



**FEDERATION EUROPEENNE DES MEDECINS SALARIES
EUROPEAN FEDERATION OF SALARIED DOCTORS**

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Introduction

The purpose of our work was to get information on how much hospitals of the different EU member states spend for the salaries of employed doctors.

The salary mass in a hospital, in normal situations, represents, or it should represent, about 62% of the total hospital costs.

Within this total salary mass, the percentage corresponding to the salary of doctors can be a benchmark of the internal organization of the hospital; therefore, starting with some final data, and going counterwise, we can understand many features of the EU different health systems.

These data are only the first step of our work and needs to be implemented by other data, that, going on with our activity, we’ll receive from our partners in the different EU countries.

It must therefore be clear that his is not at all a work done to classify the doctors’ personal earnings: due to the different salary dynamics, tax and social security collection, the net salary that remains in the pocket of a doctor may encounter significant differences.

Collecting the data was not very easy; the first way seemed to be simple: asking the EU commission to deliver the national work contracts of EU health workers.

We soon discovered that the EU Commission ignores them. I just had the advice to consult the national Medical Associations.

Therefore the data we collected come from different sources; the colleagues of FEMS sent me the data concerning their country; for the countries not represented in FEMS the data come from different sources: direct contacts with delegates of other European Medical Organisations we met in their assemblies, Web pages of European Medical Associations.

Cyprus and Latvia delegates to CPME, personally contacted, did not send any reply, therefore the data of these countries are not present on the diagrams.

In some countries, like Luxembourg, no contracts exist and the salary of doctors is decided on a private basis. In other countries (Bulgaria) only the minimum salary of doctors is available, as the higher levels of pay are decided, again on private basis; other sources (Estonia and Lithuania) just sent the average salary, therefore their position in the following diagrams is different.

In Belgium, University doctors have a contract relationship, hospital doctors have a private relationship, therefore the Belgian data must be considered within these terms.

The reported values are intended before taxes and social security withholdings (but this second voice, in some cases, may be absent, as there are different rules on the matter in the different member countries).

The maximum values are obtained, in some countries (France, Slovenia...) according to seniority, in other countries the salary is connected to the position (e.g. consultants in UK) and in Italy, where the maximum levels concern a limited number of doctors (coordinators of department).

The preliminary data were shown in the GA in Barcelona and we took into consideration the remarks from FEMS delegates.

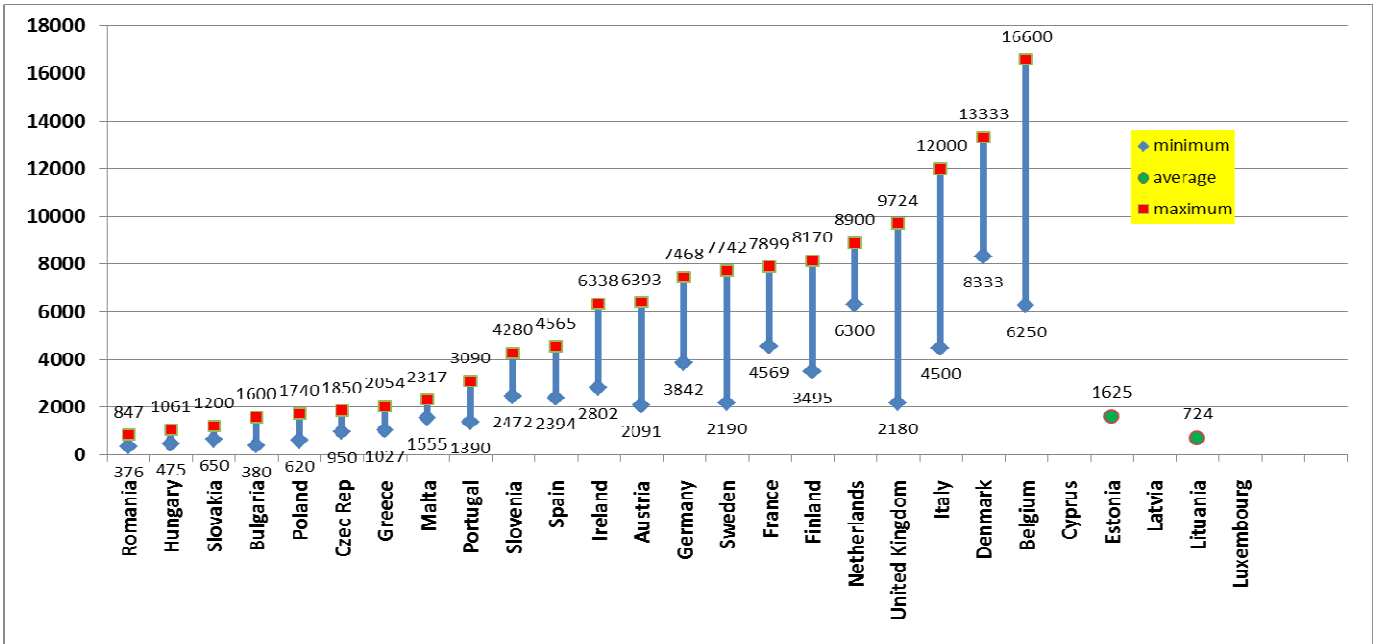
The data underwent correction based on the purchasing power parity (PPP), obtained by Eurostat documents.

The data were also compared with the average salary of the individual countries (still Eurostat data), before and after PPP correction.

