



**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 BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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Slovak National Report 2023

I. Political background

In December 2022, the government of Prime Minister Eduard Heger fell in Slovakia, and President Zuzana Čaputová also temporarily entrusted her with the performance of her duties until the appointment of a new government after the early parliamentary elections planned for September 2023. On March 1, 2023, the Minister of Health Vladimír Lengvarský resigned. They temporarily appointed Prime Minister Eduard Heger and the Minister of Finance to be the Minister of Health. Political turbulence and uncertainty put an imprint also to the health sector.

Over the past 30 years, Slovakia has had 20 ministers of health. So far, no one has fundamentally solved the problems of the Slovak healthcare system, stopped the outflow of employees abroad, or compensated for the natural decline in doctors. Health care contributes only about 15-20% to the population's health, so it must be on more than just the shoulders of health professionals. The state should verbally declare healthcare as its priority and act accordingly. It must provide its citizens-patients with adequate prevention, access to health care and medical personnel conditions for the performance of their profession and fair evaluation of their work.

II. Current situation in the hospital sector

The recovery and resilience plan in healthcare has three main components:

1. modern and affordable health care,
2. humane, modern and affordable mental health care,
3. affordable and high-quality long-term care.

The plan envisages an increase in the number of beds in hospitals by 2,400, and follow-up, rehabilitation and long-term care are necessary to strengthen significantly. Financial resources will come to 1.2 billion Euros; money will come for eight smaller hospitals and two university hospitals: in Martin and the capital Bratislava. However, the construction of a hospital in Bratislava is at risk due to significant delays in all processes.

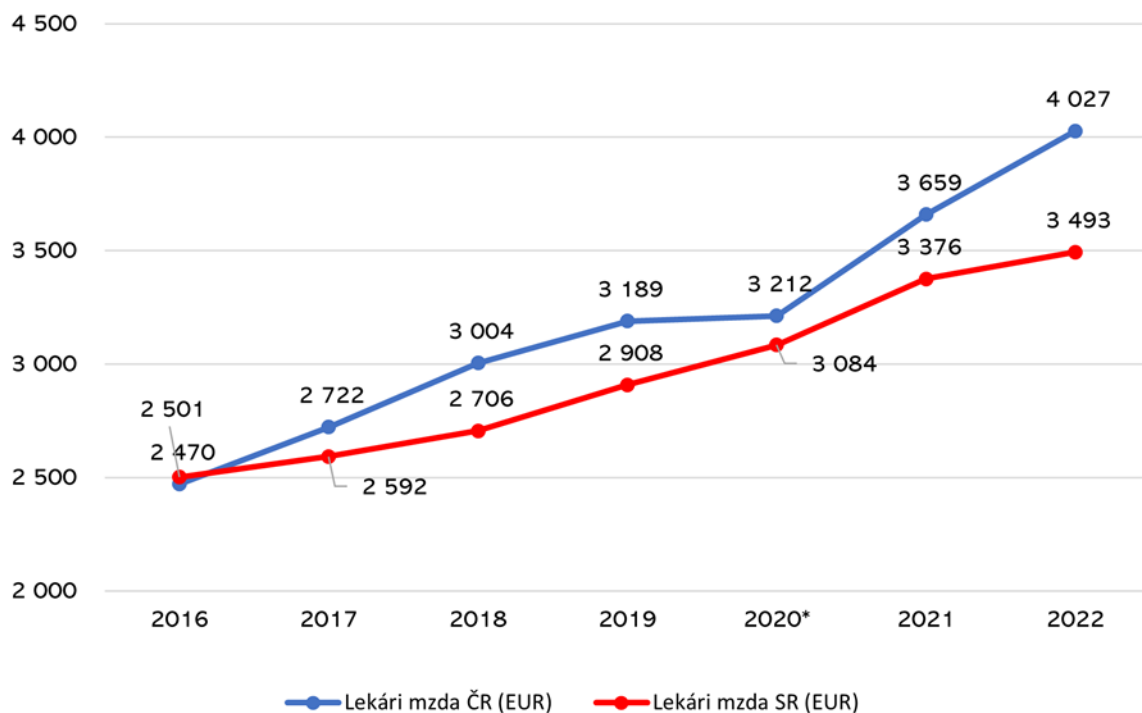
They opened a new-generation hospital in Bratislava - Bory as the first terminal hospital of the largest operator of a private network of 17 regional hospitals with a planned annual number of hospitalisations of 35,000 and 350,000 outpatient examinations. The hospital is gradually starting operations and hiring new employees from Slovakia and abroad; the final number should be 1500 (of which 322 doctors, 440 nurses, 470 other health workers and 270 administrative and operational employees). However, another departure of doctors and nurses from hospitals, especially in Bratislava, is expected, further exacerbating the shortage of health workers.

