

Disclaimer: We kindly ask to acknowledge that due to the diverse and heterogeneous nature of the questions and the dynamic pandemic situation some of the information might be incomplete or only correct for the time being. Thus, please consider the date with the below information. All available information was provided by a country representative from the PHIRI network during or in connection to the respective meeting.

Date: 03.08.2022

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Table 1: Country responses: Healthcare workforce conditions before and since the pandemic

Country	Topic: Healthcare workforce conditions before and since the pandemic In your country, what were <ul style="list-style-type: none"> • the average hours worked per week by doctors/nurses before the pandemic vs. now • the average monthly salary of doctors/nurses before the pandemic vs. now? If possible, please provide separate answers for both: <ul style="list-style-type: none"> • doctors/nurses in hospitals and • doctors/nurses in the outpatient sector
Austria	<p>Regarding average salaries, information is currently available for the pre-pandemic years 2018 and 2019 in the scope of the bi-annual general Austrian Income Report by the Austrian Federal Court of Audit https://www.rechnungshof.gv.at/rh/home/home_1/home_1/Allgemeiner_Einkommensbericht_2020.pdf (Link in German); and will be published for the years 2020 and 2021 prospectively at the end of 2022.</p> <p>From the report and for the year 2019, for academically trained and comparable nursing professionals the mean gross annual income was EUR 39.273. For doctors, analysis is available from the report particularly regarding the outpatient sector, for doctors with a majority income from self-employed work. In this bracket, from self-employed income, on average in 2019 specialists earned the most with EUR 136.185, followed by dentists with EUR 114.796 and general practitioners, who had an average annual income of EUR 104.901.</p> <p>There is no existing analysis of available data in Austria at the moment that can fully answer the posed question regarding the trend in average working hours/overtime on the level of individual groups of health professionals and stratified by hospital vs. outpatient sector.</p> <p>A challenge to the recording and analysis of relevant data on mean income and working hours by group of professionals lies also in data protection considerations between the involved entities, and in the sensitive personal nature of relevant employee data. Such data is kept by the legal entities of health care facilities and and/or unions regarding salary schemes and realized incomes and working times, and reported in the scope of taxation to the Ministry of Finance and to public payers in the scope of sickness funds, but not readily obtainable by other actors. For these reasons, work on the aforementioned general Income Reports by the Federal Court of Audit is also carried out under particular conditions of confidentiality and data protection.</p>
Belgium	<p>The pay rate of a nurse is affected by yearly increases based on “total years of relevant employment”.</p> <p>Bonus/ extra compensation during COVID-19</p> <ul style="list-style-type: none"> - in December 2021, the Belgian minister of Public Health Frank Vandenbroucke announced extra budget to financially support nurses with a special professional title and special professional competence. Their specialisation was not or insufficiently valorised in the IFIC payment model, despite the stated objective of both policy and social partners to integrate these specialisation premiums in the IFIC basic remuneration. This correction wants to reward ICU nurses who have been playing a key role in the COVID-19 pandemic for almost two years. Specifically, this correction will amount to an additional EUR 2 500 gross per year for all nurses with a special professional title and an additional EUR 830 gross per year for all nurses with a specific professional competence. This sum will be applied with recurring effect from January 2022. - Federal incentive bonus for hospital staff Care providers working in a general (including university and specialised general hospitals) or psychiatric hospital (private or public), a medical home (‘medisch huis’ – ‘maison médicale’), home nursing or GP trainees in general practice are entitled to an



