

Our investment into scientific societies – still free of charge ?

The case of Slovakia

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- Population of 5.4 millions
- 18 000 physicians
- 4 medical schools
- 3 specialized CV centers



Postgraduate medical education in Slovakia

- Specialization studies
- CME

Specialization studies

- 60-year history of centralized institutional postgraduate education (former SPAM, now SMU) – in charge of the entire board certification process, issuing internationally recognized diplomas
- All 4 medical schools are now accredited for board specialty studies
- 2 medical schools (Bratislava and Košice) are accredited for cardiology



PL

CZ

UA

H

A



Bratislava – the “hospital hill”



Postgraduate medical education in Slovakia

CME

- **CME is by law obligatory for all physicians**
- CME activities are centrally registered and credits awarded by a specialized agency (SACCME) and the Slovak Chamber of Physicians
- Each activity is awarded a predefined number of CME credits (according to the duration of the scientific program)
- If target number of credits not accumulated over 5 years – loss of license (managed by the chamber)

Medical scientific societies (SciSO) and CME

- Slovak Medical Association was for decades the only body offering CME
- most SciSo are not legal entities, but collective members of the Slovak Medical Association (SMA - relict from communist regime)
- Slovak Society of Cardiology and SHRA are among few independent legal entities (since 1997 and 2008, respectively)
- All SciSo (legislatively non-profit NGO) are entitled to offer CME to the medical community
- Any private company can offer CME, if this activity is part of the company's legal registration at the court
- **No governmental agency involved in CME**
- Most accredited CME activities are organized by SciSo
- in collaboration with industry

CME – a *persona non grata* for the government ?

- Since 2012 participation of physicians on all educational activities have to be reported to the Ministry of Health and to financial authorities with the declaration of the amount of nonfinancial support to each individual participant (= sum of nonfinancial support to the participant – travel, refreshment,).
- The legislation does not distinguish between active and passive participation
- The information must be publicly accessible on the govern. web page

CME – a *persona non grata* for the government ?

- The participant must declare this “income” to the tax authorities, it is flat-taxed with approx. 40%
- In spite of the compulsory character of CME, physicians (but also nurses) are **NOT ENTITLED to tax deductibility** of any costs paid for education (books, journal subscriptions, registration fees,...)
- Average before-tax income of cardiologists in state owned/run hospitals approx. 2000 Euro (including all extra time)

Position of academic medicine

- **Since 2011 several legislative steps undertaken to undermine the position of academic medicine within the healthcare system by both right and left governments**
 - Chairs of Dept. of University Hospital (employed by universities) are **NOT ENTITLED** to be involved in direct clinical activities (evoking image of **SCIENTISTS** and not **PHYSICIANS**)
 - Clinical activities are managed by Dept. directors (employed by hospitals)
 - neither any academic degree not any academic profile (e.g. publications, lecturing, foreign language knowledge) is required by hospitals for these positions
 - MPH degree will be obligatory since 2015 for all dept. directors

Position of academic medicine

- **Heavy barriers for conducting clinical trials:**
 - sponsor should pay for ALL treatment necessary during the time of clinical trial - dismissed by the end of 2013,
 - industry sponsored trials with drugs approved for more >2 years are not allowed – fear of induced prescription ?)
- **Representatives of industry not allowed to visit hospitals during regular working hours**
- **Position of insurance companies:**
 - Patients encouraged to check on the web the involvement of their treating physician with particular drug companies with respect to the recommended drug
 - Written information to patients about potentially highly hazardous drug combinations

Slovak (Academic) Medicine *under siege* ?

- **Healthcare surveillance authority** (founded in 2004) – reports directly to the government.
- *Surveillance = close observation, esp. of a suspected spy or criminal*
- 300 employees
- All department of pathology and legal medicine are within the structure of the authority – aim to assure independence – but autopsy rate decreased from 20% to 12%

Our investment into scientific societies – still free of charge ?

What do we invest ?

- **Time**
 - Regular working hours
 - Free-time
- **Health**
- **Money**
- Our local reputation in case of investment into international scientific societies (paradoxical risk of decrease - *“no-one is a prophet in his own country”*)

These investments are generally not appreciated by healthcare administrators on governmental level

“New” era of healthcare legislation ?

- Focus on economic efficiency, cost containment and “quality of care”
- Education and research increasingly perceived as activities interfering with the above targets
- Legislation: Establishing and strengthening barriers for cooperation between academia and industry
- Aim: deceleration of therapeutic progress which is expected to decrease costs
- All tools allowed: media – downgrading the social image of the profession of physician
- Medical world largely unprepared and uncoordinated, currently in defensive position

Twilight of academic medicine in Slovakia and elsewhere ?