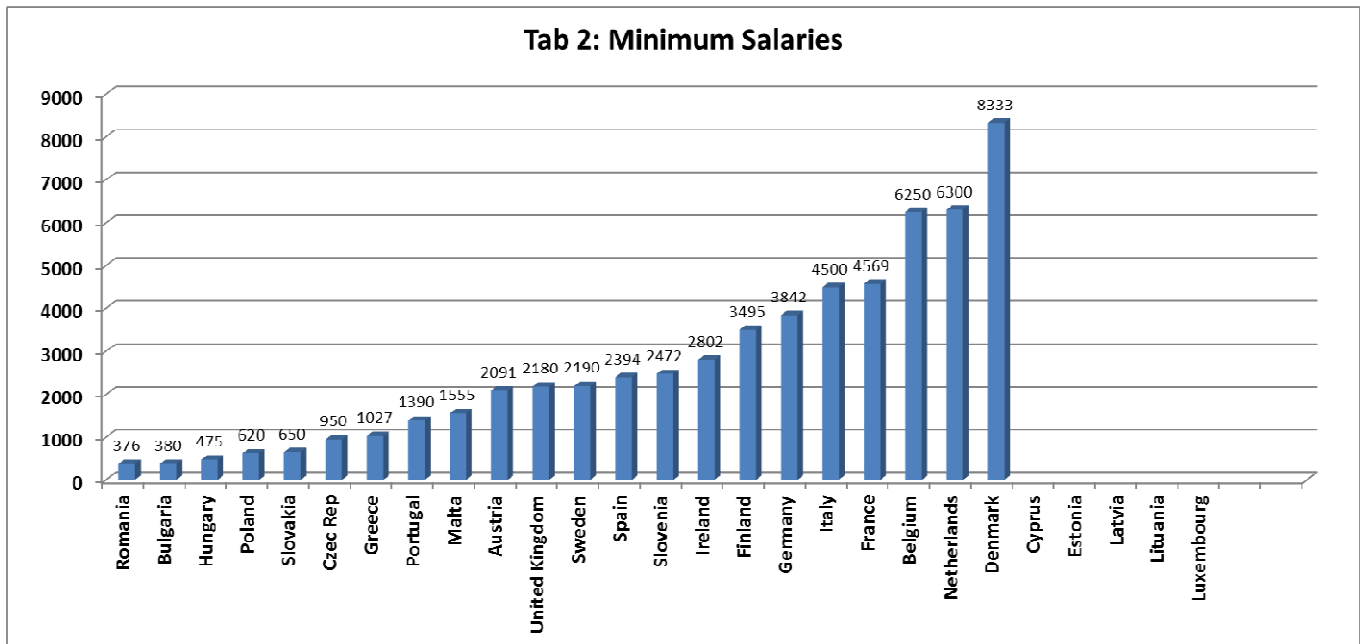
We considered important to insert the per head total expenditure on social protection distributed by the single member countries to check if, in case of low salaries, a kind of compensation could come from those funds.

Gross salaries

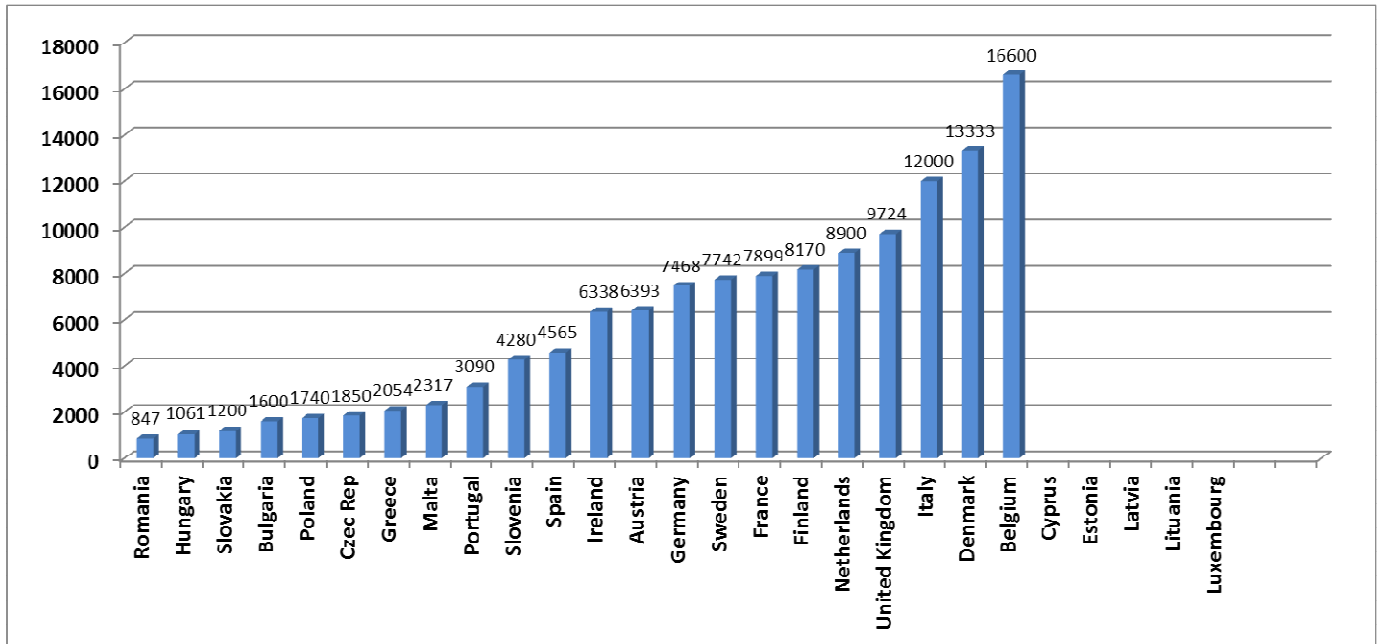
Tab 1: European Hospital Doctors' Salaries



Tab.2: minimum salaries



Tab.3: maximum salaries



Purchasing Power Parity

Purchasing power parities (PPPs) are indicators of price level differences across countries.

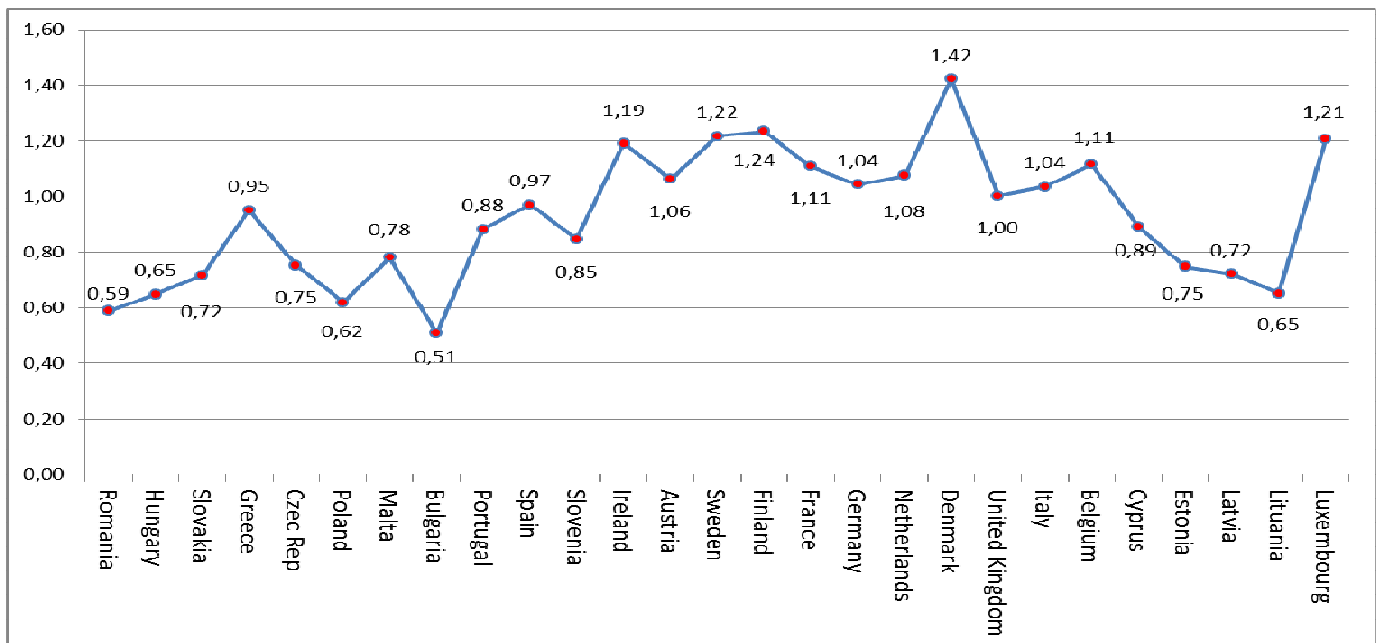
They indicate how many currency units a particular quantity of goods and services costs in different countries.

