

SPAIN: Salary, private practice, continuing medical development, and staffing and workload:

The information given is an overview of the basic characteristics of Spanish public health system describing the main features of the National Health System (NHS). The presentation provides data and figures in order to describe its current configuration.

Article 43 of the Spanish Constitution of 1978 establishes the right to health protection and healthcare for all citizens. The fundamental principles and criteria enabling the exercise of this right are:

- Public funding, universal coverage and free healthcare services.
- Defined rights and duties for citizens and public authorities.
- Political decentralization of healthcare devolved to the autonomous communities.
- Provision of comprehensive healthcare, striving to attain high levels of quality duly evaluated and controlled.
- Integration of the different public structures and health services under the National Health System.

The basic principles and general coordination refer to the establishment of standards determining the minimum conditions and requirements, in pursuit of a basic equality of conditions in the operation of the public healthcare services.

The National Health System is structured in two health care levels: Primary care (health centers), Specialist care (hospitals).

The presentation begins setting out the distribution of responsibilities in the health area among the different levels of government, and particularly between the Central Government and the 17 autonomous communities (regions), and continues with a review of aspects of the National Health System related to the population covered, organization of healthcare resources and benefits included in public funding. Private practice represents a 33% of the Spanish health care.

Each autonomous community has its own health service, which is the administrative and management entity responsible for all the health centers, services and facilities in its region. They have the skills to define their own health model as well as their recruitment, organization, working time, and adequacy of salary supplements (which are 60% of the final salary) as well as the medical professional career (a supplement salary that depends on the experience and knowledge acquired). In some autonomous communities there are different models with different type of recruitment and with different working conditions and salaries.

Therefore, in Spain, there are twenty different working conditions and twenty different wages of the physicians working in the same specialty, with the same experience, same level of professional career and in the same workplace within the Spanish health public system.

Spanish doctors have a fixed annual remuneration (basic salary, destination, exclusivity, teaching) a variable remuneration (antiquity, professional career, variable productivity) and an additional remuneration (on call time and stand - by time).

Regarding the continuous medical development, understood as a right and an obligation of every health professional, all doctors are entitled to have 40 hours per year of training.

There are no recent studies to evaluate the workload of doctors in Spain but we believe it is one of the highest in Europe. Spanish doctors have lost an average of 30% of their purchasing power while its workload has been gradually increased due to the fact that only 10% of the vacancies are covered.

In the public sector, the working hours have been increased from 37 hours per week up to 37,5 hours per week and retirement is compulsory at 65 years old and their wages have been frozen. That is the main reason why Spain requests the progressive recovery of all cuts implemented by the Government in the public sector due to the economical crisis.

SPAIN
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