

Serbian Medical Chamber



National report

24th Symposium

of the Central and Eastern European Chambers of Physicians (ZEVA)

Ljubljana, 15-16 September 2017

Dr Milan Dinic, Director of Serbian Medical Chamber

Dr Milan Manojlovic, President of committee for international cooperation

Prof Dr Svetlana Saravolac, Steering committee member for international cooperation

LL.B. Suzana Guberina Comic, Secretary general of Serbian Medical Chamber

Overview



- **Serbia** (*Population 7.041.599; BDP 15.321 \$ / per capita*)
- **SMC** establish 1901 (**Reestablish 2006**) / *52 full time employee*
- Organized by regions
 - Belgrade (11.000)
 - Vojvodina (6.294)
 - Central and West Serbia (6.105)
 - South and East Serbia (6.148)
 - Kosovo and Metohia (454)
- **29.897 doctors** (*with obligatory membership*)
 - 20.891 with specialization or subspecialisation
 - 9.006 without specialization
 - Around 1.100 “young doctors” finish Medical University every year
 - 81% in government system, 13% in private practice; 4% unemployed

National report: Serbia

Q1: VIOLENCE AGAINST PHYSICIANS

Overall situation



- Security of healthcare institutions is not on satisfactory level
- Weak and inadequate media attention on subject of violence
- Status of physicians in Serbian society is on low level
- Healthcare Professionals face verbal violence on daily basis
- Reporting of violence is very rare
- Lack of efficient strategies to prevent violence

National report: Serbia

Q1: VIOLENCE AGAINST PHYSICIANS



Legal framework

- According to Serbian legislation, violence against physicians and other health workers is treated as violence against any other citizen
- There are legal basis through numerous laws for providing better security in workplace for employees in general
- It is often found justification and understanding for violent behavior (*emotional anxiety of the patient - alleviating circumstances*)
- Lot of doctors asking to their status in workplace be defined with “status of an official person”

National report: Serbia

Q1: VIOLENCE AGAINST PHYSICIANS



Activities of Serbian Medical Chamber

- From mid August 2017 physicians can **report violence online** on Serbian Medical Chamber website (*provide legal support and submit a lawsuit in name of doctor*)
- **First month's results:**
 - very good media coverage,
 - important issues on this subject have been publicly raised (causes and consequences of violence against health workers),
 - question of status of the profession in society,
 - Reestablish “patient-physician” relations
- Serbian Medical Chamber initiated **survey and research** about violence against healthcare professionals in Serbia and the other chambers (*Dental, Nurses, Pharmaceutical and Biochemistry*) of health workers are included in survey that started in mid August 2017 (*ongoing*)