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	<p>incentive bonus to encourage and recognise the care provider's efforts during the second COVID-19 wave.⁵⁴ Care providers who worked fulltime during the period 1 September to 30 November 2020 received EUR 985 gross (adapted bonus for parttime and self-employed care providers).</p> <p>Alarming results are observed in indicators of nurses' wellbeing, with similar variation between hospitals and between regions. On average 39% of ICU nurses is dissatisfied with the current job (25.9% in Flanders, 56.6% in Wallonia and 47.6% in Brussels). The aspect with the highest level of dissatisfaction is the salary (75.1% of ICU nurses is dissatisfied). This is much higher than in the 2019 study where 57% of nurses working on general units reported to be dissatisfied with their wage. See further: https://kce.fgov.be/en/nurse-staffing-on-belgian-intensive-care-units-the-impact-of-two-years-of-covid-19-pandemic</p>
Estonia	<p>There are also differences in salaries between specialities, type of health care providers and hospitals like in other countries. On average for nurses the fixed salaries raised 14% in 2020 compared to 2019 and another 13% in 2021 compared to 2020. Average monthly wage with additional payments raised 13% in 2020 compared to 2019 and another 24% in 2021 compared to previous year. In average for doctors fixed salaries raised 13% in 2020 compared to 2019 and another 10% in 2021 compared to 2020. Average monthly wage with additional payments raised 12% in 2020 and an extra 14% in 2021.</p> <p>More detailed information about the working hours will follow in approximately 3 weeks, but according to the statistics working hours per year for nurses had raised 18% in 2020 and 11% in 2021 compared to the year 2019.</p> <p>For doctors - there was a 18% raise in 2020 compared to 2019 but there was no change in working hours in 2021 compared to 2019.</p>
Finland	<p>There are no statistics about the workload of health care professionals during the pandemic.</p>
Italy	<ul style="list-style-type: none"> • Doctors: the working time for workers hired with hospital medical contracts 2022 is a maximum of 48 hours per week and a maximum of 13 hours, which actually becomes 12 hours and 50 minutes, throughout the day starting from the beginning of the shift of service; Nurses: the working hours provided for in the 2022 Hospital Nurses Contract is 36 hours per week, spread over five or six days a week, with shifts that can be 7 hours and 12 minutes or 6 hours. In fact, most hospital nurses work on shifts to guarantee assistance to patients for all 24 hours of a day. Doctors: the average salary of a Doctor is € 75,000 gross per year (approximately € 3,400 net per month). The salary of a Doctor can start from a minimum salary of € 45,000 gross per year, while the maximum salary can exceed € 300,000 gross per year; Nurses: an average monthly salary for a nurse working in a public hospital is around € 1,450 net, which is equivalent to about € 1,900 gross. • Doctors: Among the lowest salaries, we find those of the Medical Specialist or the Emergency Department Doctor, while profiles with greater experience or more specialized such as those of the Specialist Doctor or the Primary Hospital enjoy higher salaries. An entry-level doctor (with less than 3 years of work experience) can expect an overall average salary of around € 39,400 gross per year. A mid-career doctor with 4-9 years of experience can have an average salary of around € 67,200, while an experienced doctor with 10-20 years of experience earns an average of € 117,000. An end-of-career doctor with more than 20 years of experience can expect an overall average salary of € 133,400. Nurses: the lower wages go to those who work part time, while the higher ones go to those who work in private facilities or emergency rooms and nursing managers.



Lithuania	<p>Official statistics what we have is available data in OECD data link, see table below, but it does not include such detailed information https://stats.oecd.org/index.aspx?queryid=30025</p> <table border="1" data-bbox="432 277 1133 620"> <thead> <tr> <th colspan="4">Remuneration of health professionals</th> </tr> <tr> <th rowspan="2">YEARS</th> <th>Remuneration of GPs</th> <th>Remuneration of specialists</th> <th>Remuneration of hospital nurses</th> </tr> <tr> <th>Salaried, annual income, NCU</th> <th>Salaried, annual income, NCU</th> <th>Salaried, annual income, NCU</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>10253</td> <td>14846</td> <td>6828</td> </tr> <tr> <td>2014</td> <td>10657</td> <td>17332</td> <td>8656</td> </tr> <tr> <td>2018</td> <td>19431</td> <td>24403</td> <td>13551</td> </tr> </tbody> </table> <p>Source: Data are based on the results of the Structure of Earnings Survey (SES) of 2010, 2014 and 2018 conducted by Central Statistical Bureau of Latvia and represent the series acquired within the framework of the earnings survey conducted every four years in line with the Council Regulation 530/1999 and the Commission Regulation 1916/2000 as amended by Commission Regulation 1738/2005.</p>	Remuneration of health professionals				YEARS	Remuneration of GPs	Remuneration of specialists	Remuneration of hospital nurses	Salaried, annual income, NCU	Salaried, annual income, NCU	Salaried, annual income, NCU	2010	10253	14846	6828	2014	10657	17332	8656	2018	19431	24403	13551
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Malta	<p>Nurses - entry level - 17K (max 19.5k after annual increments) Doctors - entry level - 18.3K (max 21K after annual increments) No rises have been provided or offered post-pandemic yet</p>																							
Poland	<p>General rules: The working time of employees employed in the medical entity is regulated by the Act of April 15, 2011 on medical activity (in Polish: ustawa o o działalności leczniczej Dz. U. z 2022 r. poz. 633, z późn. zm.) in a manner consistent with the EU law, contained in the Directive 2003/88 / EC of 4 November 2003 of the European Parliament and of the Council on certain aspects of the organization of working time. In the scope not regulated in the act on medical activity, the provisions of Act of June 26, 1974 - Labor Code (Journal of Laws of 2022, item 1510, as amended) apply. Pursuant to Art. 93 sec. 1 of the act on medical activity, working time of employees employed in a medical entity, (with reservation to Art. 94 sec. 1), cannot exceed 7 hours 35 minutes a day and an average of 37 hours 55 minutes a week in an average five-day working week in the adopted settlement period. In addition, employees working in the medical profession and having higher education, employed in a medical entity providing medical activities of the type stationary and round-the-clock health services may be required, based on Article. 95 (1) of the Act on medical activity for on-call medical duty, which - although it constitutes the performance of professional activities outside normal working hours - is included in the working time, as provided for in Art. 95 sec. 3 of the act on medical activity. Total average weekly working time of employees in a medical entity - i.e. "basic" and within the medical duty – cannot exceed 48 hours in a settlement period not exceeding 1 month, and in special cases - not exceeding 4 months (i.e. in practice in a given settlement period, in some weeks the working time may be longer than 48 hours, and in some shorter – it is important to provide that in average in the settlement period it does not exceed 48 hours per week. The act on medical activity also regulates the length of the daily and weekly uninterrupted rest to which the employees are entitled, which amounts to at least 11 hours each day (daily rest) and at least 35 hours uninterrupted rest each week. However, in a situation where employees referred to in Art. 95 sec. 1 of the act on medical activity, are on medical duty, the daily rest, is provided only after the end of the medical duty - that is in practice, sometimes only on the next day (Article 97 (2) of the Act on medical activity).It may therefore</p>																							



