



Joint 5th Joint AEMH-FEMS General Assembly 10-11 May 2024, Berlin, Germany

Members reports

Please name 3 main current concerns of the healthcare system in your country:

- **Lack of job stability. Precarious employment.**
- **Salaries are significantly lower than in other parts of Europe and there is a high variability in salaries and compensation items in hospitals depending on the Spanish region in which doctors work, both in the public health system and in insurance companies.**
- **Insufficient support from the administration to promote Continuing Medical Education (CME) and Continuing Professional Development (CPD).**

Full report

Essentially, the main three concerns in Spain, which have remained the same over the years, are the following:

1. **Lack of job stability. Precarious employment.**

In Spain, temporary contracts and long-term interim contracts are common and, what is worse, fixed-term contracts that last only a few days or weeks, but which are renewed for years. The lack of job stability and the excessive workload, together with the low salaries, lead to the «brain drain» of doctors, particularly towards other countries in Europe. Among the specialties with the highest need for professionals we can find Pediatrics, Family Medicine, General Surgery, Anesthesiology, Otorhinolaryngology, Preventive Medicine and Traumatology. There is, above all, a lack of attractive contracts, adequate working conditions and better payment.

According to the Report 01/24 of the Spanish Economic and Social Council, this lack of specialized medical staff represents a significant challenge that goes beyond the mere quantitative planning and that affects the access criteria to the Degree in Medicine (the maximum number of students who can access these studies in Spanish universities or the different access requirements depending on the type of university), the low attractiveness of some specialties and work destinations (which have an impact on the equity of access to

healthcare, particularly in rural areas) or the definition of the map of medical specialties and specialized training programs (with the possibility to accept new specialties). The text of the report can be found in the following link: https://www.ces.es/documents/10180/5299170/INF_012024.pdf

On the other hand, it is necessary to face organizational and professional changes, reduce the red tape in the process, move forward in the digitalization initiatives and the management autonomy in the field, and to provide higher working quality with better conditions.

2. Salaries are significantly lower than in other parts of Europe and there is a high variability in salaries and compensation items in hospitals depending on the Spanish region in which doctors work, both in the public health system and in insurance companies.

With regard to the first point, this has been stated by the International Physician Compensation Report 2021 («Do US Doctors Have It Better?»), created by the healthcare information platform Medscape (<https://www.medscape.com/slideshow/2021-international-compensation-report-6014239#3>), as shown in the Table that can be found on page 2 of the report (Annex 1). Although the free movement of healthcare professionals in the European Union is aimed at having professionals move to wherever they are needed the most, the conditions that really promote this mobility are better working conditions, higher salaries and better professional training opportunities.

With regard to the second point, it is necessary to mention the report on «Compensation Differences among Hospital Doctors in Spain in 2023 and Budget Cuts since 2009», drafted by the Center of Studies of the Medical Union of Granada with data from September 2023. This report considers the high variability in salaries and compensation items among hospital doctors, which change based on their dedication, seniority, rank, duty shift hours, etc. The report concludes that the compensation for doctors is generally low, particularly when compared with neighboring countries, that differences between healthcare systems are very significant, that budget cuts for doctors since the economic crises were excessive and progressive, and that improvements are linear and insufficient. Therefore, an urgent correction is required, as well as a specific compensation system and a framework regulation in order to make Spain more attractive for young specialists. The report can be found in the following link:

<http://www.cesm.org/2024/02/19/estas-son-las-diferencias-retributivas-de-los-medicos-de-hospital-espanoles-en-2023-y-los-recortes-desde-2009/>

One important demand among Spanish doctors is the inclusion of medical duty shifts as part of their contribution period. The Spanish Confederation of Medical Unions has demanded this inclusion for a decade, as in the case of other professionals.

3. Insufficient support from the administration to promote Continuing Medical Education (CME) and Continuing Professional Development (CPD).

CME must be accredited, free of conflicts of interest and harmonized in the international sphere, but it is difficult to achieve this due to the lack of time that medical professionals have. In almost every region in Spain, doctors only have 6 days of training. In this regard, the Spanish Medical General Council (OMC in its Spanish acronym) is making an extraordinary effort to promote and spread accredited CME through the SEAFORMEC with the UEMS-EACCME accreditation system, which turn the free movement of specialists across Europe

into a reality. SEAFORMEC-SMPAC [www.seaformec.es] is the Spanish Medical Professional Accreditation Council for CPD, and it is integrated in the UEMS-EACCME accreditation system (European Accreditation Council for Continuing Medical Education).

All the problems mentioned above are creating cracks in our national healthcare system, with the following consequences:

1. Lack of attachment to the system among professionals, due to the causes mentioned above.
2. A deterioration in Primary Healthcare that affects Hospital Healthcare. We must work hard to achieve an adequate coordination between the two healthcare levels and create a more efficient system. In the 2023-2024 period, the Ministry of Health offered 11,607 jobs for Specialized Medical Training (FSE), the largest number in its history, with 3.9% more jobs than in the previous period. 8,772 FSE jobs were offered for the area of Medicine, and the specialty with the most jobs was Family and Community Medicine, with 2,492 positions (37 more than in the previous year). The FSE report published by the Ministry of Health on April 24, 2024 states that 8,522 positions for Medical Intern Residents had been assigned in the ordinary and extraordinary procedures, which represents 97% of all the position offered. 246 positions in Family and Community Medicine have not been occupied.
3. A progressive use of private insurance companies by citizens. However, the Council of Medical Colleges of Catalonia (CCMC) alerts that there has been a spread of insurance policies that are often «degrading» and that create greater defenselessness and lack of protection among citizens and promotes the precariousness of many professionals that work for these insurance companies, which compounds the problems discussed above.

The final consequence is that our healthcare model is endangered, and we are at risk of evolving towards a precarious and insufficient healthcare system.

Finally, we want to add that, although there are other scenarios that are causing concern, we are aware that they are common to all of Europe: the medical demographic crisis, the duty shifts and work-life balance, the waiting lists, the strategies of mental healthcare, etc.

ANNEX I

How Much Do Physicians Earn? (Average)

A horizontal bar chart titled 'How Much Do Physicians Earn? (Average)'. The chart compares the average annual earnings of physicians in eight different countries. The bars are color-coded and arranged in descending order of earnings. The United States has the highest earnings at \$316,000, followed by Germany at \$183,000, the United Kingdom at \$138,000, France at \$98,000, Italy at \$70,000, Spain at \$57,000, Brazil at \$47,000, and Mexico at \$12,000.

United States (\$)	\$316,000
United Kingdom (\$)	\$138,000
France (\$)	\$98,000
Spain (\$)	\$57,000
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Italy (\$)	\$70,000
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Mexico (\$)	\$12,000

Source: <https://www.medscape.com/slideshow/2021-international-compensation-report-6014239#3> Table extracted from page 2 International Physician Compensation Report 2021: Do US Doctors Have It Better?