Revolt of hospital doctors, the second since 2011. The long-term failure to solve problems in the Slovak healthcare system escalated after the corona crisis receded into an open clash between the medical unions and the Government of the Slovak Republic. The medical trade union, representing hospital doctors, presented its eight demands to the government. It declared its determination to fight for them until the definitive departure of doctors from hospitals. They demanded that medical facilities cover all actual costs related to adequately provided health care, increase the number of doctors, nurses, and midwives, and increase the salaries of doctors, nurses and midwives to ensure the competitiveness of the Slovak Republic and quality health care for the patient, ensuring the development medical faculties so that they can produce more quality Slovak doctors, reforming the

education of young doctors. Furthermore, Slovakia must maintain its competitiveness in recruiting doctors and nurses. Therefore, they demanded that a non-certified doctor be granted a fundamental salary component of 1.7 times the average salary in the national economy and a certified doctor in the amount of 2.8 times, taking into account actively performed specialisations, certified activities and length of practice.

Attempts to contact the Minister of Health, the Prime Minister and the Minister of Finance were not successful, so 2,100 hospital doctors submitted their notices of employment as of October 1, 2022, and these were mainly required fields such as anaesthesiology and emergency medicine, surgery, obstetrics, paediatrics and internal medicine. There was a threat that from December 1, 2022, especially the largest hospitals would begin to collapse. The response of the Slovak government was to ignore and question the coherence of the medical condition and unfeasible proposals. The law on increasing the tariff salaries of 25 professionals in the health sector was quickly approved. For doctors, it was a partial salary increase for non-certified doctors only by 169 euros gross plus 12 euros gross for each year of experience up to a maximum of 20 years of experience. The law did not solve the situation, it did not prevent the outflow of young and older experienced doctors abroad, it did not meet the requirement to become competitive, at least with neighbouring countries such as the Czech Republic, Hungary, or Poland, and it did not respect basic economic laws and the market price of work.

The graph shows the development of wages in Slovakia compared to the Czech Republic: Average gross salaries of doctors in hospitals, including bonuses and overtime 2016-2022



Source: UZIS, NCZI; 2020 was cleared of covid surcharges for the Czech Republic (but they remained in 2021; that's why there is such a jump). Therefore, 2022 is a prediction based on currently available data and an estimate of the exchange rate difference between CZK and EUR. Note: I write about the number of overtime below; I am aware of their impact and that this comparison is skewed.

The government came up with another attempt to avert the collapse. It offered the so-called one-time stabilisation allowance of 5,000 euros to those health workers who undertake not to leave the system for three years. Although the stabilisation allowance did not apply to doctors, more than 50% of medical professionals accepted it. Subsequently, hundreds of other doctors refused to work overtime beyond the scope of the law from January 2023, which is otherwise a common practice due to the lack of doctors. At the last possible date, the After Memorandum 2022 at the end of December 2022, the doctors withdrew their resignations, salaries were adjusted, the government immediately reflected part of the demands in the legislation without a proper interdepartmental comment procedure, and the whole process stopped there. As a result, starting January 1, 2023, a non-certified doctor will earn at least 1.5 times the average wage in the national economy two years ago and receive a 1.5 per cent raise for each year of experience. For a certified doctor, it will be a coefficient of 2.5 times the average salary, and for each year of experience, he will improve by 2.5 per cent up to 30 years of experience. At the same time, the government agreed with the doctors that from January 1, 2025, the practice coefficient for certified doctors would increase from 0.025 to 0.03, i.e., to the required three per cent, as initially requested by the doctors.

