**AVAILABILITY OF FAMILY (GENERAL PRACTICE) MEDICINE, HEALTH PROTECTION FOR WOMEN AND PRE-SCHOOL CHILDREN IN PUBLIC HEALTH CARE**

The SAO has audited the efficiency of the availability of family (general practice) medicine, the health protection of women and preschool children in public health, and the auditees were **the Ministry of Health, the Croatian Institute for Health Insurance and the Croatian Institute for Public Health**.

**The subject of the audit** were the activities of the Ministry of Health, the Croatian Institute for Health Insurance (hereinafter: HZZO) and the Croatian Institute for Public Health (hereinafter: HZJZ) in connection with the planning and availability of human resources, which refer to the number of doctors and the territorial coverage of public health services of primary health care in the activities of family (general practice) medicine, women's health care and health care for pre-school children in public health care in the territory of the Republic of Croatia.

The audit covers the period from the accession of the Republic of Croatia to the EU until the end of 2021.

The National Health Development Strategy 2012-2020. (Official Gazette 116/12) identified the absence of a clear monitoring system for health workers as one of the fundamental problems of planning the development of human resources in healthcare. There is a noticeable inconsistency in the data from the registers of the HZJZ and the Croatian Medical Chamber, which is why it is not possible to determine the exact number of human resources in the healthcare system of the Republic of Croatia. The existing registers maintained by HZJZ and professional chambers contain data that are updated during license renewal or new employment. There is a need for the development of a complete system for monitoring human resources in healthcare in the Republic of Croatia, which would enable better projections and planning of the sufficiency of the number of healthcare workers, especially primary healthcare doctors in the fields of family (general practice) medicine, health protection for women and pre-school children.

According to the provisions of the Health Care Act (Official Gazette 100/18, 125/19 and 147/20) and the Compulsory health insurance Act Official Gazette 80/13, 137/13 and 98/19), every person has the right to health care and on the possibility of achieving the highest possible level of health. The goal of every healthcare system is to improve and enhance the quality of healthcare. The quality of health care implies a set of measures taken during the health procedure, the result of which is a favorable treatment outcome. This prevents unwanted events that can cause a negative outcome of the treatment. Healthcare of the population of the Republic of Croatia is implemented on the principles of comprehensiveness, continuity, accessibility and integral access to primary healthcare and specialized approach in specialist-consortium and hospital healthcare.

The management of human resources in the health care system at the primary level is based on the Public Health Service Network, which is adopted by the Ministry or the minister responsible for health care. For its adoption, as well as for its amendments, the consent of HZZO, HZJZ, competent chambers and units of regional self-government is required. The network prescribes the required and at the same time the maximum number of health care providers in the territory of the Republic of Croatia. The network, which also defines the required number of health care providers and medical teams at the primary level, was adopted in September 2012. Amendments related to the primary level of health care were adopted in March 2015, and minor changes in March 2018.

**The main goal of the audit** was to evaluate the efficiency of achieving territorial availability of family (general practice) medicine, women's health care and preschool children's health care in public health through planning the number of doctors.

The audit of the efficiency of the availability of family (general practice) medicine, health protection for women and pre-school children in public health included **the areas of the audit**: normative regulation, institutional framework, strategic and planning framework, availability of family (general practice) medicine, health protection for women and preschool children in public health, human resources recording system, professional training and implementation of supervision and control.

In order to assess the efficiency of the availability of family (general practice) medicine, the health protection for women and pre-school children in public health, **criteria have been established**, according to the areas of audit, which derive from acts and other regulations in accordance with which the Ministry of Health, the Croatian Institute for Health Insurance and the Croatian Institute for public health services perform their activities related to the availability of family (general practice) medicine, health protection for women and pre-school children in public health care, namely:

* a normative arrangement was established that enables efficient planning of the number of doctors and territorial coverage of public health services
* competences for effective planning of the number of doctors have been established
* a strategic and planned framework is in place for efficient medical planning and territorial coverage of public health services;
* activities are being undertaken to link the territory and the number of doctors
* records were organized and an effective human resources monitoring system was established
* effective specialist training for doctors in public health is ensured.

Based on the facts established by the audit, applying the established criteria, the SAO assessed the availability of family (general practice) medicine, health protection for women and pre-school children in public health as **partially effective**.

