

BULGARIAN MEDICAL ASSOCIATION

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Amendment to the [Criminal Code](#) incriminating the assaults against all medical specialists, dated 13th July 2013, adopted at the proposal of BMA :

- ✓ - **killing** of a medical specialist during or in relation to his performance of his duties of office or professional activity, for which the **custodial sentence is twenty to thirty years, life imprisonment or life imprisonment without parole;**

- ✓ - **in case of battery** to a medical specialist during or in relation to his performance of his duties of office or professional activity, for which the penalty is **imprisonment:**
 - 1. from five to fifteen years in case of a serious bodily injury;
 - 2. from three to ten years in case of average bodily injury;
 - 3. from one to five years in case of slight bodily injury under [Art. 130, Para. 1](#) of the Criminal Code;
 - 4. up to three years in case of slight bodily injury under [Art. 130, Para. 2](#) of the Criminal Code.

- **2012** - Two pre-trial proceedings were registered. Of these, one ended in fine and the other in probation.
- **2013** - The pre-trial proceedings were 7. They ended in one agreement, one suspended sentence, one probation, two fines and two judgments for imprisonment.
- **2014** - There were 5 pre-trial proceedings, resulting in 4 convicted persons. Of these, there were one suspended sentence, one probation, one fine and one judgment for imprisonment.
- **2015** - There were 4 pre-trial proceedings but just one convict sentenced to a fine.
- **2016** - There were 2 pre-trial proceedings in 2016 but the convicted persons are 4 in total. There were two fines and two suspended sentences.

- According to Prof. Nikolay Petrov, Minister of Healthcare, 52 cases of violence against medical teams have been registered this year. It is assumed that these are only about 30% of the actual cases.
- The analysis of these statistics shows that the 2013 amendments in the Criminal Code are not respected which, according to the BMA, is the main reason why violence against doctors and nurses not only does not dwindle but becomes daily routine. On this occasion, a meeting with the Chief Prosecutor of the Republic of Bulgaria was held in July where it was decided to set up a working group to find measures to prevent the aggression on medics which is due to be formed as soon as possible.

II. SPECIALISATION

- Ordinance No. 1 on Specialty Acquirement in the Healthcare System
- Theoretical training is carried out by the higher schools and the National Centres on Public Health Issues having acquired accreditation in the respective specialty under the Higher Education Law, as well as by the Military Medical Academy, for the military medical specialties.
- Practical training takes place both in the mentioned institutions and in medical facilities (hospitals) which have received positive accreditation assessment to train students and doctors-in-training and which are able to accomplish the curriculum of the specialty or its relevant sections or modules.

- The medical universities organize and register the implementation of training programs in highly specialized medical activities.
- Training is carried out under the terms of uniform curricula approved by the Rector of the Medical University.
- Implementation of the curricula is held at the University Hospitals the Medical University has signed agreements with.
- A Certificate for Acquired Qualification in the respective highly specialized activity shall be issued to those who have successfully completed their training and passed an exam before a panel designated by the Rector of the MU.

III. LICENSING AND CME

- Under the Health Act, a wide range of organizations can carry out CME but according to Art. 182 of the Act, the Bulgarian Medical Association (BMA) is the only one authorized to organize, coordinate and register the process.
- The BMA organize the continuous qualification training through agreements concluded with the higher medical universities, the Military Medical Academy (MMA), the Union of the Bulgarian Medical Specialists (UBMS), various scientific organizations, associations, etc.
- The professional organization accredit and monitor the CME quality, setting out in the agreements the terms and conditions for carrying out the form of CME event.

➤ In order to improve the CME organization, BMA established the Accreditation Council (AC) as its own structural unit to act as a supreme body in the CME system. The AC composition is comprised of 18 members, with BMA, UBMS and MMA nominating six representatives each.

➤ The Accreditation Council :

- participate in the development of the legal framework regulating the CME system
- develop assessment criteria for accreditation of the healthcare establishments that carry out CME
- process and provide in due time information on the carried out CME forms
- adopt a Uniform Accreditation System for Assessment of the CME Forms
- participate in development and ongoing updating of the electronic system for registration and announcement of CME forms.

IV. TREATMENT PROTOCOLS

The BMA has elaborated the General Rules for Good Medical Practice (in accordance with the Act on the Professional Organizations of Physicians and Dentists) and they have been approved by the Minister of Healthcare.

Currently, the National Expert Specialty Medical Boards (NESMB) also develop the Rules for Good Medical Practice in the different specialties.

- The NESMB are BMA bodies.
- Each NESMB is comprised of a Chairperson elected by the relevant specialty association which is a member of the Union of the Bulgarian Medical Specialists (UBMS), and 10 members – five of the BMA quota, and 5 of the UBMS quota.
- Each medical specialty is represented by a corresponding NESMB.
- Part of the work of NESMB is to elaborate, consult and approve CME programs which are published annually after assessment by the Accreditation Council; They elaborate, consult and approve quality criteria for the medical activities as well as carry out assessment and control activities.

By now, the treatment protocols are developed by the associations at the UBMS. The protocols drawn up for the various specialties are based mainly on the approved protocols of the European associations in the respective specialty. Adoption of these protocols is carried out at the top forum of the respective association, the Congress.

Organized with the help of European Union funding, for several years and with the participation of a wide range of specialists, the MORE Programme elaborated treatment protocols in the field of Oncology.

With the help of the PULSE Programme, a collection of protocols on clinical behavior in the Emergency Medicine was developed.

BMA demand that the NESMB shall also take part in the development of the treatment protocols. Therefore, we have prepared an amendment to the Act on the Professional Organizations of Physicians and Dentists by which the AC and the NESMB shall be legally validated both as a structure and as a function.

A working group comprised of representatives from the BMA, the UBMS, the Ministry of Healthcare and MPs from the Parliamentary Committee on Healthcare, has to be formed to discuss and, hopefully, to adopt our proposals. The next step is to submit them to the National Assembly and have them adopted as amendments to the Law.

THANK YOU FOR YOUR ATTENTION!