happen that employees may be required to work continuously for 24 hours. It needs to be emphasized that the work under medical duty is entitled to remuneration in the amount as for overtime work (Article 95 (5) of the Act on medical activity). However, the Act does not provide for free time from work in exchange for on-duty time (e.g. 48 hours off for 24 hours on duty) instead of the payment of remuneration for the duty. The situation is similar in the case of signing by the employees referred to in art. 95 (1) of the Act on medical activity, the so-called the opt-out clause - then for the work exceeding the average of 48 hours a week in a given reference period, the employer is obliged to pay these employees the remuneration as for work in overtime hours (Article 96 (7) of the Act on medical activity). In the scope not regulated by the provisions of the Act on medical activity the provisions of the Polish Labor Code apply.

In the context of the COVID-19 pandemic:

Under Art. 8 point 2 letter a of the Act of 27 November 2020 amending certain acts in order to ensure the provision of the medical staff in the period of the officially declared state of the epidemic or the state of epidemic emergency an epidemic or state of emergency (Journal of Laws, item 2401), changes were made to Art. 95 of the Act on medical activity, according to which employees performing the medical profession, employed in the system units referred to in art. 32 sec. 1 of the Act of September 8, 2006 on the State Medical Rescue (Państwowe Ratownictwo Medyczne – PRM), with the exception of aviation emergency medical teams may be required to serve medical duty in these units.

It should be noted, however, that the of employees specified in Art. 95 sec. 1a of the Act on the medical activity to perform the medical duty is the right of the employer (and not the obligation). The new provision should be interpreted in accordance with the previous interpretation of medical duty and accept, that also in relation to this group, the command to perform the duty is a right of the employer, which may be expressed in the form of a professional order. Moreover, it is possible to extend the working time above these standards only as part of medical duty, where the total working time and time on duty may not exceed an average of 48 hours per week (unless the employee gives prior a written consent to cover him/her with the so-called opt-out clause) and breach daily and weekly rest periods specified in the Act.

If the employee agrees to be included in the opt - out clause, the maximum of his/her working time may be up to 78 hours a week. The use of the opt - out clause must be accompanied with the employee's written consent to work over 48 hours a week with daily and weekly rest periods.

At the same time, due to the ongoing epidemic situation, the legislator under Art. 47a of the Act on preventing and combating infections and infectious diseases in humans, expanded the catalog of people who, in the period of the state of the epidemic or epidemic emergency, fall under the provisions of Art. 95 - 99 of the Act on medical activity.

Medical professionals within the meaning of Art. 2 point 3 of the Act of 8 June 2017 on the method of determining the lowest remuneration of certain employees employed in health care entities (Journal of Laws No. of 2021, item 1801, with later d.), hereinafter referred to as the "Act on the method of determination basic salary ", employed in healthcare entities providing 24/7 services, who may perform medical duty (Article 95 of the Act on medical activity),

- after giving their consent in writing, may be obliged to work more than average 48 hours a week in the adopted settlement period (art. 96 of the act on medical activity);
- are entitled to the uninterrupted 11-hour rest within every 24-hour period (Art. 97 of the of the act on medical activity);
- may be required to standby to provide health services (Art. 98 of the Act on medical activity);
- are entitled to an additional fee in the amount specified in Art. 99 of the act on medical activity.