Salary Ratios of hospital doctors in Slovakia: In the table, the recalculation of basic wages in 2025 is calculated based on the estimate of average wage growth in 2023.

	Koeficient 2022	Základná mzda 2022	Koeficient 2023 (návrh)	Základná mzda 2023 (návrh)	Základná mzda 2024 (návrh)	Základná mzda 2025 (návrh)*
Lekár špecialista - 3 odprac. roky	2,30	2 605,90 €	2,56	3100,16 €	3328,00 €	3665,92 €
Lekár špecialista - 4 odprac. roky	2,30	2 605,90 €	2,58	3124,38 €	3354,00 €	3694,56 €
Lekár špecialista - 5 odprac. rokov	2,30	2 605,90 €	2,60	3148,60 €	3380,00 €	3723,20 €
Lekár špecialista - 6 odprac. rokov	2,30	2 605,90 €	2,62	3172,82 €	3406,00 €	3751,84 €
Lekár špecialista - 7 odprac. rokov	2,30	2 605,90 €	2,64	3197,04 €	3432,00 €	3780,48 €
Lekár špecialista - 8 odprac. rokov	2,30	2 605,90 €	2,66	3221,26 €	3458,00 €	3809,12 €
Lekár špecialista - 9 odprac. rokov	2,30	2 605,90 €	2,68	3245,48 €	3484,00 €	3837,76 €
Lekár špecialista - 10 odprac. rokov	2,30	2 605,90 €	2,70	3269,70 €	3510,00 €	3866,40 €
Lekár špecialista - 11 odprac. rokov	2,30	2 605,90 €	2,72	3293,92 €	3536,00 €	3895,04 €
Lekár špecialista - 12 odprac. rokov	2,30	2 605,90 €	2,74	3318,14 €	3562,00 €	3923,68 €
Lekár špecialista - 13 odprac. rokov	2,30	2 605,90 €	2,76	3342,36 €	3588,00 €	3952,32 €
Lekár špecialista - 14 odprac. rokov	2,30	2 605,90 €	2,78	3366,58 €	3614,00 €	3980,96 €
Lekár špecialista - 15 odprac. rokov	2,30	2 605,90 €	2,80	3390,80 €	3640,00 €	4009,60 €
Lekár špecialista - 16 odprac. rokov	2,30	2 605,90 €	2,82	3415,02 €	3666,00 €	4038,24 €
Lekár špecialista - 17 odprac. rokov	2,30	2 605,90 €	2,84	3439,24 €	3692,00 €	4066,88 €
Lekár špecialista - 18 odprac. rokov	2,30	2 605,90 €	2,86	3463,46 €	3718,00 €	4095,52 €
Lekár špecialista - 19 odprac. rokov	2,30	2 605,90 €	2,88	3487,68 €	3744,00 €	4124,16 €
Lekár špecialista - 20 a viac odprac. rokov	2,30	2 605,90 €	2,90	3511,90 €	3770,00 €	4152,80 €

Source: <https://spravy.pravda.sk/domace/clanok/647504-matovic-pustil-kasu-ake-platy-po-novom-ponuka-lekarom-stat-tabulka/>

The Slovak Medical Chamber (SLK), a state organisation representing all doctors, tried to enter the negotiations between the government and the trade unions as a mediator to ensure systemic steps to improve the health sector whole. But unfortunately, this effort was not accepted by the medical profession.

A controversial novelty was the draft amendment to the Criminal Code, proposed by the Medical Trade Union Association, which introduced a new criminal offence of endangering the provision of health care for hospital directors, if they do not provide a sufficient number of doctors, nurses or midwives, with a penalty of 3 to 15 years. Even though the Ministry of Justice disagreed with the proposal, the legislative process stopped.

The Slovak Medical Chamber considered the amendment to the Criminal Code a non-systemic and miserable step and has drawn attention to the lack of medical professionals for years. Nevertheless, systemic changes are necessary, which should go hand in hand with the reform of the entire healthcare system. First of all, the state must sufficiently finance the healthcare sector. Sufficient funding would mean improved conditions not only for patients in the form of better-equipped and accessible hospitals and clinics but also for doctors and nurses who will not have a reason to go abroad for work.

