



**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 ΙΔΤΡΩΝ 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 ΑΣΟΪΑΪΑΝ Α ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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## AEMH NATIONAL REPORT - SPAIN

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### Deficit of professionals

The formulation of national human resources policies and strategies for health requires evidence-based decision-making planning.

The same WHO, in 2013, published: “A universal truth: No health without a workforce”, a Human Resources for Health program, which declares “Universal Truth: There is no health without human resources for health.”

In this line, health human resources problems were common for all countries, highlighting as main weaknesses: the deficit, ageing, different availability and accessibility, the need for motivation and loyalty measures, as well as the ability of countries to calculate future needs in health human resources.

The OECD also expressed its concern in 2013 to ensure fair access to health care, urging it to be seen as a key policy objective. He stressed that, in order to achieve this objective, an adequate number of health professionals are required, located in the right places to respond correctly to the needs of the population. (Ono et al., 2013)

In recent decades there have been different scenarios to attend to, derived from the ageing of the population and the increase of chronic diseases associated with health budget constraints in many countries.

The Strategies should include all political actors (Ministry of Health, Ministry of Education and Ministry of Finance) and it is imperative to allow the participation of all stakeholders to maximise their impact.

Success depends not only on intervention but also on other factors, including economic, political, legal, cultural and organizational feasibility: recruitment and retention interventions are very specific to the local context. In this sense, the analysis of different health models shows that centralisation in homogeneous and small countries can favor the proper use of resources, large countries with cultural and geographical diversity benefit from regional policies. (Mueller et al., 2021)

Peter Drucker “culture eats strategy at breakfast”. Disregarding local contexts can jeopardise the success of interventions.

An additional problem of resource planning, in the midst of globalisation, is the increasing international mobility of healthcare professionals, which decapitalises some (poor) countries to provide necessary resources to others such as Canada, the United States or the United Kingdom.

To such an extent this phenomenon is of concern to the WHO, which adopted a voluntary and non-binding code of conduct in May 2010, encouraging countries to strive to achieve a sustainable global health force to prevent the flight of doctors from developing countries and to put ethical principles before economic criteria and to increase aid for the training of doctors in countries with fewer resources, being strongly supported by the United States, one of the major importers (World Health Assembly, 2010).

These challenges can be added to the free movement of health workers in the European area.

The objective of free movement is for professionals to go where they are most needed, but the conditions that really encourage such mobility are better working conditions, with higher wages and better professional training opportunities.

From these circumstances it follows that, although the problem of the shortage of professionals is global, it is more pronounced in Africa, where the level of crisis is reached (Naicker et al., 2009).

The European Commission recognised that the EU has a responsibility to achieve the goal of providing high-quality healthcare without having a negative impact on non-EU countries. (Commission of the European Communities, 2005)

The diagnostic tests were not waited in Spain, so in 2007 the Ministry of Health commissioned the first report on "Offer and need for medical specialists in Spain", which were repeated from 2009, 2011, 2018/19 and 2022. Since 2009 the deficit of some 2500 MIR places is confirmed, especially in certain specialties, in 2011 the beginning of the crisis in Family and Community Medicine stands out, in 2018/19 it is evident the existence of a bag of doctors graduated from the Faculty of Medicine who do not reach access to the labor market because they cannot specialise, advising to decrease the number of admitted to the medical faculty and increase the MIR places and finally in 2022, it is stated flatly missing about 9000 doctors.

There are two problems that make diagnosis difficult, the absence of a reliable and unique database, the lack of a state registry of health professionals, and secondly, only doctors who work in the public network analyse, while private practice doctors are still an estimate.

However, after ten-eleven years of training, the doctor has the possibility to carry out his activity both in the public and private spheres, so knowing its demographic characteristics to arrive at an accurate diagnosis becomes indispensable.

And to make the panorama even more difficult, the realities of each autonomous community are very different from each other, so their knowledge is essential when making any formulation of human resources policies in health, if you want to obtain the expected results.

Before the advice of increasing the places of training in certain specialties, the therapy was its progressive reduction until reaching its minimum in 2014, from which a slow ascent begins, more marked in 2018, where there was already a patent deficit of professionals and the creation of a bag of doctors, who cannot access to continue forming, but the results of that increase in places, will not be patent until 2023-24.

Given the unambiguous signs of crisis in primary care present since 2011, their organizational and professional needs have not been addressed, such as debureaucratisation, digitisation, autonomy of management, quality and warmth of employment and their primary need for a staff of statutory professionals and with budgets integrated in the economic framework of public funding. He's just let himself die.

