

PHYSICIAN WORKING CONDITIONS IN EUROPEAN HEALTH CARE SYSTEMS



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Spanish National Health System

The National Health System (NHS), is configured as a coordinated set of 17 different health care services.



Spanish National Health System

I. Working Time Organization

1. Daily working time.
2. Rest period.
3. On call time & stand-by time.
4. Opt-out time.
5. Leaves.



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Daily working time:

37,5 hours per week, depending on the organizational needs, with the following distribution alternatives:

- a) Day shift: **1.657,30 hours per year** to perform 221 annual working days.
 - Morning shift is from 09:00 a.m to 14:30 p. m
 - Afternoon shift is from 15:00 p.m to 20:00 p.m.

- b) Night shift: **1.480 hours per year** to perform 237 annual working days.
 - Night shift is from 22:00 p.m to 08:00 a.m



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Rest period:

Minimum rest period is **36 hours** - uninterruptible - (or one of **72 hours**) within a reference period of 14 days.

- Law 55/2003 (Articles 51 and 54)
- Directive 93/104 EC amended by Directive 2000/34 CE and replaced by Directive 2003/88 EC of the European Parliament and of the Council of 4 November 2003 concerning certain aspects of the organization of working time
- Doctrine of the Court of Justice of the European Communities (*Simap* of October 3, 2000 and *Jäger* of September 9, 2003)
- Judgments of the Social Chamber of the Spanish Supreme Court.



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On call time & stand-by time:

- a) Weekdays: **17 hours** (15:00 p.m – 08:00 am of the following day)
- b) Saturdays, Sundays and holidays: **24 hours**

No legal limit on the number



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Directive 2003/ 88/ EC, concerning certain aspects of the organization of working time.

The European Working Time Directive lays down minimum safety and health requirements for the organization of working time in the EU by, establishing that all workers have the right to a limit to weekly working time of 48 hours.

However, it also contains the possibility for Member States to allow for the opting out of that maximum as long as the individual workers agree.



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Opt-out time:

Who is affected with this time limit? All doctors, unless individually have expressed their willingness to exceed maximum hours. In these cases, the validity of the commitment is one year. Obviously, it can be renewed every year.

The implementing legislation provides 48 hours maximum limit which must not be exceeded, but does not foresee any consequences for infringements (although there are some judgments that condemn pay compensation to the doctor or to grant compensatory rest in the next semester). The right thing, therefore, is to prevent reaching excessive working hours.



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Over time:

Hours that are worked above the normal full time hours, normal working hours are the hours mentioned in the terms of employment.

Overtime can be **voluntary or compulsory** (compulsory overtime would form part of the terms and conditions of employer).

There is no legal right to be paid extra for any overtime worked, this may be detailed in the terms of employment.



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Leaves:

1. For childcare
2. For family care (relatives)
3. For incompatibility
4. Voluntary leave
5. For family reunification
6. For gender violence
7. Compulsory leave

- Law 7/2007, Articles 66 and 67 of Law 55/2003.



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For child care & relative care:

Maximum duration of **3 years** for each child/ relatives (family).
Computable for purposes of “antiquity”.

After the first two years, doctors will have no more right to keep their same position but can remain in the same location, the same category and same remuneration.



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Leave for incompatibility:

In active service in another body or scale of the regional administration or in any other public administration.

Once doctor resigns, doctor must request by written form their return to active service within a maximum period of 1 month.

If doctors failure to do so, they pass directly to a voluntary leave.

Voluntary leave:

To request a pass to this situation doctors need to have effective services in any public administration during the preceding 5 years.

Not less than 2 continuous years. There is no maximum duration.



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Leave for family reunification:

With a **minimum duration of 2 years** and a maximum of 15 years when the partner is working in another region but with a permanent job.

Before finalizing the maximum duration of this situation, doctors must inform by written form to the public administration about their return to active service. If doctors failure to do so, they pass directly to a voluntary leave.