It is useful because often the amount of goods a currency can purchase within two nations varies drastically, based on availability of goods, demand for the goods, and a number of other, difficult to determine factors.

PPPs for European countries are annual benchmark results calculated by Eurostat ¹.

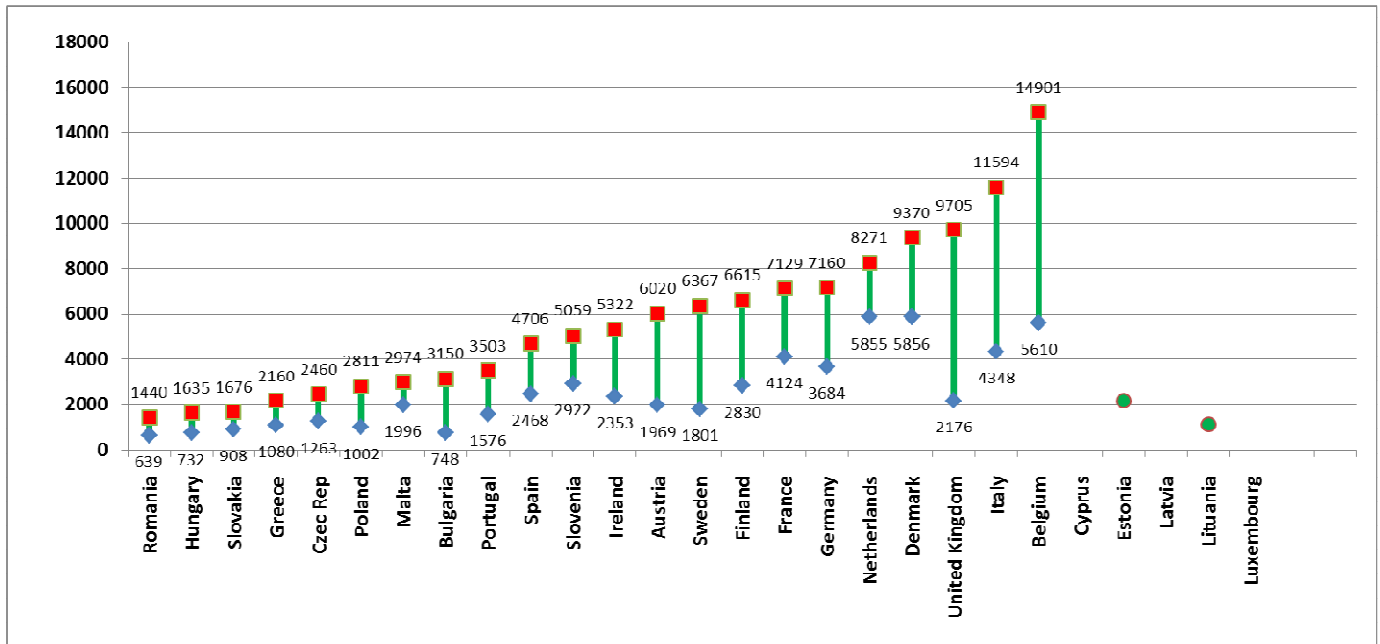
Per capita volume indices should not be used to rank countries as PPPs are statistical constructs rather than precise measures. Minor differences between countries should be interpreted with caution.

Tab 4: Purchasing Power Parity

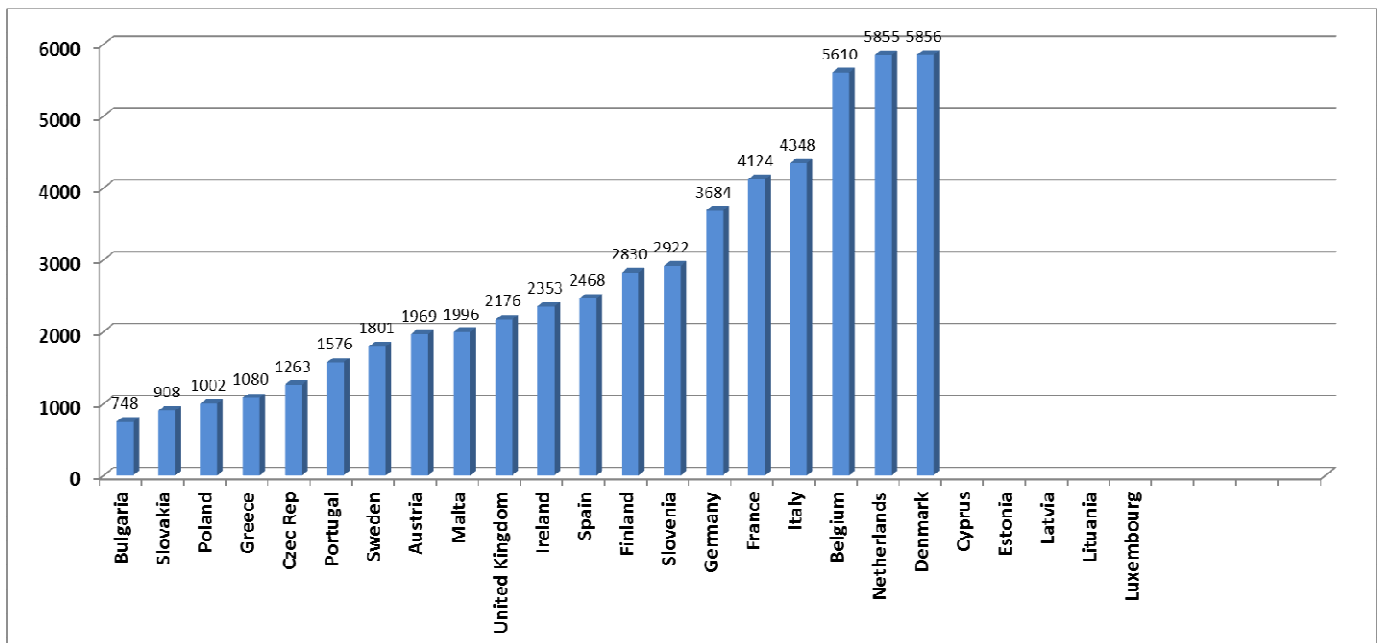


¹ http://epp.eurostat.ec.europa.eu/portal/page/portal/purchasing_power_parities/introduction