National report: Serbia

Q1: VIOLENCE AGAINST PHYSICIANS



Research on violence against physicians

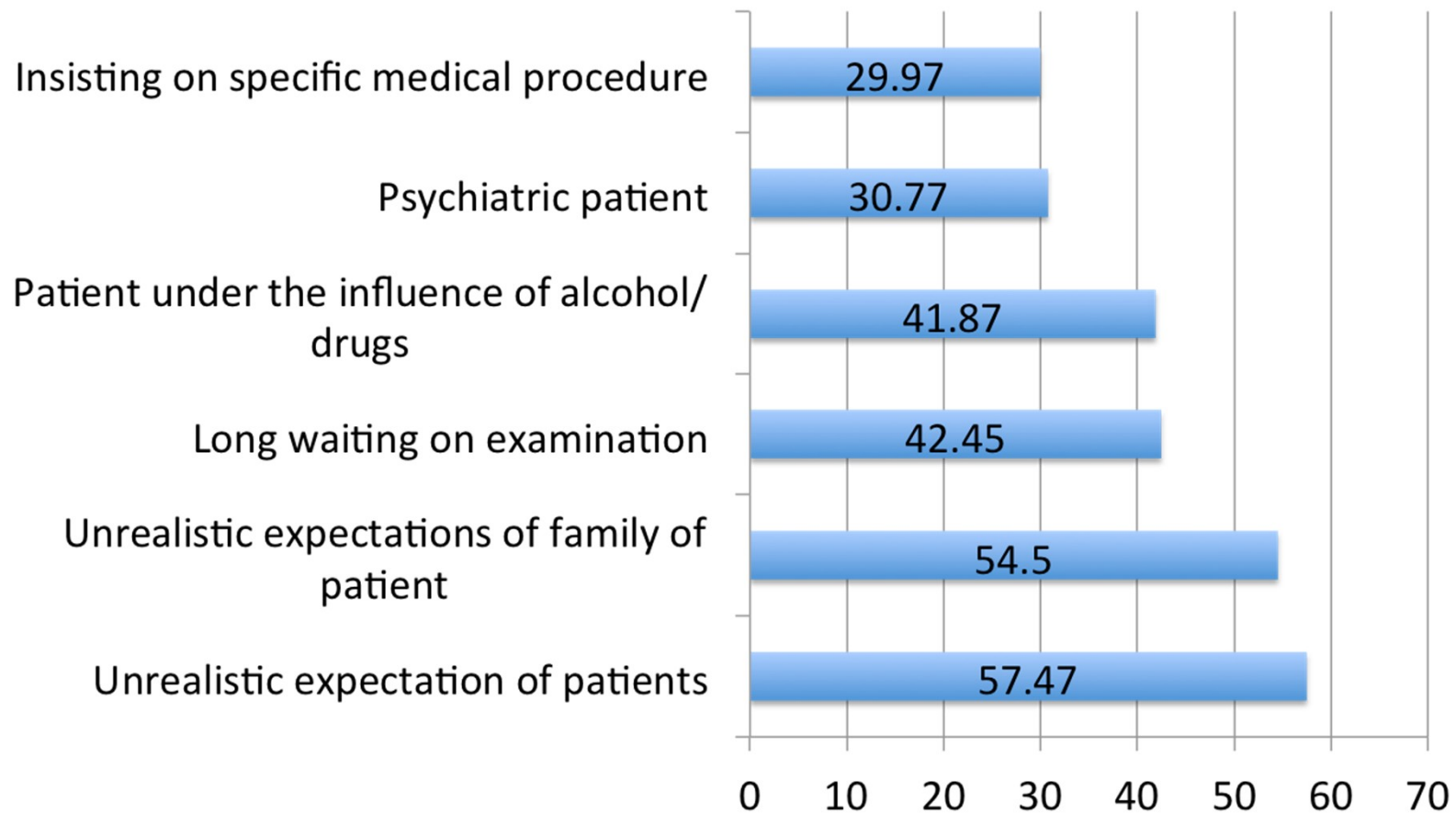
First results based on 1.500 completed surveys showed that during their career:

- **88,37%** physicians faced **verbal violence**
- **17,28%** physicians faced **physical violence**
- **10,43%** haven't faced any type of violence

Q1: VIOLENCE AGAINST PHYSICIANS



Main reasons for violence against physicians in Serbia % (multiple answers)



National report: Serbia

Q1: VIOLENCE AGAINST PHYSICIANS



Goals of Serbian Medical Chamber:

- Encouraging physicians to report verbal and physical violence
- Getting insight on main causes of violence against physicians through survey results
- Recommend implementations of most efficient measures to prevent violence against health professionals
- Recommend change of laws in order to prevent and control violence against health professionals in the workplace
- Organization of public campaign on raising awareness about verbal and physical violence against health workers in Serbian society
- Organize training for doctors how to prevent violence



About specialisation

- Specialisation approving the Ministry of Health and conducted on Medical faculty (*3 to 6 years*)
- The **type of specialisation** determine what knowledge, skills and practices will physician gain during specialization but further “development” depends where the specialist is employed
- **Workplace Catalogue** in every health institution defines duties of all employees, among them duties of medical specialists and subspecialists (*New one is adopted 2 weeks ago*)
- There are big differences among range of duties and practices between specialist or subspecialist working in **rural area** and those working in **urban areas**

National report: Serbia

Q2: SPECIALISATION



Question:

- Does any medical chamber issue licenses to **certify the doctor's knowledge** of the particular procedure for which he obtained the “certificate” (*ultrasound diagnostic, EEG diagnostic, endoscopy ...*)
- Your experience, how “existence of subspecialisations” and defining of procedures for subspecialists limit through regulation what physicians can treat? (*should specialist of internal medicine or general practice, treat cardiac patients*)
- How “you” define what “patient diagnosis” / “which doctor” **can or can not** practice with his specialisation – *in rural areas, doctors of general medicine must take procedures that only specialists work in cities*. What **diagnostic procedures** physicians can practice?