A person practicing a medical profession within the meaning of art. 2 point 3 of the Act on the method determining the basic salary is a person practicing medical profession within the meaning of Art. 2 clause 1 point 2 of the act on medical activity, who is employed as part of work contract in a medical entity, as well as a person employed within a medical entity (based on a work contract) that is directly involved in carrying out the tasks of the State Sanitary Inspection consisting in performing preventive and ongoing sanitary supervision, performing preventive and anti-epidemic activities in the field of infectious diseases and other diseases caused by environmental conditions and conducting educational and health-promoting activities.

The introduced provision of Art. 47a of the Act on preventing and combating infections and infectious diseases in humans enables the use of the institution of the medical duty and the employee's voluntary consent to perform work exceeding the average 48 hours a week (Articles 95 and 96 of the Act on medical activity). Moreover this regulation allows the application towards the above-mentioned duty workers of the equivalent daily and weekly



	<p>rest periods on a basis specified in art. 97 of the act on medical activity. It also allows to remunerate the for the commitment to be ready to work, as well as the attribution of additional fees for work at night and on holidays (pursuant to Art. 98 and Art. 99 of the Act on medical activity). The above provision of Art. 47a of the Act on preventing and combating infections and infectious diseases in humans, gives the employers for a more flexible organization of work (on-call duty / work exceeding average 48 hours per week, etc.), but simultaneously requires from the employer certain obligations towards the employees. The collection of data concerning the average number of hours worked per week by doctors /nurses in a given medical entity is the responsibility of the entity's management.</p> <p>In terms of remuneration: The Polish legal system adopted a model in which the decision on the amount of the salary of individual medical workers is undertaken in individual medical entities by the manager of a given entity acting as an employer with the participation of trade union organizations operating in a given entity, representing employees. Detailed regulations in the field of remuneration of employees of healthcare entities are specified in the Act of 26 June 1974 - Labor Code, the Act of April 15, 2011 on medical activities (Journal of Laws of 2022, item 633, as amended), the Act of 8 June 2017 on the method of determining the lowest remuneration for certain employees employed in healthcare entities (Journal of Laws of 2021, item 1801, as amended d.) and in the executive ordinances issued on their basis. Below the Ministry of Health provides information on the average salary levels in the subject and time areas, which are available. The presented data have been aggregated on the basis of information provided by directors of medical entities as part of surveys directed to them by the Ministry of Health. Data include the average salary levels of doctors, dentists, nurses and midwives, employed under an employment contract. resident doctors and doctors in training are not included In the list the as their salaries are determined by ordinances of the Minister of Health.</p> <p>Average total gross salary of nurses and midwives per one full-time job for March 2015:</p> <ul style="list-style-type: none"> - Nurses and midwives with specialization: PLN 3,878 - Other nurses and midwives: PLN 3,406 <p>Average total gross salary of nurses and midwives per one full-time job for January 2020:</p> <ul style="list-style-type: none"> - Nurses and midwives with specialization: PLN 6,574 - Other nurses and midwives: PLN 6,129. <p>Average total gross remuneration of doctors and dentists employed under an employment contract for March 2015:</p> <ul style="list-style-type: none"> - Doctor or dentist with second degree specialization or title of a specialist in a specific field of medicine: PLN 8,015 - Doctor or dentist with first degree specialization in a specific field of medicine: PLN 6,786 - Doctor / dentist without specialization (without resident doctors and interns) - PLN 5,228. <p>Average total gross remuneration of doctors and dentists employed under an employment contract for January 2020:</p> <ul style="list-style-type: none"> - Doctor or dentist with second degree specialization or title of a specialist in a specific field of medicine: PLN 13,643 - Doctor or dentist with first degree specialization in a specific field of medicine: PLN 10,847 - Doctor / dentist without specialization (without resident doctors and interns) - PLN 8,620. <p>In Poland the minister responsible for health does not have any powers to perform the functions of an employer in relation to persons employed in the medical entities. In accordance with applicable legal regulations, in particular with the act on medical activity, an employer for persons employed in the entities - regardless of their legal form - is the manager / director of a given facility. It is them who are responsible for all kinds of personnel matters, including, among others for determining the amount of remuneration.</p>
Portugal	In contrast to nurses, doctors can work between 35 and 42 hours per week, depending on their contract. For nurses, the hourly pay starts at around €80, while doctors start at €796. There is currently no information about salary development before and during Covid-19. More information will follow as soon as possible.
Serbia	There are no data about working hours nor wages separately by type of employment in Serbia. However, trends in gross and net wages for total and for healthcare sector with SRD/euro ratio as estimation for before and after analysis show that he largest increases in salaries were in february 2020, february 2021 and january 2022.