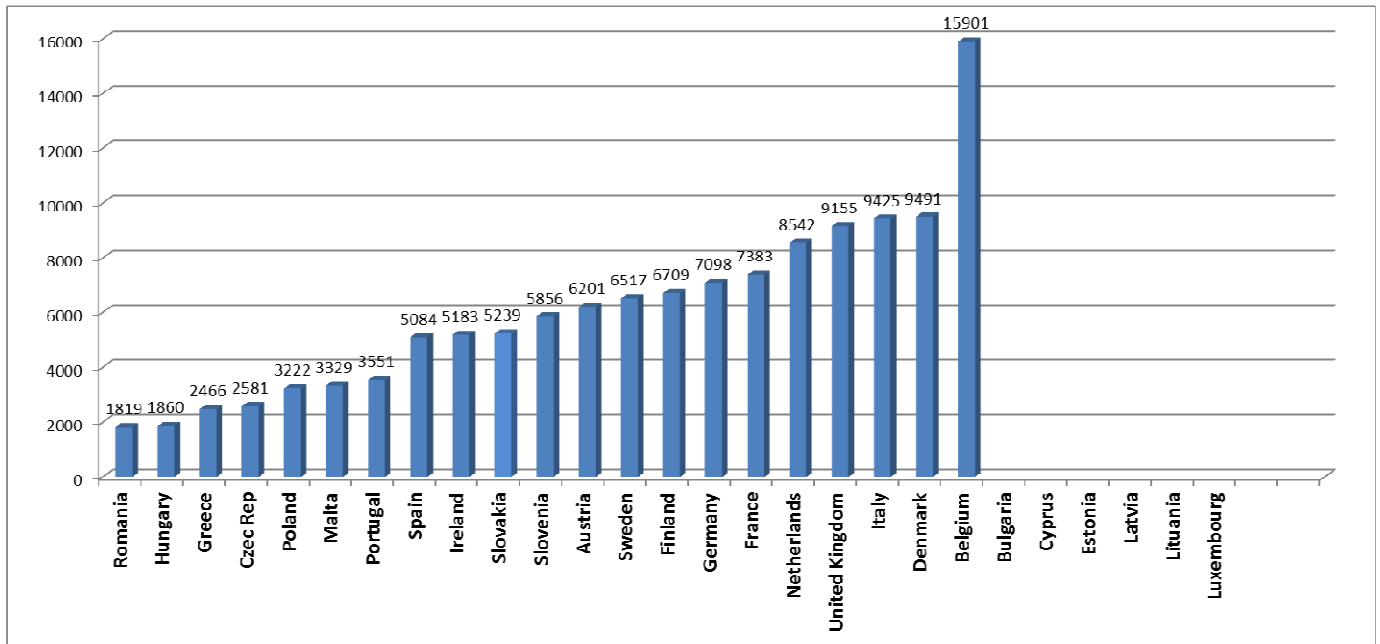
Tab 5: PPP Corrected Doctors' Salaries



Tab 6: PPP Corrected Minimum Salaries



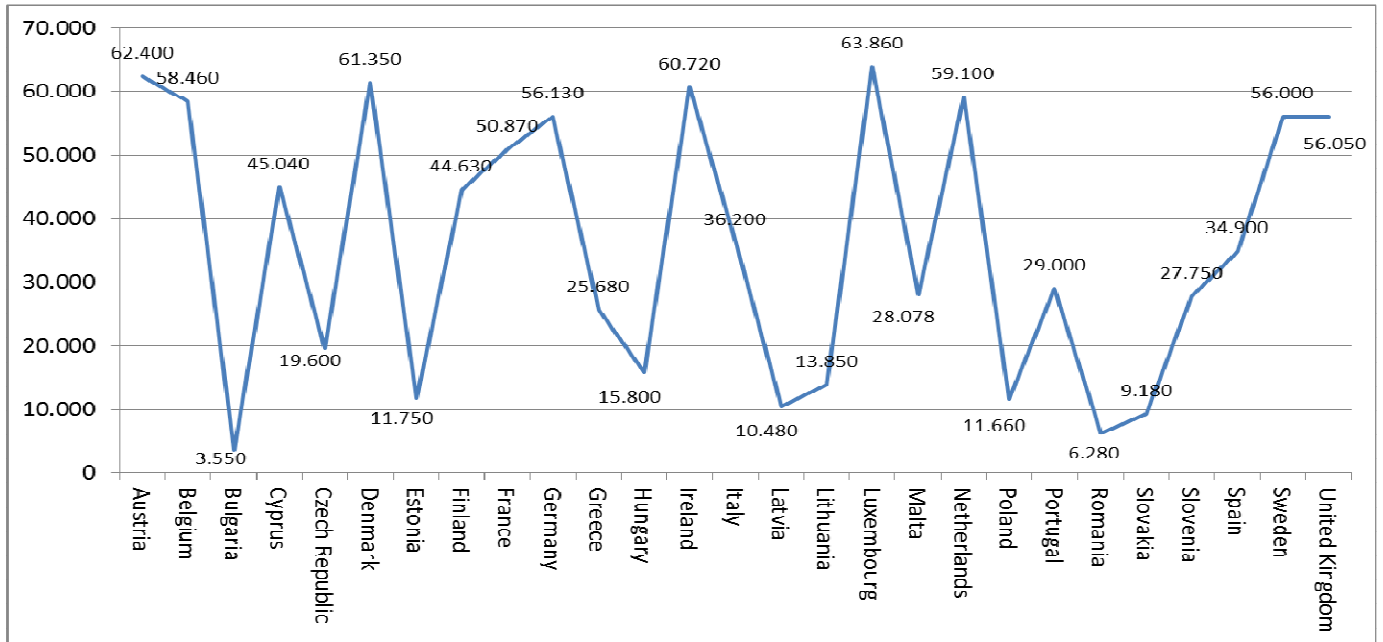
Tab 7: PPP Corrected Maximum Salaries



Average European Salaries

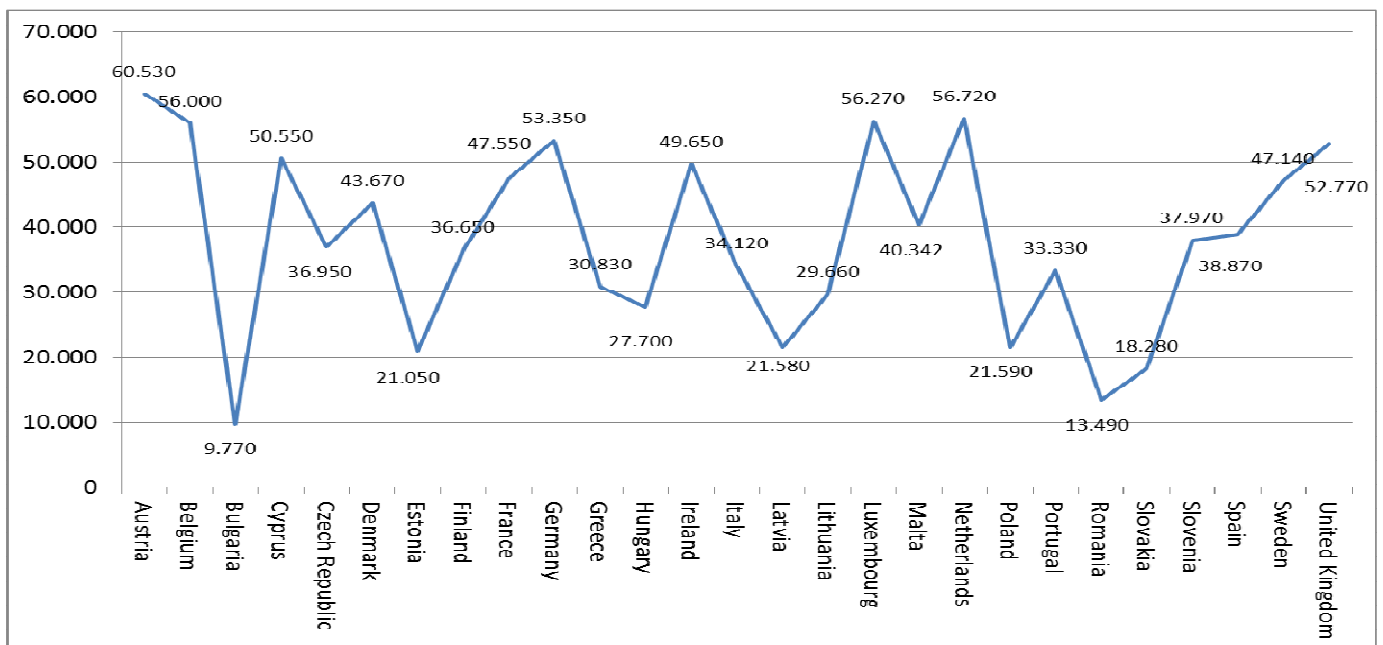