Finally, we have reached 2022 with the diagnosis missing 9000 medical specialists, especially in family and community medicine, anesthesiology and pediatrics. And a resuscitation begins with measures such as: Prolong the care activity after 65 years, attract professionals trained outside Spain and increase MIR places.

Points of reflection are, professionals trained outside Spain and with the certified degree are not specialists in primary care, they can offer quality therapeutic assistance, but they cannot supply the competences of family and community medicine, a specialty that we resist letting die.

In short, the Covid 19 pandemic exacerbated each of the problems that already existed, however, it must be an unprecedented opportunity to implement successful policies, our ability to address the present and future health needs of our citizens, to be more resilient, to optimise investment in health (more and more intelligently) is at stake, and it is essential to place the medical profession at the center of health policy, they have already proven their good work.

## **New Code of Medical Ethics**

The new Code, approved by the General Assembly on December 17 and was presented at the Congress of Deputies in March of this year, includes new chapters regulating novel deontological aspects such as telemedicine, doctors and social networks, collective LGTBI +, patient safety, large health databases, and artificial intelligence applied to medicine, among others.

The new Spanish Code of Medical Ethics is based on the universal principles of medicine and aligns with the Code of Ethics of the World Medical Association, approved in October last year. This new text, which replaces the one approved in 2011, is among the most modern codes of medical ethics in the world due to its content and development.

This new code involves the renewal of the social contract of the corporation and of the profession with society, through the updating of our ethical norms and behaviors, whose ultimate goal is to improve healthcare, ensure patient safety and perform the best possible medicine. Medical ethics is the pillar on which our profession is based and, therefore, the main responsibility of the General Council of Physicians, a commitment that we have renewed and of which I am especially proud of its importance for the profession and for patients.

The process of approval of the Code, which had to be interrupted by the pandemic, was resumed at the beginning of 2022, and in it all the Colleges of Physicians of Spain have participated through contributions and comments of the different versions made.

The Central Commission of Ethics of the CGCOM, chaired by Dr. José M<sup>a</sup> Domínguez Roldán, has coordinated not only the different versions of the code, but has also served as an advisory body to the General Assembly of the corporation throughout this process.

The new document, which marks the ethical and ethical fields for Spanish doctors, has been developed in various meetings throughout the year, with a process of deliberation and democratic and extensive discussion of the General Assembly of the General Council of Official Colleges of Physicians.

Ethical training and deontology is not only an individual obligation, but also part of the obligations of all organisations representing the medical profession. Ethical and ethical principles, as well as professionalism, are our left ventricle, it is the essence of our corporation.

It falls within the principles that govern the European and global framework of which we are part, to contemplate all those changes that society demands of us in what has to do with our professional practice. The new Code of Ethics is more plural and has a more social and systemic vision, it has included all those issues that govern today's society and that will condition the society and the health of the future.

It is modern, it is at the forefront of the world and has a simpler structure to make it more useful and that is integrated into the center of the daily medical *workand* is found as a reference document in the health centers and medical schools of our country.

[Code of Medical Ethics \(cgcom.es\)](http://cgcom.es)

## European Day against attacks on health workers

Last March 9th, the European Day against attacks on health personnel was held in Madrid in coordination with the CEOM.

We recall that on December 5, 2019, the CEOM unanimously approved the initiative of the General Council of Physicians so that **March 12** was the European Day against Aggressions to Doctors and Health Professionals, with the aim of adding efforts, making the problem visible, raising awareness among public administrations, citizens and patients throughout the European Union that aggression can never be justified under any circumstances.

The emergence of violence on the health scene, in any of its manifestations, physical aggressions, insults or threats, is a scourge of undoubted social impact that affects health activity throughout Europe.

The relationship of trust between the doctor and the patient, the health of the personnel attacked and the quality of care received by the patients themselves, is being completely altered. In this sense, being the object of a physical or verbal aggression is devastating, the effect that the doctor causes is terrible, the fear of returning to consultation and the feeling of insecurity in your workplace, sometimes it is difficult to overcome in a short time.

This violence in the health sector jeopardises the consistency of health systems in many parts of Europe. Attacks on health care have not stopped growing in recent years, regardless of the pandemic. A clear example are the data that were presented during the Conference and that set an absolute record in our country since we registered them, with an increase of 38 % of cases.