National report: Serbia

Q3: LICENSING AND CME



- **Serbian Medical Chamber** is responsible for awarding, renewing and suspending licenses (*7 years, 120 credits – minimum 10 per year*)
- There are around 30.000 physicians with valid license in Serbia at this moment
- Last “big” licensing period of 7 years was 01.01.2016. (*over 20.000 licenses renewed*)

Number of awarded licenses in Serbia (by year)

| Year | SMC - Number of licenses |
|--------------|--------------------------|
| 2015 | 826 |
| 2016 | 1.228 |
| Jan-Sep 2017 | 1.037 |

National report: Serbia

Q3: LICENSING AND CME



- **Health Council of Serbia**, founded by Ministry of Health of the Republic of Serbia, is responsible for accreditation of CME in Serbia
- Serbian Medical Chamber is giving **technical support for CME**, but it is not responsible for control of CME events
- CME can be organized like:
 - Professional meeting (1-2 credits)
 - Course (4-7 credits)
 - Seminary (4-7 credits)
 - Online test (2-4 credits)
 - Symposium (4-6 credits)
 - Congress (6-10 credits)
- CME is also recognizes in published scientific articles in professional journals as well as study stays outside the country

National report: Serbia

Q3: LICENSING AND CME



Number of CME in Serbia (2010 - September 2017)

| Accreditation period | Professional meeting | Course | Test | Congress | Total |
|-------------------------|----------------------|--------------|--------------|--------------|---------------|
| 2010 | 3.154 | 943 | 25 | 191 | 4.313 |
| 2011 | 2.644 | 1.016 | 72 | 188 | 3.920 |
| 2012 | 2.115 | 908 | 128 | 202 | 3.354 |
| 2013 | 1.971 | 697 | 160 | 198 | 3.156 |
| 2014 | 1.787 | 862 | 321 | 204 | 3.174 |
| 2015 | 1.647 | 779 | 327 | 260 | 3.013 |
| 2016 | 1.691 | 764 | 180 | 203 | 2.838 |
| 2017 | 948 | 395 | 127 | 158 | 1.628 |
| Σ by type of CME | 15.957 | 6.364 | 1.340 | 1.604 | 25.396 |

National report: Serbia

Q3: LICENSING AND CME



- In Serbia, **CME certificate** can only be used as upgrade of formal education and right now officially is not recognized like “new knowledge or skill” but in practice lot of doctors use them like verification for their practical knowledge

Questions:

- Does in any country CME certificate is recognized as “formal education”
- Does doctors use CME certificate to prove that they are trained for certain procedures?
- Does medical chambers, have the right, to “translate or nostrificate” professional titles acquired abroad and issue licenses accordingly, or another institution doing that ?

National report: Serbia

Q3: LICENSING AND CME



- **CEFTA** – have project for recognition of professional status between member countries (*most of them are Balkan countries*)
- Problem is a difference between the recognition of the acquired education and the recognition of the professional title (*Serbia signed Lisbon declaration*)
- There is a “legal vacuum” when it comes to “**nostrification**” of a professional title: (*simplified explanation*) >>>
 - The **Ministry of Education** just issues a certificate on recognized education but does not translate the acquired title itself. (*Because of Lisbon declaration*)
 - The **Ministry of Health** no longer has the ability / legal right to validate the professional title because it was defined like job of Ministry of Education.
 - The **Medical Chamber** can not issue a license without a translated title, and the often acquired title does not coincide with the title that exists in Serbia.

National report: Serbia

Q4: TREATMENT PROTOCOLS



Clinical protocols

- Sometimes doctors doesn't really recognize legal difference between Protocols, Guidelines, Clinical pathways ect.
- Now in Serbia we have **non-binding Guidelines** of good practice
- **Health Care Law** recognize implementation of **treatment protocols**
- New Health Care Law is expected to be adopted by the end of 2017
- **Treatment protocols** are added in Article 2. of the new Health Care Law
- It is still not clear **who will define** treatment protocols in Serbia

National report: Serbia

Q4: TREATMENT PROTOCOLS



DRG and treatment protocols

- There is an ongoing Pilot project on **DRG implementation** in Serbia and it considers also regulation of clinical pathways and treatment protocols
- DRG implementation is one of the objectives of the **Second Serbia Health Project** of World Bank – closing date September 30. 2019)

Question:

- Does Medical Chambers have influence on defining treatment protocols in countries of the region?



Thank You !

dr Milan Dinic
info@lks.org.rs