We benchmarked the doctors' salaries with the average European salaries, as obtained by OECD data,²

Table 8: Average national salary



The data were corrected, as we did for doctors' salaries, according to the PPP :

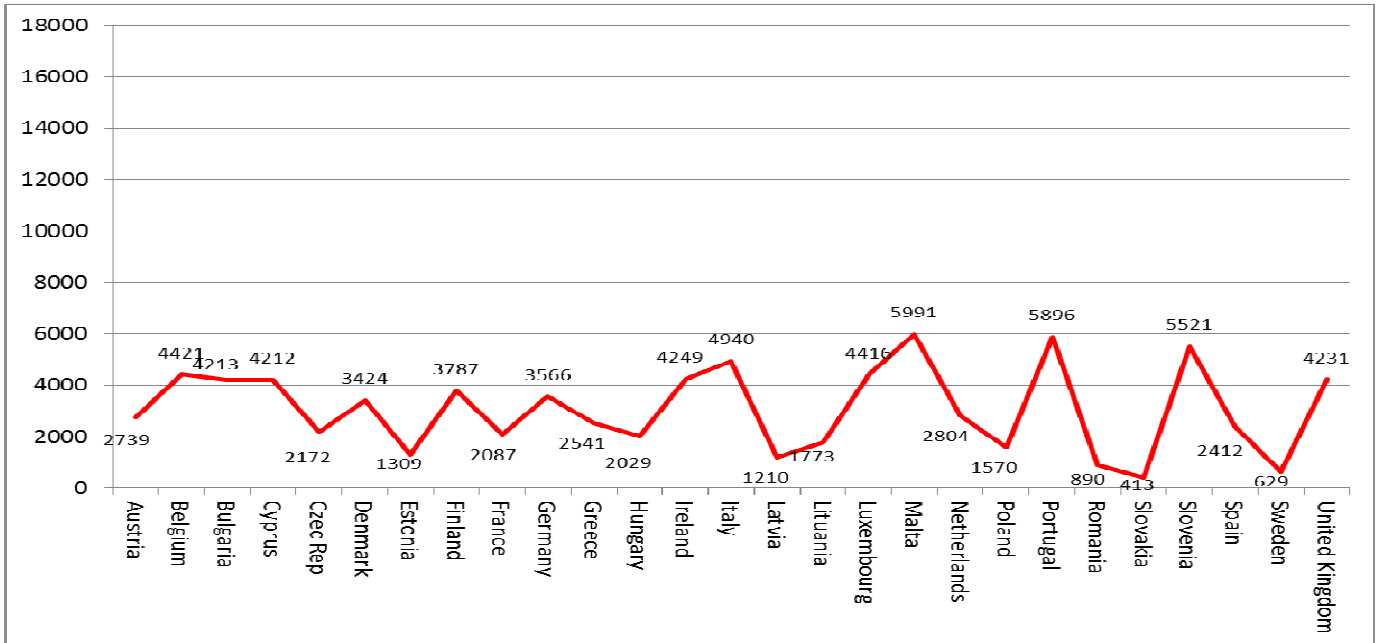
Table 9: PPP corrected average national salary