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Leaves for gender violence:

No limit of time. For doctors working for the public administration when they are victims of gender violence in order to enforce their protection or their right to social assistance. No need to fulfill a minimum period of active or prior service.

They keep their position during the first 6 months. After, it may be extended for 3 more months, with a maximum of 18 months.

This period is computed for the purposes of promotion and "antiquity"



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Compulsory leave:

When the doctors are **suspended** (for criminal or disciplinary responsibility).

They must participate in procedures for provision of jobs in the NHS as long as they meet all requirements.

They must accept to return to active service if they are offered a position in their same Body or Scale. If doctors failure to comply with these obligations, they pass to the unpaid voluntary leave.



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II. Medical Liability

1. Clinical risk management strategies.
2. Guidelines for clinical practice.
3. Insurance costs.
4. Lawsuits.
5. Cost of reimbursement.



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Clinical risk management strategies:

PACIENT SAFETY : Increasing media impact errors in healthcare.

European Union Network for Patient Safety and Quality of Care (PaSQ)

The clinical risk management applies the approach to the problem solving:

- a) identifying,
- b) prioritize and
- c) provide the best solution.

In risk management, the leader focuses on:

- a) identify risks,
- b) control and
- c) avoiding problems



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Guidelines for clinical practice:

Role of the regional Units of Clinical Risk Management (UFGRC)

1. Implementation of strategic lines in patient safety.
2. Identify, analyze and address the risks related to patient safety.
3. Promote compliance with the annual safety patient goals.
4. Internally evaluate the actions developed by specific indicators.
5. Collaborate and share the knowledge and good practices in patient safety within the functional units of clinical risk management.



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Insurance costs :

If an adverse event happens patient can claim against doctors, against the hospital and against the Government (local & regional level)

Regional and national Government have insurances to cover medical centers, hospitals and professionals. Regional Government can not ask doctors for a reimbursement in case of malpractice

Private insurance is compulsory for the private practice.



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Lawsuits :

Liability of negligence requires 2 specific elements (*lex artis*):

1. Some deviation or breach of the duty and an injury suffered by the patient that requires attention.
2. A causal link must exist between the breach and the foreseeable injury suffered by the patient

Not to be confused with human error.



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III. Career Development

1. Model of professional career & Model of management career.
2. Evaluation system.
3. Procedure for access to models of career.



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Model of professional career:

Characteristics

1. Recognition of the professional practice.
2. Voluntary.
3. Irreversible.
4. No *numerus clausus*.
5. Independent of the hierarchical level performed. Access is successive and gradual access.
6. Evaluable and paid from Level 1.
7. Merits presented for evaluation can not be provided again, or taken into account to access to another level.
8. Transparency of the evaluation criteria.



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Levels: **Levels 1 - 4 are evaluable**

Must have worked 5 years in the same category and specialty in the immediately lower level. Access to the initial level will be made without having to prove a minimum time of working time for the public healthcare system.

Level **0**: Initial level

Level **1**: Specialist

Level **2**: Senior Specialist

Level **3**: Consultant

Level **4**: Senior Consultant



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Evaluation system:

Criteria for access to the different 4 levels.

1. Health care activity
2. Training
3. Teaching activity
4. Scientific and research activity
5. Participation and commitment to the organization



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	Level 1	Level 2	Level 3	Level 4
Health care activity	50 points	50 points	45 points	45 points
Training	15 points	15 points	10 points	10 points
Teaching activity	5 points	5 points	10 points	10 points
Scientific and research activity	10 points	10 points	15 points	15 points
Participation & Commitment to the organization	20 points	20 points	20 points	20 points



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Level 1	50 points
Level 2	60 points
Level 3	70 points
Level 4	80 points



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Remuneration:

Different remunerations (17 models)

Law 55/2003 (Article 43.2.e)

Eg. Region of Madrid (Agreement 2007):

Level 0: unpaid	0 €
Level 1:	4.100€
Level 2:	7.600€
Level 3:	10.700€
Level 4:	13.500€



