

## **Czech Medical Chamber - Cz national report:**

***1) CME/CPD regulations: What are the consequences or sanctions, if any, if requirements are not met (failure to complete the required credits, etc.)?***

***Is there a process of revalidation in your country? What are the obligations or duties of the medical chambers with regards to CME?***

Continuing medical education (CME) is obligatory for doctors in the Czech Republic. This obligation is declaratory. There are no sanctions in case that the requirements are not met.

The Ministry of health of the Czech Republic, faculties of medicine, expert medical associations (professional societies), Czech Medical Chamber and other organizations hold responsibility for continuing medical education. In fact, the only comprehensive CME system was created by Czech Medical Chamber. Our organization administrates register of educational events and guarantees their standards.

Czech Medical Chamber developed credit system for educational events integrated in the register. The amount of credits is derived from the length and difficulty of the individual educational event. Czech Medical Chamber also registers the number of credits acquired by physicians (i.e. members of Czech Medical Chamber).

When the goals and conditions of CME are met (the entire process is embodied in our professional standards, article 16), Czech Medical Chamber issues the diploma. The diploma is valid for five years and the physician has to gain 150 credits in five-year term to get it.

The diploma that confirms that physicians acquired appropriate standards of CME is necessary for every single medical person who applies for the license of the chief physician (senior doctor). The licenses are valid for 10 years. Any other licenses issued by Czech Medical Chamber (e.g. license for private praxis) are valid without limitation.

Czech Medical Chamber protects physicians against sanctions that could possibly come if they do not fulfill their duties in the field of CME. Our organization prefers positive motivation. We succeeded and pushed through the provision in favour of private doctors last year. Private physicians who have CME diploma issued by Czech Medical Chamber receive higher payments (1 % more) from insurance companies.

***2) Are there any attempts on the part of the government to limit or abolish medical self-governance in your country?***

We fortunately do not face such attempts now. On the contrary, we manage to strengthen the competencies of the Czech Medical Chamber step by step. There were many political motivated attacks to limit medical self-governance in the past.

See below:

**May 2006** – 25 senators of right-wing Civic Democratic Party (ODS) tried to cancel obligatory membership in the Czech Medical Chamber (they involved Constitutional Court in the process). This attack was aimed only at the Czech Medical Chamber. Significantly, politicians did not mind the obligatory membership in the Czech Dental Chamber and Czech Pharmaceutical Chamber at all, although all three mentioned institutions are established by the same law. The Constitutional Court fortunately dismissed the initiative of senators in October 2008.

**September 2007** – 22 MPs of right-wing Civic Democratic Party initiated new law against Czech Medical Chamber. Politicians wanted our institution to operate under supervision of Ministry of Health. The law included the provision that the officials of Czech Medical Chamber end their term in the office prematurely. Civic Democratic Party also pushed following principles by means of this law:

- for the Czech Medical Chamber elections to be valid there should be turnout (attendance) of 50 % participants at least;
- if that the Czech Medical Chamber was not able to elect new leadership for the period of six months, the competencies and property of the chamber would be taken over by the state.

Why do the attacks against the Czech Medical Chamber repeat?

The Czech Medical Chamber remains the only defender of the physicians' rights in the relation to the state, regions and insurance companies. We attempt at fulfilling the task – independently guarantee of the quality of healthcare.

We also assess intentions applied by the Ministry of Health. Therefore, there could be the opinion among certain politicians that the easiest way – instead of fruitful discussion – is to restrict our competencies. The initiators of these attacks are often doctors who became politicians.

In case that the professional supervision will not be governed by Czech Medical Chamber, this responsibility will be taken by the state.

***3) Have there been any structural changes in the healthcare sector that significantly affect the medical profession (e.g. collaboration between the outpatient and inpatient sectors?)***

There are no fundamental structural changes within the health sector these days in the Czech Republic.

***4) What regulations are in place to protect against prenatal sex selection in your country and does the chamber play any role or have a position on this issue?***

The regulation to protect against prenatal sex selection is included in the legislature which deals with the procedures of assisted reproduction. The law says that the methods and procedures of assisted reproduction are not permitted for prenatal sex selection. However, there is only one substantial exception: in case there is possibility to prevent serious genetic diseases which are connected to the gender, the prenatal sex selection is permitted.

***5) Are there any other topics from the past year that have been discussed in your country or that are important to your chamber/ the medical profession in your country?***

The Most Important Contemporary Health Care Issues in the Czech Republic are:

**Money shortage**

The overall healthcare expenditures as a percentage of GDP are 7, 0 % in the Czech Republic, i.e. 28 000 crowns (1000 Euros) per capita a year. Compared to the other economical strong EU countries, the healthcare expenditures are also lower as for purchasing power parity.

We observe that from overall healthcare expenditures, 85 % stem in public sector and 15 % are the matter of private sphere. With regard to the fact that there is no supplementary insurance in the field of above-standard services, 15 % of mentioned private expenditures are made up from out of pocket payments. To be more precise, these payments (15 %) are mainly for the medicines that are not covered by insurance company (or covered just partly). Such direct payments affect only ill people, especially senior citizens.

Every Czech inhabitant has to be insured within one of the seven insurance companies. However, the system is not fair. While the employees pay insurance in amount of 13, 5 % from their salary (one third pays the employee, two thirds pays the employer), the self-employed person (so called OSVČ) pays only the half. The state covers the insurance for children, seniors and unemployed people (60 % of inhabitants). The payments are, however, low – the state payments for 60 % inhabitants mentioned above constitutes only 25 % of overall public insurance system incomes.

Standard quality and decent availability of healthcare are secured in the situation of money shortage and to the detriment of medical persons whose work is badly paid. Low salaries and the amount of work that is in the contradiction to working time directive. This is also the reason for Czech physician to leave our country and work abroad.

**Personal Shortage**

Czech Medical Chamber has 51 600 members in total but only 38 600 doctors work here (i.e. one doctor per 272 inhabitants).

We consider the emigration of mainly young men physicians to be one of the worst problems in the Czech Republic. Approximately 1050 doctors (excluded dentists)

finish their university studies (we have seven universities with the medicine programmes). Approximately 200 decide to leave Czech Republic just after finishing their studies. Apart from them, 200-250 qualified physicians leave our country every year. They work especially in Germany and UK.

Czech hospitals are getting more and more depended on foreign doctors. Currently 2800 foreign physicians work in the Czech Republic (mainly from Slovakia because there is no language barrier). We have also colleagues from the post soviet countries (Ukraine, Belarus or Kazakhstan).

Furthermore, the doctors who actively do their job are getting older. The average age of working doctor is 48 years. The worst situation is among GP (54 years on average) and general paediatricians (56 years). Among actively working physicians 22 % are at the age of more than 60 years.

The feminization in the Czech health sector is also apparent. In the Czech Medical Chamber we have 58 % of women (42 % are men). There are 70 % of women among students of medicine.

### **Complicated Specialization Education**

The medical universities carry out specialization education. The system is very complicated and the young doctors are compelled to spend many years at the university hospitals. They serve as cheap labor force. That is why the regional hospitals suffer from the lack of physicians.

Currently, we have 84 medical specialities. That is really too many. The specialization education takes long time – longer than required by appropriate European directive.

Young doctors have low income. On the contrary, they have to pay for the internships and course that are obligatory for them.

Czech Medical Chamber supports young physicians. Therefore we negotiate with the Ministry of Health about the substantial change in legislation. University hospitals and scientific medical associations try to block our attempt since the system is convenient for them.

**Milan Kubek, president of the Czech Medical Chamber**