**AUDIT FINDINGS**

The audit identified irregularities and omissions related to the adoption of certain strategic and planning documents and by-laws that should enable effective planning of the number of doctors and territorial coverage of public health services, equal access to primary health care through undertaking activities to connect the territory and human resources, the integrity of the system monitoring, i.e. records of human resources and provision of data for the needs of analysis and compilation of planning documents and specialist training of doctors.

In the following, more significant irregularities and omissions are described according to the areas of the audit.

**Strategic and planning framework**

The health care system is primarily determined by the Health Care Act, which constitutes the basic framework of the National Strategy, the umbrella document, which determines the context, vision, priorities, goals and key measures in the health care of the Republic of Croatia.

National Health Development Strategy 2012-2020. adopted by the Croatian Parliament in September 2012 and the Strategic Plan for the Development of Human Resources in Healthcare of the Republic of Croatia 2015-2020, adopted by the Government of the Republic of Croatia in April 2015, among other things, point to inadequate and ineffective management of human resources in healthcare and to the unequal availability of healthcare in the entire territory of the Republic of Croatia.

The Government of the Republic of Croatia adopted the Decision on the adoption of the National Health Development Plan for the period from 2021 to 2027 and the Action Plan for Health Development for the period from 2021 to 2025 (Official Gazette 147/21). According to the aforementioned National Plan, primary health care, which forms the backbone of the health care system, in some parts of the country has a shortage of doctors, nurses and unfilled surgeries (especially in rural areas and on islands) and a very high average number of insured persons per doctor in health care (about 1 700). In the aforementioned National Plan, it is further stated that the share of specialists in family (general practice) medicine is too low.

The strategic plan for the development of human resources is an operational document, which contains a description of the situation by level of health care and a description of the occupancy of the Network public health services, according to HZZO data as of January 31, 2015, for the activities of family (general practice) medicine, health care for pre-school children, women's health care, dental health care, home health care, preventive and educational measures for the health care of school children and students and outpatient health care.

In the aforementioned plan, deficient areas at all levels of health care are highlighted, especially the lack of specializations, as well as areas where there is not a sufficient number of health care providers, i.e. inadequate staffing of the Network public health services.

One of the measures of the Strategic Plan for the Development of Human Resources is the establishment of a central body responsible for the management of human resources in the healthcare system, which would be responsible for monitoring, assessing and planning human resources in the healthcare system, and which should have been established by the end of 2015.

The provisions of the Health Care Act stipulate that the health activity at the primary level is conducted and organized in teamwork and is in accordance with the provisions of Article 256 Of the Health Care Act, the Ordinance on personnel standards for determining teams at the primary level of health care activities was to be adopted within six months from the date of entry into force of the said Act, i.e. by the end of June 2019, and until the time of the audit (December 2022) was not adopted.

Equal availability of health care in primary health care activities (family (general practice) medicine, women's health care, health care of preschool children) should be established through the public health service network, especially for the population on islands and in rural areas, and it should be ensured, among other things, on based on the analysis of the contracted contents in individual activities, the gravitating number of inhabitants, the availability of health resources in relation to the needs of the population of a certain area, and the proposals of county representative bodies.

The strategic plan for the development of human resources determined the establishment of the National Register of Health Care Providers as one of the measures the system of monitoring health workers in the Republic of Croatia is based on the databases of several institutions, which are not coordinated, either with each other or with stakeholders outside the health system. It was stated that the data is insufficient, not up-to-date and incomparable, and should be the basis for monitoring and planning human resources. Also, the Strategic Plan for the Development of Human Resources determined that in the National Register, along with basic information about the institution, its founder, structure, contact, responsible persons, approved and contracted activities, the bed capacities of the institution and the institution's workers will be defined. All healthcare workers and healthcare assistants will be registered, and records of other workers by healthcare providers will also be kept.