² <http://stats.oecd.org/index.aspx?queryid=19802>

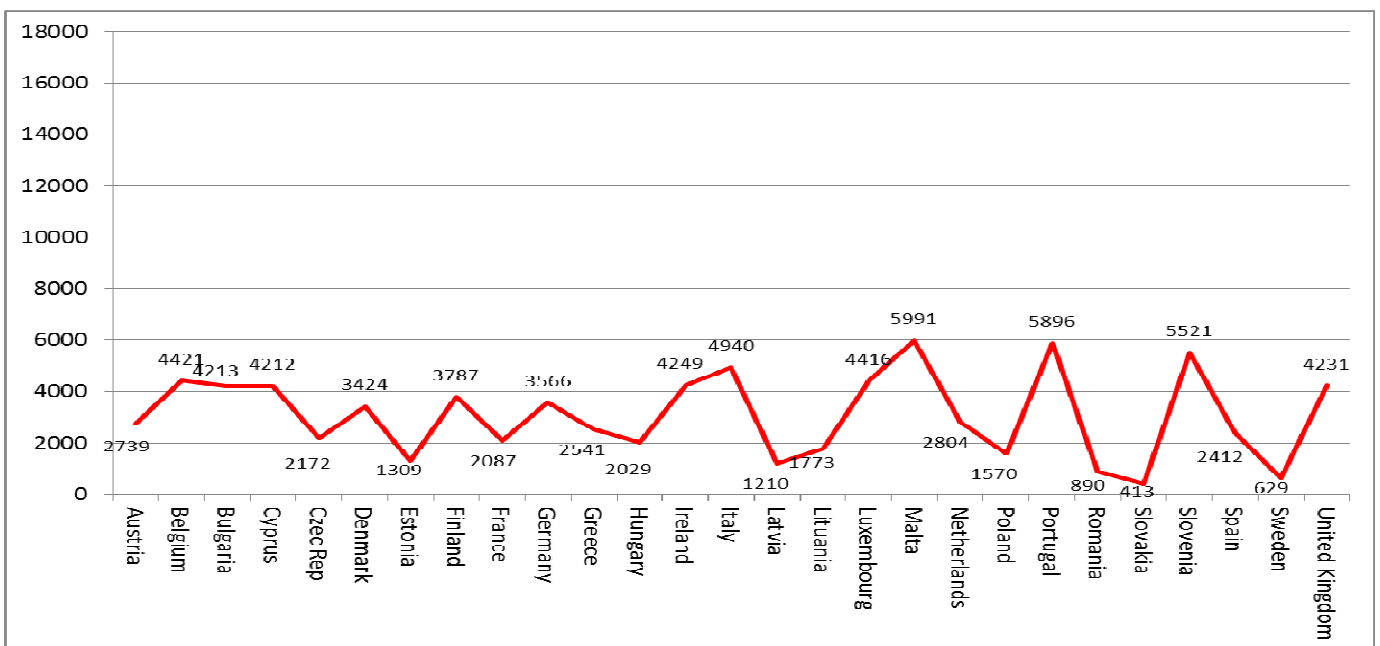
The following values were obtained dividing the yearly salary by 12, to obtain an average monthly salary.

Table 10: Monthly average national salary



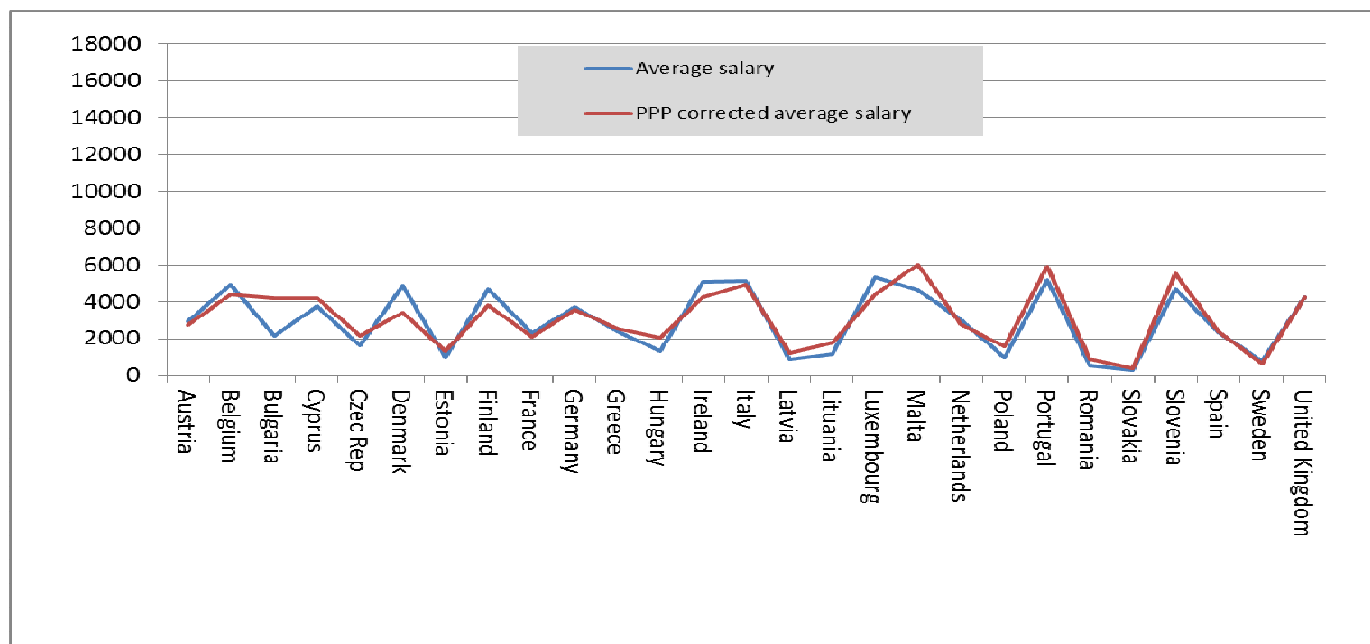
After correction of these data according to the PPP, the following table was obtained :