In June 2017, the European Observatory of Aggressions was created, the objective of which is to: collect objective data on cases of violence in order to arrive at a correct needs assessment, followed by effective proposals for action; develop a map of existing national mechanisms to address these cases of violence; give priority to the exchange of preventive tools, thus opening the way for the exchange of experiences; and take concrete action with the adoption of an official position aimed at health professionals, the public and the authorities.

When the European Day against Aggressions against Physicians and Health Professionals was adopted, it was also agreed to set up working groups to combat aggression. In addition, the ***Statement on Violence against Doctors and Health Professionals*** was approved, and a statement was published.

### Conclusions of the Conference

First, the rapid increase in aggression, which this year has increased by 38 %. Secondly, that most of the attacks are on women. And, thirdly, they impact mainly on a specialty that is in a particularly fragile state, primary care.”

The General Council of Official Colleges of Physicians of Spain (CGCOM) launched in 2010 the Observatory against Aggressions in the field of health. This initiative coordinates the important role that the Colleges of Physicians have been developing in their field of competence with the intention of adding efforts, making the problem visible, raising awareness among public administrations, citizens and patients that aggression can never be justified.

During this period, we have been able to amend article 550 of the Criminal Code, by which acts of attack shall be regarded as acts of attack against, or on the occasion of, educational or health officials who are in the exercise of their duties.

The Observatory also obtained the publication of Instruction 3/2017 of the Ministry of the Interior that gives rise to the creation of the figure of the National Health Police Interlocutor against aggressions in collaboration with the Ministry of Health, greater awareness of the Departments of Health, and health professionals when reporting attacks.

[Manifiesto Aggressions 2023](#), [Study Data Aggressions 2022](#)

## ONE HEALTH

The health challenges today go through an approach based on the One Health approach, in which human, animal and environmental health converge.

The General Council of Physicians (CGCOM) is fully committed to progress in this regard; proof of this is that he is a member of the Organising Committee of the One Health platform of Spain, presented on November 3, 2021. The Council also set up the working group on [health and climate change](#).

The CGCOM is working to contribute this strategy in the different laws and decrees that are being developed in the Spanish Parliament, because although there is much talk about One Health, it is not so easy to land it in concrete programs and measures.

The health sector is one of the great generators of the carbon footprint, if we consider it a country, it would be the fifth most polluting country in the world, so we have a lot of room to work on its reduction.

In this regard, it is important to act together in multidisciplinary teams and above all in training and informing professionals and the population. It is essential to work in health education and do it from the base, from the schools. It is important that we be respectful of the environment and biodiversity because they have a direct impact on our health and from our consultations we can do a great job of pedagogy in this regard.

In the same vein, we must emphasise the training of professionals in the field of health and medicine because, the One Health strategy should be introduced from the Degree of Medicine to begin to involve professionals in the decarbonisation of the National Health System.

In the same vein, CGCOM promoted the [Medical Alliance against Climate Change](#) (AMCC), which was presented in January 2022 at an event held at the headquarters of the European Commission in Madrid, in which representatives of the European institutions and the Ministries of Health and Ecological Transition participated of which was already reported at the last meeting of the AEMH.

This Alliance represents the commitment of the corporation, which represents more than 250,000 medical professionals, to raise awareness among Spanish doctors to combat climate change and take a proactive stance in the decarbonisation of health, compliance with the 2030 Agenda and the Sustainable Development Goals.

To do this, the first step has been to promote training activities through the WTO Training Foundation (FFOMC), whose objective is that professionals know this issue in depth and can take action in the fight against climate change:

## **Digital Transformation**

The interrelationship and interdependence of the professions between each other and between clients and public administrations is evident and it is necessary to undertake in the most advanced way systems to find efficiency and articulate Artificial Intelligence in a rational and secure way towards a system progress that serves the general interest.

Based on the Spanish Digital Agenda 2025, which seeks to mobilise a public and private investment of 70 billion euros in the period 2020-2022, Union Professional (UP), an association that brings together all regulated and collegiate professions in

Spain, focuses on the guarantee of the digital rights of citizenship and the development of the data economy and Artificial Intelligence, as well as the digitisation of professional activity, in line with the policies of development of tractor projects for the digitisation of the production model in strategic sectors.

**CGCOM is leading in UP the following project where the European Commission has launched a call for funding for the realisation of large-scale pilots in the field of the **European Digital Identity Portfolio** foreseen in the Proposal for a REGULATION OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL amending Regulation (EU) No 910/2014 as regards the establishment of a Framework for a European Digital Identity**

CGCOM is presented to the consortium known as DC4EU — an acronym for Digital Credentials for the European Union, which focuses its efforts on issuing and consuming documents certifying professional qualifications alone and as part of UP. This concept has included the certification of professional qualifications, within the framework of the Law on Professional Associations.

