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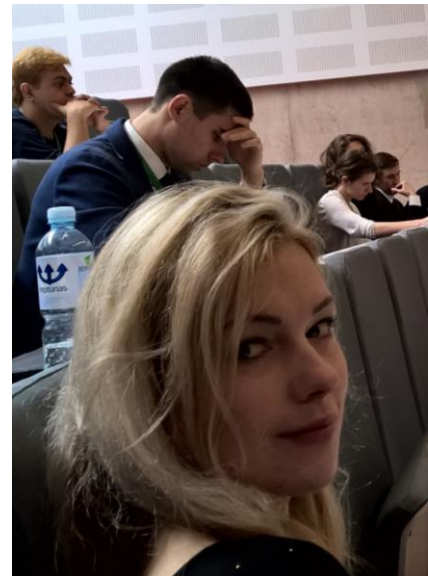
Baltic Junior Doctors' Forum

18th of April, 2015 – Kaunas, Lithuania

Countries all over Europe encounter similar difficulties and can learn from each other how these can be tackled best. Especially neighbouring countries should come together to network and collaborate. This Baltic Forum brought together junior doctors from Lithuania, Latvia and Estonia.

Junior doctors of Lithuania

- 2 medical schools
- 963 residents at the Lithuanian University of Health Sciences and 772 residents at the VU
- Doctors in training are both students and employees, so they are regulated by two different Ministries: Education and Health, with absent communication between the two
- Salary is around 390-490 euro plus scholarship of ~360 euro
- The majority of residency positions are state-funded, but there can be situations, when the residents have to pay for the studies by themselves. Tuition fee without getting scholarship is 5225 euro/year or 9584 euro/year if the resident wants to get the scholarship or for the foreign students. Residency posts are not guaranteed so medical students might find themselves without a job after graduating.
- Social security is not equal to other areas of employment. There is no maternity leave for the first 6 months of training, and vacation leave is also restricted in the first year of training.
- There is no long-term workforce planning with some specialties having an excess of specialists
- Lack of theoretical training. Practical training depends on luck – finding a good supervisor.
- Structure of the portfolio is informal and only the trainer and trainee are required to give input.



- During the day, trainees are expected to do a lot of clerical work, and are left alone at night without adequate supervision.
- Some trainees are given indirect work which is not related to their job or training such as giving lectures to students
- Lack of possibilities to experience rural medicine since the hospital does not want to lose the manpower.
- While there is a lack of about 870 doctors, there are only 230 openings.

Junior doctors of Latvia

- 2 medical schools
- 200-300 graduate from Rigas Stradina University, and 50 students from the University of Latvia
- There are fewer trainee positions than students graduating per year. This causes newly graduated doctors to emigrate, at a huge cost for taxpayers since medical studies and residency cost 90 000 €.
- Salary of the junior doctors reaches ~ 500-600 €.
- About 10-15 percent of residents need to pay for their studies;
- There are not enough doctors in the community/primary care;
- Investment in the army is channelling funds away from residency programs



Junior doctors of Estonia

- One medical school - University of Tartu.
- Since 2001 junior doctors in Estonia are no longer students and this is what makes quite a lot of changes compared to Latvia and Lithuania.

- There are ~150-160 residency places per year and the number is recalculated each year. Despite that fact, it is difficult to find job after residency.
- In Estonia all higher education is free
- After an official strike of medical professionals in 2012, the minimum salary of doctors was increased by 100% - €1300.
- Voluntary shifts – just some of them are paid;
- Theoretical studies – just couple of clinics have fixed hours per month. Officially there should be ~20%;
- Logbooks are not filled carefully and are not used;
- Residents can't suspend their residency program. An exception could be made if resident is doing a PhD, getting pregnant or going to military.
- Brain drain – a lot of junior doctors are leaving abroad;
- Changes in basic medical studies – University wants to do the internship in the beginning of every residency and it would consist of (11 month).
- Estonia tried to reduce the shortage of Junior Doctors who are leaving abroad by accepting more medical students to the University. But this method doesn't solve the underlying problem.
- Officially, all doctors work within the parameters of the EWTD, however, there is no formal system of calculating the hours worked, especially when working for more than one employer/private work.

MATERNITY AND PATERNITY LEAVE

1. In Lithuania, residents have to have at least 12 months of working experience in order to get social benefits. If junior doctors haven't worked till the age of 26, they get social security but no salary. After delivering baby, the new mother receives 100% salary for 1 year of maternity leave, or else 70% and 40% in the first and second years respectively if she takes two years off. The work place of the resident is reserved for them for 3 years.
2. In Latvia, if the residents were working before pregnancy, they get 80% of the mean incomes of the previous 12 years. If the resident takes 1 year of maternity leave after delivering baby, she receives 60% of mean income of the previous 12 months, or 43, 75% if she takes 18 months off. If the resident hasn't worked before delivering baby, she only gets the minimum salary.
3. In Estonia the amount of money you get after delivering baby depends on whether one has worked before pregnancy (Min. 355 €). Employers must keep work place at least for 3 years. Parents of children under 3 may opt out of night shifts.

OUTCOMES OF THE FORUM

Across the forum, participants broadly agreed on the following points about the issues of junior doctors in Baltic countries:

- Maternity and paternity leave. There should be a consensus statement on maternity leave which calls for a minimum guaranteed pay for women on maternity leave.
- There need to be standardised entry requirements and recognition of qualifications for doctors who come to work in the Baltic States. This includes mandatory language skills testing.
- EWTD should be strictly adhered to, and all working time should be recorded.
- Trainer training course. There are too many training cases for the trainers. Every person who is teaching has to pass courses of teaching at least once per 5 years;
- All countries should introduce competency-based curriculums rather than simply filling in a logbook with procedures.
- There was consensus that the junior doctors across the Baltic States should come together and help each other to start making change happen. This can be done either through work from the inside, which could be more effective than striking. On the other hand, pressure from outside can help to show the problems to the public.