



**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 ZDRAVNIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΪΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 11-054
Title:	National Report Spain
Author :	AEMH European Liaison Office
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	16 May 2011

REPORT BY THE SPANISH DELEGATION 64th PLENARY MEETING OF THE AEMH

Montreux 27th and 28th May 2011

Dr. Font Celaya, Javier.

INTRODUCTION

The situation of Spanish hospitals in the past year when there was a reshuffle at the Ministry of Health in October, has undergone various modifications, owing to changes that were introduced in the law in this period of time, and the depletion in the present health model and the economic crisis.

Before reviewing these issues I would like to call to mind that these dates will mark the 25th anniversary of the General Health Act in our Country, which represented the final issue to lay the foundations in Spain of one of the best and most efficient health systems in the world; a core tool to reach health indicators over and above the European average whilst maintaining social cohesion in Spain, because no citizen is without protection in health matters, and receives guaranteed access to a modern and quality public health.

We would like to remember its creator, Ernest Lluch, sadly deceased, whose efforts led to the publication of a Law on which the universal National Health System has been founded, guaranteeing its public financing and opening the doors to the free choice of doctors.

Another relevant fact in this past year has likewise been the Prince of Asturias Award for International Cooperation that was granted to the National Transplants Organisation (ONT). In its two decades of life, the ONT, which forms part of the Ministry of Health, has led Spain to become world leader in donation and transplant of organs. The EU has adopted this model in a community directive inspired on the so-called 'Spanish model'.

We should highlight the spirit of altruism impregnating this Organisation, and value its contribution in the fight against the international trade in human organs, a rising trend and drama which is affecting a growing and disturbing number of people, particularly children in the more impoverished countries.

1.- LEGISLATION

From all the Legislation that has been published on health matters since the Lisbon Meeting, I would briefly like to refer to the following:

Firstly, mention Royal Decree 459/2010, published on the 3rd May, regulating the conditions for recognition of foreign specialist qualifications in Health Sciences for professional purposes, obtained in non-member States of the European Union. The

Evaluation Committee has now started to issue the pertinent reports for recognition, if suitable, of these foreign medical specialist titles.

The trunk project for the training of In-house Resident Doctors (MIR) was published last January with the aim of grouping together related specialities to enable them to receive a common initial training period. This new outlook on teaching fundamentally implies a cultural change which tackles health problems integrally with a multi-disciplinary and multi-professional orientation required by the present state of the science. This project however is essentially maintaining the MIR system which has produced such good results in these last 30 years, but has triggered certain tension between the Ministry of Health and some national commissions of the affected specialities.

The Minister of Health, Social Policy and Equality has furthermore announced that a bill will be drawn up before the end of the year, in the form of a royal decree to enable four new medical specialities to be formed: Infectious Diseases, Genetics, Child-Youth Psychiatry, Urgencies and Emergencies.

Last December saw the publication of a new law on medical prescriptions and dispensing instructions, envisaging and authorising nurses to take part in the use, instruction and authorisation of the dispensing of certain drugs and health devices. It is observed in this new regulation that nurses are required to have credentials from the Ministry of Health as prescriber in the manner set out in the drug act, and also that protocols and guides to clinical practice and health care must be prepared and validated, however this regulation has not yet been approved by the Inter-territorial Council.

Lastly recall that at the beginning of the year the so-called "law on tobacco" came into force, which extends the smoking prohibition to closed and collective public spaces, regulating the sale, supply, consumption and advertising of tobacco products. Our Organisation, the OMC, has actively supported the extension in this Law, as means to protect the health of non-smokers, now forming part of a total of 14 European nations, which represents an overall figure of 270 million people who are now protected from the indoor air pollution of cigarette smoke.

2.- THE HEALTH MODEL

It seems that the present health model has come to its end. Coinciding with or taking advantage of the economic crisis that affects us, new management and organisation formulae are being considered in answer to the problems that our hospitals are suffering, to give way to a new sustainable and long-lasting cycle.

