



Slovenia: Salary, Private Practice, Continuing Medical Development

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Salary 1/2

- Basic salary depends on:
 - Some titles
 - Duration of specialization
 - Special working conditions (eg. working in operation theatre, invasive diagnostics or treatment, radiology department, emergency department etc.)
 - Seniority grade
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Salary 2/2

■ Supplements:

- Without limits, usually up to 20% in addition to basic salary: Less favorable working time (Sundays, holidays, interrupted daily working time, overhours)
- Up to 20% in addition to basic salary: extended workload due to:
 - Performing special programmes (e.g. reduction of wait time)
 - Replacing longer absences of colleagues
 - Work in facilities with lack of doctors
- Overperformance as estimated by the doctor's superior (disabled for several years due to austerity measures, otherwise up to 5% of overall

Private practice 1/4: the problem of definition

- Additional work for another public facility: it is not rare for a hospital doctor to work full-time (including over-hours) in one public facility and to have another part-time employment in another public facility. This second employment is treated by the first employer equally as private practice, although no private patients are involved;
- In some hospitals, there is a possibility to have private patients “intra muros”, but it is rarely used because the same doctor can re-classify a patient from his private clinic into the “public” one at any time after the private patient’s application for the hospital – not a desired practice, but still largely tolerated.

Private practice 2/4

- Rules and limits for “extra muros” practice:
 - Doctors can work anywhere outside their public employer if they have their employer’s permit proving:
 - They have a part-time contract with the public employer (rare in practice)
 - They have a full-time contract with the public employer and:
 - All expected work is done (see slide on workload issue)
 - Statutory over-hours done whenever requested and opt-out filed
 - Rest periods ensured
 - Regardless of the rules, the permits are usually issued discretionary according to each employer’s policy
 - In practice, even “extra muros” practice without

Private practice 3/4

■ Taxes:

- Additional dependent work for the same or for another public employer is heavily taxed (for 50 EUR of net income, the labor cost for the employer is 135 EUR);
 - Additional independent private work, not exceeding 50.000 EUR/year is taxed generously: 80% of such an income is exempted from direct taxation
 - Due to extreme differences in taxation, there are never-ending attempts to misrepresent the type of contract
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Private practice 4/4

- “Induced problems”:
 - due to the largely tolerated re-classification of a patient from “private” into “public”, out-of pocket services offered by hospital doctors often provide no more than helping around to find a shortcut to the services provided by the public system; they almost never refer a private patient to another private provider;
 - on the other hand, Slovenian hospital doctors rarely offer their public patients to see them privately for some additional or non-standard service;
 - Do we really have a complementary private practice of hospital doctors or just a sophisticated system of bribery?

Continuing Medical Development

1/3

- Evaluation system: Each doctor must re-validate his/her licence every 7 years
 - To have the licence revalidated, the doctor must prove:
 - That he has practiced regularly in the field of his specialty during past 7 years AND
 - At least 75 hours (or prescribed equivalents) of continuing medical education programmes
 - or the doctor must satisfy a special committee of the Medical Chamber about his competencies,
 - or the doctor must undergo a special supplementary course organized by the Medical Chamber
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Continuing Medical Development

2/3

- Educational offer:
 - Any provider of any educational programme can have his programme accredited by the Medical Chamber, provided the conflict of interest between the provider and funders/sponsors is resolved
 - The educational offer is quite abundant for most specialties
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Continuing Medical Development

3/3

■ Check system

- The suitability of the programme and the number of CME points are assessed by the Slovenian Medical Association (SMA)
 - The register of CME points for each doctor is maintained by the Medical Chamber
 - An unresolved conflict of interest: SMA is responsible to assess also the educational programmes offered by itself
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Staffing and Workload 1/4

■ Staffing plan:

- Medical Chamber is responsible to oversee the density of doctors for each specialization for each region and to plan the number of publicly funded posts for specialist training accordingly
 - The public healthcare fund – in theory - considers the required staff to allocate public funding of hospitals and outpatient providers; in practice, this works to limited extent only on the outpatient level; hospital programmes are usually allocated on historical grounds, without any actual staffing consideration
 - The government as almost the only hospitals owner interferes with very non-specific measures (like no new employments policy) with no predictable rules when it discretionally considers the losses of hospitals to be too high
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Staffing and Workload 2/4

■ Turnover

- is agreed in advance in the contract between the national healthcare fund and the public provider;
 - The expected turnover for each provider is generally the same for each year
 - Occasionally, national healthcare fund allocates more funds to some providers, usually to those with long waiting lists; so providers are actually encouraged to maintain long waiting lists to expect more money
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Staffing and Workload 3/4

■ Evaluation of Work Loads:

- Primary care: the number of registered patients, corrected by age and some other criteria;
 - Outpatient specialist care: number of visits and number of services provided (weighted by an obsolete “Green book” from 1982, based on the time needed for a particular service)
 - Inpatient care: almost no fix evaluation criteria
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Staffing and Workload 4/4

■ “Blue book”:

- A proposal by Slovenian Medical organization for a new standardization of medical workload, divided into:
 - General standards for primary care, dentistry, outpatient and inpatient specialist care for surgical and non-surgical specialties
 - Special standards for specialties which don't fit into general standards (e.g. pathology, public health, radiology, psychiatry etc.)
 - Currently, the proposal is negotiated with the Slovenian government to be implemented into practice
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