



**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
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ASOCIATIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

**NATIONAL REPORT OF GREECE TO THE AEMH PLENARY MEETING
PANHELLENIC MEDICAL ASSOCIATION**

LISBON, 8 - 9/6/2018

NATIONAL REPORT

PUBLIC HEALTHCARE SECTOR

Despite the increase in the public expenditure on health from 4.8% of GDP in 2014 to 5.1% in 2017, it is still much lower compared to the actual needs of the Public Healthcare System; the aforementioned rate should increase to 7.2%, at least, which is the European average.

The situation at the NHS hospitals seems to be more satisfactory; however it remains volatile in many hospitals of the country, as well as in many specialties.

In spite of the announcement of 3,000 permanent job vacancies for doctors in the past two years, we are still dealing with shortages with another 6,000 vacancies to fill at hospitals and medical centres. Currently, 2,400 doctors are working at the hospitals with flexible working conditions. However, doctors' appointment can delay up to 6 months due to bureaucratic difficulties.

Because of the aforementioned, the on call duties at the hospitals are still fraught with difficulties whilst in many cases, the medical workforce fails to cover the staff shortages at hospitals and laboratories. The lack of well-organised emergency departments in the majority of the country's hospitals is the reason for not being able to cope with the emergencies in a satisfactory way. As a result, doctors' exhaustion could increase the possibility of medical malpractice. We hope that the announcement of 520 vacancies for the new emergency departments at the hospitals, as well as the creation of the subspecialty of Emergency medicine will possibly change the landscape for emergencies and on call duties. At the same time, there is an immediate need to create rehabilitation and trauma centres.

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

Doctors' brain drain remains a major issue and we should immediately create employment and educational incentives to prevent physicians' migration and give them the opportunity to come back home.

The educational issues of doctors in matters of training and continuing medical education remain a serious concern for the Central Board of Health (KESY) and the Institute of Scientific Research of the Panhellenic Medical Association. The reason is to reform today's educational system which suffers in matters of efficiency and adequacy.

A debate between the Ministry of Health and the Federation of Greek Hospital Doctors with the intention to create an updated collective agreement for physicians, consists an opportunity to discuss serious issues and to agree on an intervention programme to be implemented within three years. The Panhellenic Medical Association supports this effort.

We underline all the range of issues that concern hospital doctors. The key elements are:

- **Payrolls:** We demand for the salaries and pensions to return to the levels they were in 2009, before the imposed cuts because of the memorandum.
- **Permanent contracts, working hours during the day** and a rest day following on – call duties.
- **Filling all vacancies in the public sector.** The only acceptable employment relationship would be a full and exclusive employment, while flexible employment terms should be abolished.
- **Inclusion of the hospital doctors' jobs to the hazardous and difficult occupations (hazardous job regime).**
- **Education.** Doctors' specialisation should be the state's responsibility solely. Free education, post-graduate training and participation in medical congresses should be financed by the state. Medical training should be independent from the financing of pharmaceutical companies.

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

- **Providing strong incentives** (financial and institutional) to staff the public healthcare units in islands and mountain areas with doctors with permanent employment contracts.
- **Effective** health and security **protective measures** in the workplace.

Konstantinos Livadas
PhMA delegate to the AEMH

PRIVATE HEALTHCARE SECTOR

The 2018 budget, like the previous ones, sets very low expenditure on health. (still very much below the threshold of 6% GDP safety limit, when the European average is 7%.)

Following dismissals of a significant number of doctors working in the largest social security institution, when merging of the insurance funds took place and after the adoption of the latest Law on Primary Healthcare, the number of doctors contracted remains insufficient (covering approximately 1/3 of the needs in healthcare provision). This results to distress and financial burden for the patients.

The budget for medical tests has been continuously cut down, (302 million € instead 570 million € provisioned by OECD estimates), while patient financial contributions, both in medicines and diagnostics are increasing significantly; from 10% in 2008 reached 28% in 2015 and it is constantly increasing. The OTC (over the counter medicines - not compensated by the National Organisation for Healthcare Provision) have increased significantly from 800 to 1300 medicines and patients lead themselves to self-medication. Clawback and rebate reduce the income of the contracted doctor unaffordably, causing closures to small and medium-sized laboratories and disrupt the trust relationship between physician and patient.

Undercosting in diagnostics, hematological, biochemical and in imaging tests, speed up the closure of those medical laboratories which have managed to operate until these days, despite the adverse conditions.

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

40% of primary healthcare units of the single insurance agency organisation in the country have been closed down and the remaining function under capacity, either due to understaffing or to lack of disposable materials.

Laboratory tests are conducted with 15% of patient financial contribution. It is estimated that less than 5% of referrals performed at the Laboratories that are registered with Social Security Funds.

Hospitalisation in private hospitals is a solution for patients that are able to afford it. 30% of hospital admissions in Greece (i.e. 600.000) are in private hospitals.

In 2017 there were still delays in state compensations to private hospitals, and consequently private hospitals delay in paying salaries to their employed doctors, who are required to pay income tax not yet received, which leads them to financial suffocation.

This situation leads junior scientist and senior, as well, to emigrate abroad.

Due to the financial crisis and the reduction of active insured, as pensioners' increase, scientific personnel emigrating abroad and increasing unemployment, it was considered necessary to review the social security law, in order to have a viable social security system. Unfortunately, after the passing of the latest Law on Social Security and taxes, self-employed physicians have to pay 27% of their net income for social security contributions (mandatory), plus the taxation which varies from 22% to 45% of their income.

In conclusion, we can say that the private healthcare sector, both in primary and secondary healthcare, is in a critical situation in terms of survival.

Konstantinos Koumakis

Charalambos Koulas

PhMA Delegates to the AEMH

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