Although there appears to be unanimous agreement that the idea of future hospitals must have freedom of management, with their own accounting and budget, with balance sheet and profit and loss account, such a formula will be difficult to apply at our hospitals considering that health care is a public institution, the insufficient culture of the medical manager and the hospitals' labour structure. We can find some examples with higher hospital self-management level, the so-called Foundations and Administrative Concessions, which as yet have not proved to be the ideal solution.

In the human resources policy, the register of professionals is a topic still pending at the Ministry of Health, which is going to propose that an Observatory be formed to monitor the different human resources policies of the National Health System (SNS), although the trade unions and other social agents consider it a priority issue to complete the register of professionals and to update the survey on needs for medical specialists before any Human Resources Observatory is formed.

In this respect the Report by the Review Committee on human resources needs in the National Health System, formed within the Health Commission, and published in the Official Gazette of the Spanish Parliament in June 2010 recommended the urgent creation of the "National Register of Health Professionals" system and that it be kept updated turning it into a basic information tool for the planning of human resources in our National Health System.

The need to foster public-private collaboration in health organisations is reflected in the Agreements completed with certain enterprises and private Hospitals to execute a number of surgical processes and diagnosis assays, in addition to the concession to outside enterprises to operate a number of non-welfare services. With such a situation hospital management can be strictly focused on health care issues.

Some newly created hospitals will therefore be managed by the "health concession" or PFI (private financing initiative) model, although the final payment of the health services will be taken out of the State Budgets.

The organisation of Spanish hospitals, the majority deployed around the service or speciality, is clearly evolving towards the *health care process* with a multidisciplinary outlook essential in modern-day medicine. The protocols and *clinical lines* are the management tools most accepted and used today among hospital doctors as first approach to clinical management.

3. ECONOMIC CRISIS

It is no coincidence that recently all professionals and experts in different health service areas are directing their ideas, experiences and solutions to problems of sustainability of the system.

It is precisely the economic crisis and the consequences this is having on the revenue of the public administrations, together with the ageing in the population and chronic illnesses that is plunging our hospitals in a complicated situation, where we should be capable of overcoming a number of challenges aimed at the sustainability of the system.

Possibly public opinion is not aware of the critical crossroads at which health is found in Spain, and certainly not the actual health professionals.

Public health is facing the challenge to assume the cut-backs in budgets without impairment in quality, when it is furthermore amassing a debt in the order of 15,000 million euros, which represents a 25% of the annual health budget. Various strategies have been adopted to maintain the sustainability of the health system, especially as regards reducing

the pharmaceutical expense, lowering the price of generic drugs and proposing a new top financing price.

The Ministry of Health has undergone a "transformation" of its organisation model to meet one of the "challenges" to save this public service from the present economic crisis nurturing the care of chronically ill people in a Transversal Strategic Action to Tackle Chronic Illness in the National Health System where primary care plays a leading role.

A change in organisation culture and its transformation towards a better prepared model to provide and manage chronic illness is needed if we want the Health System to continue to satisfactorily fulfil its social function.

The debate on health Co-payment has been object of discussion and is an issue that has been present at numerous forums in recent months. Today such a possibility has been put on the ice, possibly because of the political cost it would mean for the person who defends such an action, in view of the coming elections. In all the reports that have been consulted, the reply to the introduction of this system is not similar in the different countries in the European area. In Spain there is no evidence that if this system is implemented it would reduce the frequency of consultations, or that in the long term it would help reduce on the health expense.

The economic cut-backs announced in the health budget in the Autonomous Region of Catalonia have met with such a social reaction, in addition to unease among professionals, that for the time being its application has been put in abeyance, highlighting the fact that the Medical Associations have urged that the cut-backs should not once again fall on the health professionals and the guarantee to maintain the quality of health care.

Lastly, I would like to refer to the international summit of nurses and doctors held in Madrid last April to defend a common cause: the patient's safety. This summit revealed the need for a universal association, recalling that the most important function of the Medical Associations is to establish the required control and self-regulation mechanisms and develop the professional practice demanding a moral health standard over and above the actual law.

The people whom we attend to each day at our hospitals expect attitudes, behaviour standards and forms of action from us that cannot be safeguarded or attributed to any other entity, association or institution except the Medical Associations.