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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

## **NATIONAL REPORT OF GREECE TO THE AEMH PANHELLENIC MEDICAL ASSOCIATION- GREECE**

**LUXEMBOURG, 5 - 6/5/2017**

### **PUBLIC HEALTHCARE SECTOR**

Major points of Greek Hospital Doctors' claims still remain as follows:

1. The recruitment of a permanent medical staff, nurses and paramedics.
2. To finance the healthcare system in a sustainable way.
3. Reasonable salaries for the NHS doctors and the salaried employees.
4. To change the NHS Administrative Model of the Greek Health Map.
5. New laws for Primary Healthcare

The situation at the NHS Hospitals remained alarming in 2016. The announced recruitments of permanent staff should be made as soon as possible to relieve the system. Still, they will not cover the huge shortage of medical, nursing and other professionals, which sums up to 6,000 vacancies of medical staff and 20,000 vacancies of other staff.

Doctors' and nurses' recruitment should be part of a serious planning of interventions aiming to improve all sections of the healthcare system.

From October 2015 to December 2016, 240 permanent doctors and 1,400 with a temporary contract of fixed term have been hired to the NHS system. There still remain 760 vacancies of doctors to be filled and there have been announced 2,000 vacancies of doctors for 2017.

The NHS funding is quite insufficient compared to the patients' needs. The Greek expenditure on healthcare is 5% of GDP when the European one is 7%, whereas the safety limits of a health care system count for 6% of GDP. Subsequently, we fall short of expectations for a social state.

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## Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

The average reduction in the salaries of NHS doctors is estimated at 40%, since 2010. The hospital doctors have initiated legal proceedings to the High Court of Justice to overrule their salaries and their on-call duties pay-cuts, made in 2012; the decision is expected in June 2017.

The workforce, the infrastructure and the population's health needs should be registered in the country's health map which is to be completed. We should emphasise and should be seriously taken into account needs for medical staff in remote regions as islands, mountains and difficult-to-access areas. In addition, administrative, structural and institutional changes concerning the NHS functioning, as well as the medical practice, are expected.

The collapse of the primary healthcare in 2014 resulted in a further aggravation of the hospitals' healthcare; thus, we are expecting the government to put in force the announced reform of the primary healthcare. In that way, citizens will be offered a decent healthcare system and the hospitals will be able to function properly. Because of the aforementioned, the hospitals are confronted with difficulties concerning the on-call duties and in many cases; there are medical staff shortages for the on-call duties and the medical laboratories. Furthermore, the doctors are exhausted.

The medical coverage of uninsured citizens remains a positive measure. However, the disorganised primary healthcare has deeply affected the functioning of the countries' hospitals.

The doctors' migration abroad is a crucial issue (brain drain) and there should be announced employment and education incentives, so as to stop medical migration and give the doctors' abroad the opportunity to come back home.

The initiation of a dialogue between the Ministry of Health and the Federation of Hospital Doctors Unions of Greece for the creation of an updated collective agreement of medical professionals will give the opportunity to discuss all the critical issues and to agree on a 3 year period interventions' programme.

**Constantinos Livadas (MD)**  
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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

## **PRIVATE HEALTHCARE SECTOR**

The 2017 budget, like the previous ones, is leading Greek Healthcare towards dangerous paths. It is planned to decrease Health expenditure that was below 4.5% of GDP in the year 2016 (which is much below the threshold of 6% safety limit, when the European average is 7%), by €200 million.

In 2017 however, the needs will stay at least unchanged compared to the last year.

The 2.500 doctor's posts approximately that have been excluded from the primary healthcare in 2014 have not been replenished. Medical practitioners registered within the National Organisation for Primary Healthcare Provision are few; there are approximately 5.000 who cover only 1/3 of the needs. It is estimated that at least 15.000 contracted doctors are needed, in order to meet with a decent healthcare provision for the population.

Although a few hundred of medical doctors are planned to be recruited for public hospitals and a more important number of medical doctors is planned to be recruited during this year for the primary healthcare sector, there will still remain an important shortage in many medical specialties.

The continuous cuts in reimbursements of laboratory exams (diagnostics, hematological, biochemical up to 43% and in imaging tests by 10% and 15%), claw back and rebate practice, as well as the important delays of reimbursements reduce the income and the cash flow of the Secondary and Primary Health Care Structures.

The budget of the EOPYY (Provider of Health Services National Organism which covers all the health expenses for the mandatory health insurance) for the private hospitals who have contracts for hospitalisation of patients is fixed at the level of €235 million while the needs during the last year were exceeding €400 million.

As a consequence 35 to 40 mainly small or medium sized private hospitals (among a total of 190) have ceased their activities during the last 6 years.

An increasing number of medical doctors are also stopping their private practice as they cannot afford the new tax and insurance impositions.

The cash flow difficulties of the private Hospitals have as a consequence similar problems among their providers in pharmaceutical products and any kind of medical supplies.

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Ε Λ Λ Η Ν Ι Κ Η Δ Η Μ Ο Κ Ρ Α Τ Ι Α

Hospitalisation in private hospitals is a solution mainly for patients with private insurance, and those who can afford the expenses, but their number is decreasing due to the loss of income of the population due to the crisis.

Because of long delays in state compensations to private hospitals, there is a significant reduction in the number of employed doctors in them, while doctors who remain there are asked to work more intensively with lower salaries. Hospitals' dues to cooperating medical staff continues to show long delays in payments, ranging from three months to two years, while doctors are required to pay tax on income not yet received, which leads to financial suffocation.

Due to the financial crisis and the reduction of active population compared to the pensioned population which has increased, the emigration of scientific personnel, and the increasing unemployment, it was considered necessary to review the social security law, in order to have a viable social security system. Unfortunately, after the passing of the new Law on Social Security and taxes, self-employed physicians have to pay 31% of their net income for social security contributions (mandatory), plus the taxation which varies from 22% to 45% of their income.

In conclusion, we can say that the private healthcare sector, both in primary and secondary healthcare, is in a critical situation in terms of survival.

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**PhMA Delegate to the AEMH**

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