desperately being looked for in countries such as Rumania or Bulgaria

Not even the Law on Cohesion of the National Health System, or the Framework Statute Law, or the Law on Organisation of the Health Professions, that have been in force for less than two years now, has been able to fix minimum common bases for the whole State. Since full competences with regard to health matters have been transferred to each CCAA from the Central Government, each CCAA legislates without taking the others into account, so that Confusion is the word that defines the SNS. The body in charge of coordinating the NHS, dependent on the Ministry of Health, is the Inter-Territorial Health Commission. Both the Ministry of Health and this Commission have proved to be completely inoperative. The latest example of such folly has been the implementation of the Occupational Career (CP) of health professionals at the CCAA.

The Doctor's Occupational Career has been a longstanding claim by Spanish hospital doctors set out in papers of the Spanish Medical Organisation (OMC) such as the "Alternative Reform in Public Hospital Medicine" published in 1983, "The Hospital Situation today, June 1987", "The Hospital Situation, December 1990".

Until then, no collective, and even less the Administration, had considered an "occupational career" for doctors.

In 1990, the OMC published the Paper "The Doctor's Occupational Career. Work Paper", after more than one year of studies, with the participation of hospital doctors, primary care doctors, health care specialists outside the hospital area, presidents of medical associations and certain leading health authorities from the medical world. In this paper, the CP (**Occupational Career**) was applied to all doctors in the country, regardless of where they practice.

The immediate outcome of the Occupational Career was *the motivation and incentives given to health professionals*, translated as a sound competition between professionals, social recognition of the task undertaken and an award to their professional, health care, scientific and teaching merits.

Direct consequences, arising from that motivation and incentives were: Obtain *more competent professionals, better quality health care, increased patient satisfaction and progressive improvement in the system as a whole.*

This was not a bad idea because the basis for progressing in the CP was ***Continuing Training.***

It would also allow doctors to progress, even though without hierarchical responsibilities, firstly from a professional outlook before their colleagues and before society and secondly, from the viewpoint of their remuneration, their salary.

As time has gone by, the Occupational Career has become a hydra with 17 heads, each one different to the others. The diversity between the different models of CP is so great that it will be impossible to standardise the different models and their recognition in one CCAA by others, curtailing the free movement of doctors throughout the national territory.

And if this were not enough, the CCAA are converting the CP into an alibi to precariously raise the meagre wages of doctors who are unfortunately receptive to these wage increases in view of their miserly salaries.

It looked clear that the dynamic that had been followed until now had to be broken, and that the Ministry for Health, the Inter-Territorial Commission, or both, should comply with the obligation they had been commended in the Law on Quality and Cohesion of the National Health System, the Framework Statute Law and the Law on Organisation of the Health Professions, establishing a series of ***basic principles*** of mandatory compliance by all the CCAA in the implementation of their CP models, but this is what has happened, at least until now.

In the face of such folly and lack of control, it seems that the hunting season has now opened and the Professional Nursing Association has taken advantage of this to ask that nursing be entitled to prescribe drugs, as a logical consequence of their aspiration to convert the Nursing Career that is at the moment “medium grade” into a “superior grade career”.

The OMC is of course against the possibility of allowing Spanish nursing to be able to prescribe drugs, understanding that prescriptions are the exclusive competence of doctors, who are the only health professionals qualified to diagnose and consequently to treat patients.

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