Up with CGCOM will contribute to the work of defining this credential, in line with the digital identity portfolio of the European Blockchain Services Infrastructure (EBSI). This includes defining the vocabulary of data to be used for the certifications of collegiate professionals, as well as the processes of issuing these, considering the central registers of collegiates as authentic sources of information, as well as the consumption of such certifications by third parties.

Within Europe, medical organisations as a whole and in a coordinated manner must require unequivocal identification of physicians on telemedicine and health platforms in general.

## EUROPEAN DAY, EJD/UEMO GENERAL ASSEMBLIES

On 26, 27 and 28 October of this year, the Region of Murcia will host the assemblies of young doctors of Europe (EJD, *European Junior Doctors*), the meeting of specialists in Family and Community Medicine of primary care (UEMO, *European Union of General Practitioners/Family Physicians*) and a European Health Day in which the current challenges to work and build a health of the future will be addressed. Priority themes of the Rotatory Presidency of Spain in the EU which will take over from 1 July this year.

In this meeting, the organising institutions (General Council of Official Colleges of Physicians and College of Physicians of the Region of Murcia) have transferred to the president of the Region that has already been constituted the Organising Committee of this triplet of events, whose celebration coincides with the Spanish rotating presidency of the European Union, scheduled for the second half of the year and will make Murcia the epicenter of a health debate and focus on the international projection of the medical profession.

Among the most prominent issues that will be addressed in these professional medical meetings are, for example, medical demographics and the planning of medical needs in Europe, issues that not only affect Spain, but extend throughout the European



environment. Topics such as mental health and the strategy in addressing cancer will also be addressed.

In the case of the assemblies of young doctors and primary care physicians, it is the scenario in which visions are exchanged between professionals from different member countries and decisions are made on current issues that affect the medical profession, in their corresponding areas of representation, and therefore the quality of care. The relevance of these assemblies is evident in the current context in which young doctors as the specialists who perform their practice at the first level of care are at a turning point in which it is important to act to support the current health model and rebuild the system that supports it and that requires a profound reform.

The ultimate purpose of the organisation of these events is to contribute to the improvement of the exercise of medicine and, by extension, of patient care and also in hospital management in Europe.

## Leadership of the profession in UEMS

A Thematic Federation (TF) has recently been set up in UEMS on a proposal from CGCOM on **Gender, Diversity and Inclusion**. The need to create this TF, based on the principles and documents [of the Observatory of Gender and Profession of the WTO](#), arises because women continue in a situation of underrepresentation in academic science and medicine, particularly in leadership positions, as well as specialised areas of medicine, despite the increase of women professionals over the last decades. Currently, Dr. D.C. Monserrat González holds the position of Secretary/treasurer

One of the first proposed actions was to carry out a study that allows to know what is the real picture of the situation of men and women doctors in the member countries: absolute values, professionals occupying positions of responsibility and in the representative bodies, the wage gap or the legislation in force in the member countries, would be some of the first variables to study.

Subsequently, in October 2022, the UEMS approved at its General Assembly, and unanimously, the proposal presented by CGCOM for the creation of a TF to promote a **sustainable medical practice**.

This initiative is directly related to the [Medical Alliance Against Climate Change \(AMCC\)](#) promoted by the Spanish corporation, and which has the support of institutions and scientific societies involved in this challenge. This Alliance was presented at the Ministry of Health and at the headquarters of the European Parliament in Madrid in January 2022. Currently, Dr. Cabrera has been elected president of the FT.

This TF has among its objectives to make the doctor a reference in the face of the threat of the climate crisis because without the participation of doctors it will be very difficult to decarbonise the National Health System (NSS). It is key to count on the

health care workers in this fight for the great depth that their indications have among the general population.

Finally, a FT on **Medical Ethics** has also been created through a Spanish initiative, having in mind that recently the General Assembly of the General Council of Official Colleges of Physicians of Spain (CGCOM) has approved a new Code of Medical Ethics that places the Spanish medical profession at the forefront of the world with a text that, in addition to adapting to the social and scientific changes of recent years, includes new areas of ethics hitherto unpublished. Recently, Dr. Domínguez Roldan, president of the National Commission of Medical Ethics, has been elected president of the FT.