III. The situation in the ambulatory sector

The overall situation in ambulances continues to deteriorate. The war in Ukraine, inflation, the energy crisis, and insufficient funding mean that dispensaries need more funds to cover all their operating costs. Most outpatient doctors are of retirement age, many are retiring, and there is no replacement for them. The ambulatory sector is on the periphery of politicians' interest, although it is the skeleton of health care. Availability must be better in many regions of Slovakia. The network is leakier, and there is no generational exchange of doctors. There is a real threat of the demise of paediatric outpatient care, and there is a lack of motivational tools for doctors to work in outpatient clinics. The increase in hospital salaries has further exacerbated the imbalance between the outpatient and hospital sectors, due to which doctors and nurses are at risk of leaving outpatient clinics for hospitals.

The actual price of the performed service is two to three times higher than the amount paid by the health insurance company to the ambulance. Health insurance companies must pay more money to cover their operating costs. The lack of ambulances leads to greater patient dissatisfaction, pressure on the remaining ambulances, lengthening of waiting times, and the risk of delays. SLK demanded immediate additional financing of the operation of ambulances from the original 6% to 26%, i.e., at least to the level of hospitals. She also insisted that health insurance companies consider the minimum hourly price of ambulance work, calculated by SLK at 90 euros per hour, with an appropriate increase in energy costs so that healthcare providers are among vulnerable energy consumers.

Furthermore, she demanded an increase in payments for the state's insured to at least the level of the minimum price (in 2022, it was 79.31 euros. For 2023, the amount is 84.77 euros. For comparison - the state paid 36 euros per month for its insured in 2022 with full entitlement for health care). Another requirement was a precise determination of the patient's entitlement - what extent of health care he will receive from public health insurance, opening a discussion on multi-source financing of health care - from public health insurance, patient co-participation in the form of additional insurance and direct payments under clearly defined rules, as well as other options for health care financing. Which would implement and legislate financial flows in the healthcare sector. So far, her efforts have remained without an adequate response.

SLK and the Ministry of Health are working on pricing the entire spectrum of outpatient procedures, which will reflect their accurate prices and believes that they will be reflected in the financing of outpatient clinics this year. The ambulatory unions were also considering coercive actions. However, given the upcoming early elections, they backed off for the time being, although their financial demands still needed to be met.

IV. Slovak Medical Chamber

Following its concept, the Slovak Medical Chamber actively promotes changes in the healthcare sector. As a result, the Senate of the Slovak Republic approved the idea of health care from the perspective of the Slovak Republic in October 2021. The system idea has the shape of a cube. The individual parts fit together and are interrelated: 1. network of healthcare facilities, 2. healthcare workers, 3. patient movement in the system, 4. financing, 5. public health insurance and control 6. integration and other systems. SLK seeks breakthroughs and agreements with other chambers and relevant partners to enforce its demands.

Regarding AEMH, SLK welcomes the establishment of the Working Group on Medical Ethics, is interested in participation and is considering holding a Slovakian conference on this topic to align with AEMH's plans. Furthermore, its MEDICOM magazine published information about the AEMH project "Clinical leadership" and is ready to support those interested in this project from Slovakia.

V. Regarding the requested topics of the shortage of doctors and task shifting, it is impossible to explain the situation right now.

There is still movement in the restructuring of hospitals and their departments. Therefore, it is unclear how many doctors have left their hospitals since April 1 and joined the new hospital in Bratislava – Bory.

The process of restructuring the hospital network and determining the final structure of the departments of small and medium-sized hospitals is currently underway, so it is not possible to decide on where and how many physicians will be needed and whether they are available.

For the same reason, it is impossible to answer the task-shifting question, as it needs to be explained how many and where the middle medical staff remains.

During the corona crisis, other professions, including surgical ones, worked with infectious disease specialists in day and night services. Also, nurses temporarily had more competence, for example, prescribing some prescription drugs.

During the migration crisis, the Red Cross and rescuers temporarily took over some activities.

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SVZ SLK

4.2023