Table 11: Monthly PPP corrected average national salary

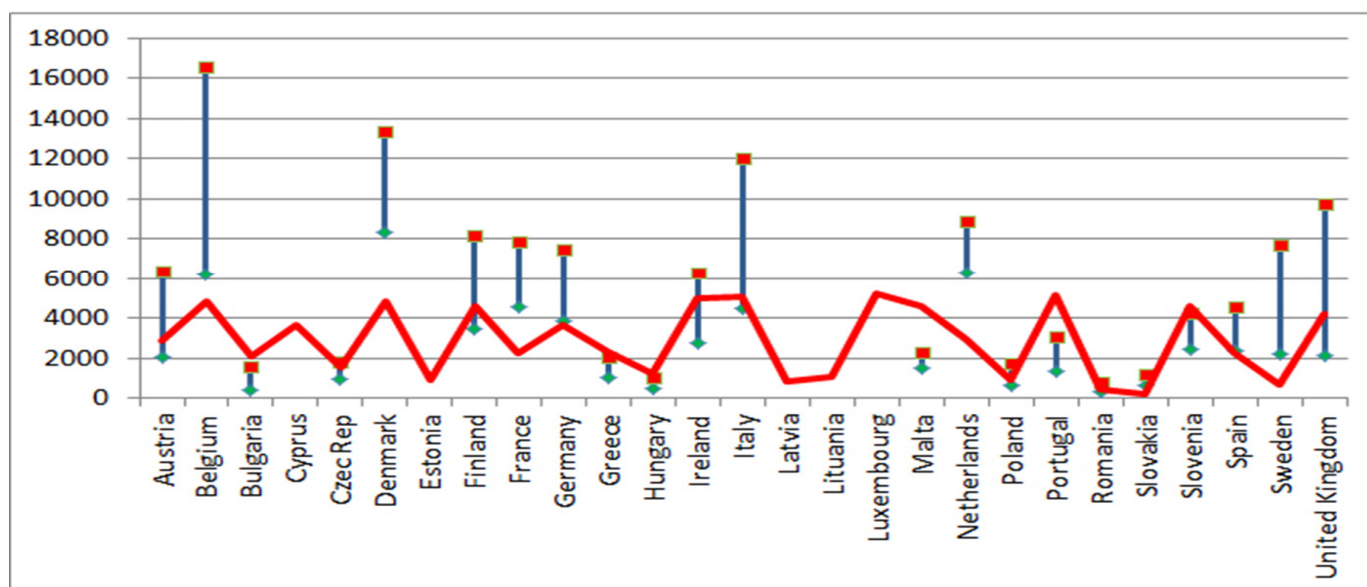


The following table shows the national average monthly salary compared with the values obtained after PPP correction:

Table 12: Monthly (blue line) and PPP corrected (red line) average national salary



Tab 13: Doctors' salaries and average national salary (PPP corrected)



In some cases (Finland, France, Germany, Italy, Poland, Slovenia) the minimum doctors' salaries is equivalent to the average national salary; in Belgium, Denmark, Italy, Netherlands and Slovakia the minimum doctors' salary is higher than the average salary ; in Austria, Ireland, Portugal, Romania, Spain, Sweden and UK, the average salary is placed between the maximum and minimum doctors' salary ; in some case the maximum doctors' salary is equal (Greece and Malta) or even lower (Czech Republic and Hungary) than the average national salary.

These data, of course, must be considered in their relativity, as the absolute values show great difference among the individual Member States.

From other Countries we could only receive the average value of doctors' salaries .

Besides, these data concern the sum spent for the salary of doctors, but little we can say about different incomes from private practice.

Expenditure on social protection

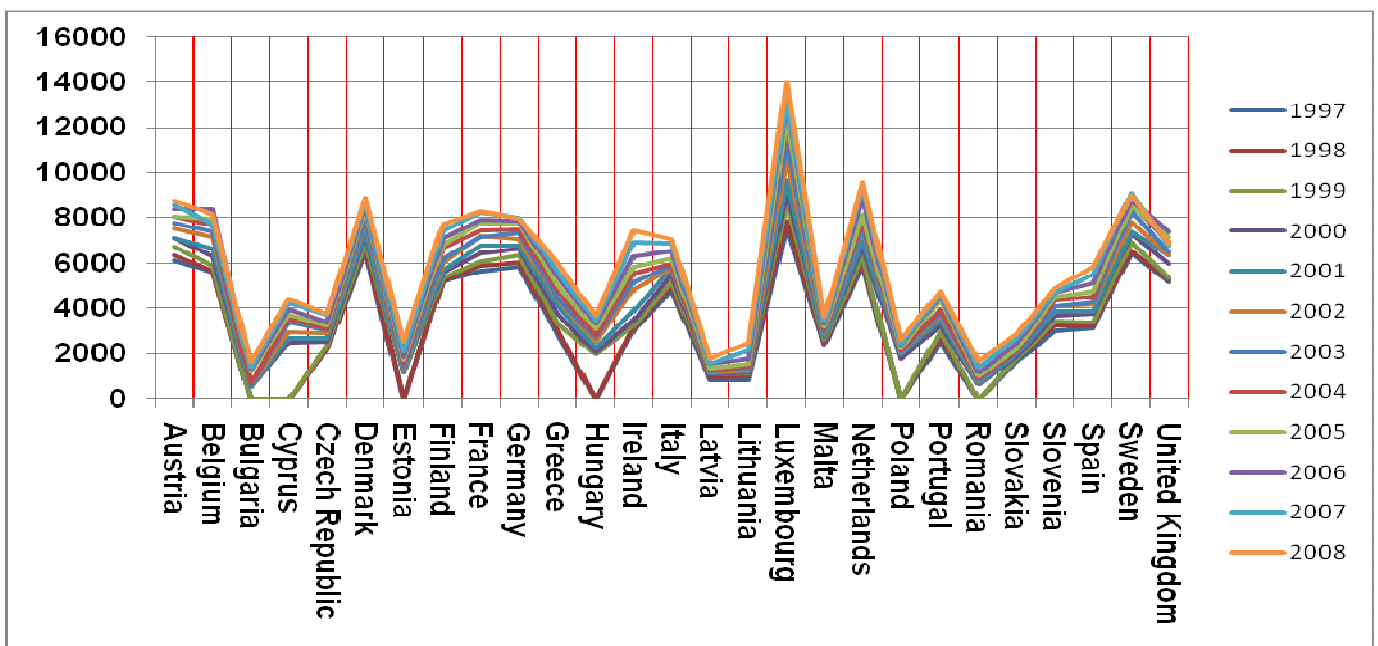
European Union is reknown for having a high level of public welfare, not only in the public sanitary assistance, but in other social benefits: transfers, in cash or in kind, to households and individuals to relieve them of the burden of a defined set of risks or needs, administration costs and other miscellaneous expenditure by social protection schemes.

Social protection could be a side benefit to compensate low incomes with an offer of services paid directly by the Public Administration.

We wanted to check if the social protection, in the individual member States, could be, at a certain amount, a balance to low salaries.