Slovakia	<p>In Slovakia health statistics are available for years 2019 and 2020. Some calculations for 2021 are already done, but the year is not completed. Despite we even have preliminary aggregations for first quarter of 2022, they serve only for internal purposes, and are not allowed to release internationally. Then there is an issue with outpatient services: A majority (without exact share) is private, and is split between legal persons and self-employed. Natural persons are not salaried, and we have no estimate which part of the revenue is going to the remuneration.</p> <p>From the salaries in hospitals (2019 vs 2020) I see the volume of overtime went up from before the pandemics roughly by 60%, when I deduct the 3% increase in recruiting, and consider 7% payrise, then I can say doctors/nurses worked 50% more during the pandemics, than before. Unfortunately I have no data to compare with postpandemics. I can only speculate about workforce migration (east to west), again there are unprecise numbers of Slovak health professionals leaving for west, and „newcomers“ from UA, and Balcan.</p>
Slovenia	<p>At the moment, Slovenia only manages to capture data on average monthly gross earnings according to the Standard classification of activities (NACE), for the period Januar 2019-May 2022. These data are official and published by Statistical Office of the Republic of Slovenia, so any additional explanation could be found at their web page.</p> <p>Due to the coronavirus epidemic, SURS is faced with difficulties in data collection, checking and processing. In this situation SURS continues to be obliged to timely publication of data, but due to the mentioned reasons the data published in this release are of slightly lower quality and less reliable than usually.</p> <p>Due to the higher non-response rate, letters M (less reliable estimate – use with caution) or N (too unreliable estimate to be published) could flag certain data series.</p> <p>More detailed information on methodological changes during the coronavirus epidemic can be found in the updated Methodological Explanation.</p> <p>Change in the sources of data on earnings</p> <p>For data on average monthly earnings for budget users for November 2015 the Information System for the Transmission and Analysis of Data on Earnings, Other Payments and the Number of Employees in the Public Sector [ISPAP] was used for the first time.</p> <p>The change in the data source has a slight impact on the values of some indicators, so in the table we are publishing time series of comparable recalculated data for the January 2014–October 2015 period.</p> <p>In 04/2020 a break in time series happened because of measures related to the COVID-19 epidemic.</p> <p>The increase in average earnings for April 2020 (compared to earnings for March 2020) was largely the result of emergency relief compensation in line with the Intervention Measures Act and/or collective agreements in the whole month of April 2020. In April 2020 also most of the persons in paid employment who were temporarily laid-off were laid-off the whole month (in March 2020 only in the second half of the month), which resulted in the drop of the number of persons in paid employment who received earnings or non-refunded wage compensation paid by the employers and in the increase in average gross and net earnings (compared to earnings for March 2020).</p> <p>In 05/2020 a break in time series happened because of measures related to the COVID-19 epidemic.</p> <p>The drop in average earnings for May 2020 (compared to earnings for April 2020) was largely due to the fact that some employees who were temporarily laid-off were laid-off only part of May 2020, which resulted in the increase in the number of persons in paid employment who received earnings or non-refunded wage compensation paid by the employers and in the decrease in average gross and net earnings (compared to earnings for April 2020).</p> <p>In 06/2020 a break in time series happened because of measures related to the COVID-19 epidemic.</p> <p>The drop in average earnings for June 2020 (compared to earnings for May 2020) was largely the result of termination of emergency relief compensation in line with the Intervention Measures Act and/or collective agreements for working in time of the COVID-19 epidemic, and partly a result of the introduction of a subsidy for part-time work (this led to an increase in the number of employees who worked part-time)."</p>
Spain	<p>There is no official data available yet. There are many factors that affect the salaries of health professionals in Spain. More information will follow as soon as possible.</p>
UK	<p>Good detail on doctors are available in the following document: https://www.bmj.com/careers/article/the-complete-guide-to-nhs-pay-for-doctors</p>



UK pay for doctors and nurses is nationally agreed with some regional differences (more in London) - no real changes post COVID. NHS staff did receive a £735 COVID bonus payment - see https://www.nhsconfed.org/sites/default/files/2021-05/Bonus-payment-QA_Lines-v3.pdf . Pay is affected more by inflation than the pandemic at the moment. Currently the Government is offering a 3% pay rise for nurses and doctors which differ - up to a 4.5% increase which of course is a pay cut due to higher inflation - <https://www.gov.uk/government/news/nhs-staff-to-receive-pay-rise>



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