The following data show the trend of social protection, in Euro pro capite, in eleven consecutive recent years³:

Tab 14 : Pro capita expenditure on social protection

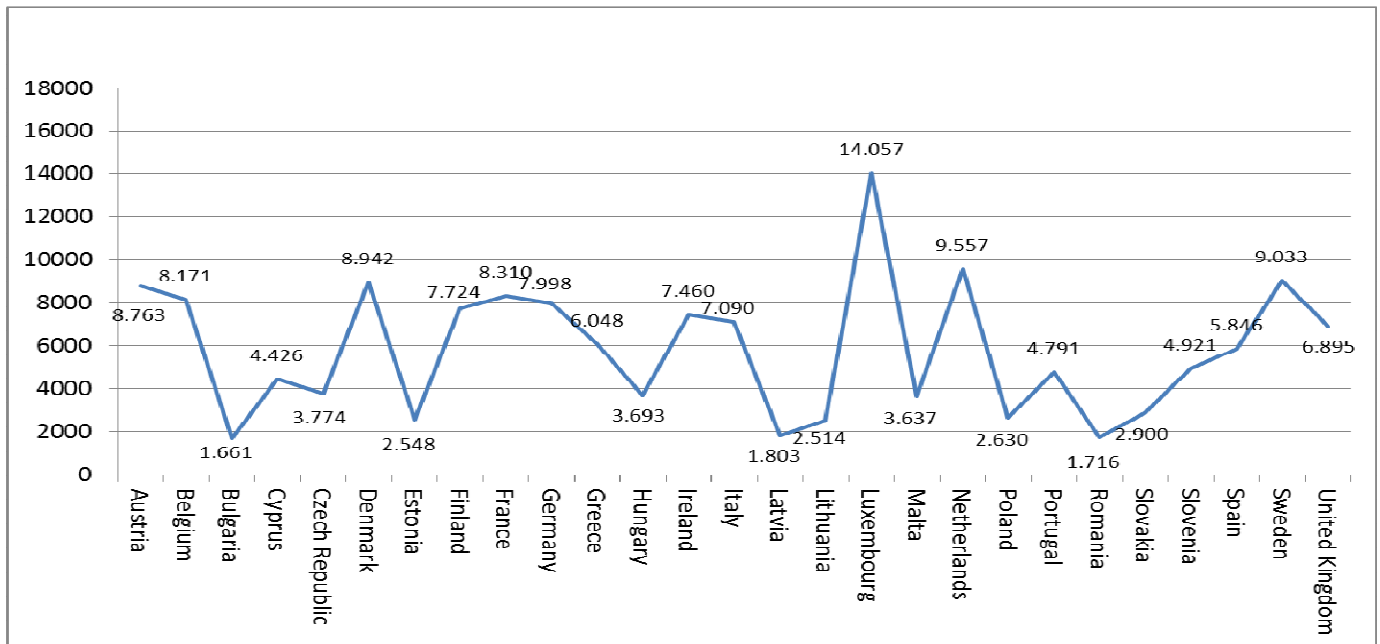


In every EU Country we record a growth of the expenditure for social protection, anyway, the absolute amount of financing is very different in the individual Countries.

The most recent data we could find concern the year 2008:

³ <http://epp.eurostat.ec.europa.eu/tgm/table.do?tab=table&init=1&plugin=0&language=en&pcode=tps00100>

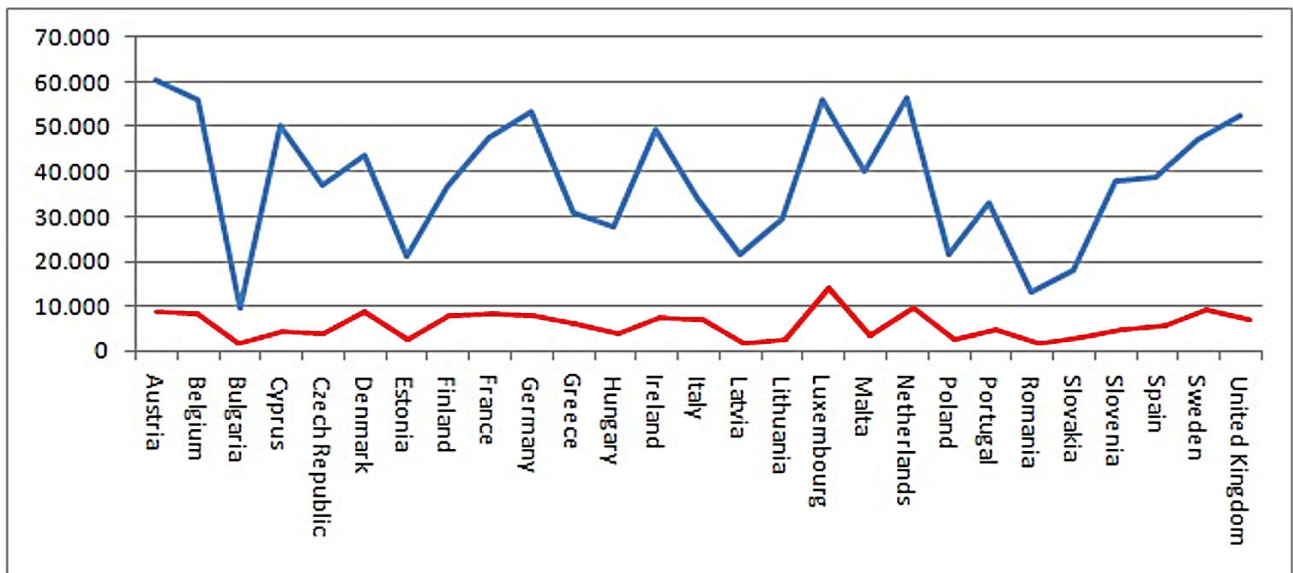
Tab. 15: Pro capita expenditure (Euro) on social protection (Year 2008)



If we consider the expenditure for the year 2008, and we compare it with the average yearly national salaries, we obtain the following table:

Tab. 16: Average national (PPP corrected) yearly salaries (blue line) compared with yearly expenditure for social protection (red line)

As we can see, the social protection follows the trend of the salaries and it is higher in the member



States where also salaries are higher.

Comment

The data we collected concerning the salaries in the EU member states reflect the economical situation of the single Countries.

Salaries, in hospitals, have a high incidence on the whole cost, therefore pay cuts represent a quick method to save money.

Anyway this is not the solution, as the policy of reduction of health workforce and low salaries, for the people who remain at work, have the same as quick consequence: lowering of the quality of care.

And it is well known that quality, in terms of appropriateness of diagnosis, appropriateness of treatment and reduction of complication, is the best way to save money.

Quality is an advantage for the institution as well as for the citizen.

But a greater problem is represented by the difference existing among salaries of EU member states : the free circulation of workers, in our particular case, of doctors, can produce a strong migration, from Countries with lower conditions of work and salary, towards Countries with lack of doctors where conditions are much better, also in terms of social protection.

This migration implies a parallel migration of patients and we know how difficult has been, for the European Council, to find an agreement concerning the patients' crossborder.

The solution for the huge disparities we saw in our work is not easy, anyway we think that more uniform working conditions, establishing a basic standard for financing public healthcare and the pay of European doctors is a basic startpoint.