The audit determined the following:

* The new strategic plan for the development of human resources was not adopted, since the previous strategic plan was valid for the period until 2020. One of the measures for the implementation of the special goal of the National Health Development Plan for the period from 2021 to 2027 (make the health system a desirable place to work), and which refers to the creation of a strategic framework for the development of human resources, which defines concrete short-term and long-term needs for health workers at all levels of the system in the Republic of Croatia.
* The Ministry has not established an independent authority with clear tasks, powers and responsibilities for monitoring and planning human resources, as well as informing and directing available doctors, planning the needs of specializations and maintaining an optimal network that meets the needs of the population.
* The Ordinance on personnel standards for determining teams at the primary level of health activity was not adopted, in order to ensure the prerequisites for conducting health activity at the primary level and organizing team work, and establishing personnel standards for determining teams at the primary level of health activity.
* The Health Care Act, which entered into force in January 2019, stipulates that the public Health Service Network will be adopted by the Minister within six months from the date of entry into force of the said Act. The network, which determines the required number of health institutions, number of health teams and private health workers with whom the Croatian Health Insurance Institute concludes a contract for the implementation of health care for the territory of the Republic of Croatia, has not been adopted until the time of the audit (December 2022).
* The Ministry has not adopted the Rulebook on the content and manner of maintaining the National Register of Health Care Providers, and the aforementioned register has not been established.

**Availability of family (general practice) medicine, health protection for women and pre-school children in public health**

According to the state of occupancy of the Network in primary health care, at the end of 2021, in the field of family (general practice) medicine, 116 teams are missing (2,452 teams are needed, 2,336 teams have been contracted, of which 90 teams are without staff), in women's health care, there are 57 teams missing ( 335 needed, 278 contracted, of which 48 teams are without a leader) and 47 teams are missing in the field of health care for preschool children (330 needed, 283 contracted, of which 31 teams are without a leader). According to HZZO data on the number of contracted teams in certain city districts of the City of Zagreb, i.e. cities and municipalities for the activities of family (general practice) medicine, women's health care and preschool children's health care, at the end of 2021, there is a shortage of 220 teams.

The audit determined the following:

* It doesn't continuously follow the changes in the structure and age of doctors and the assessment of their retirement over a long-term period, nor have the reasons for the reduction in the number of doctors in the activities of family (general practice) medicine, women's health care and pre-school children's health care been determined, and what would be the basis for long-term planning and decision-making.
* No activities were proposed to ensure a sufficient number of doctors in the fields of family (general practice) medicine, women's health care and preschool children's health care.

**Human resources recording system**

The catalog of information standards in health care of the Republic of Croatia is determined by the Act on data and information in health care as a structured set of concepts, rules, standards and procedures for creating, collecting and maintaining data and information in health care for the purpose of managing the organization and computerization of health care and is an integral part of the state information infrastructure. The Ministry of Health is, among other things, responsible for adopting binding standards for the health information infrastructure of the Republic of Croatia, in accordance with the standards of the state information infrastructure and determining the content of the Catalog of Information Standards in Health Care of the Republic of Croatia.

HZJZ maintains public health registers and databases and publishes the data in the Yearbook (published annually) and the Statistical Yearbook of the Republic of Croatia. HZJZ, in the process of collecting data for the activity of family (general) medicine for the purpose of publication in the Annals, did not collect complete data. Also, it is not possible to determine the reliability of the data used by the Ministry of Health, given that the data of HZJZ published in the Annals are incomplete because all stakeholders did not submit the required data to HZJZ.

 The audit determined the following:

* The content of the Catalog of Information Standards in Healthcare of the Republic of Croatia has not been determined.
* The national public health information system, which is managed by the HZJZ, is not connected to other systems of the state information infrastructure.
* Complete data on human resources for the long-term period have not been collected and systematized, and no analysis of the situation and long-term needs for human resources in the activities of family (general practice) medicine, women's health care and preschool children's health care has been made.

**Professional Development**

The strategic plan for the development of human resources identified deficit areas by level of health care and established the need for education of those profiles of health workers who are missing, in order to enable satisfactory availability of health care. Specialization allows doctors to acquire the professional knowledge and skills necessary for the treatment of certain diseases or conditions, emphasis on a certain branch of medicine, and adaptation to changes and advances in medicine.

In September 2020, the Minister of Health adopted the National Plan for the Specialist Training of Health Workers for the Five-Year Period 2020-2024 (Official Gazette 103/20), which is based on the need to develop health care at the primary, secondary and tertiary levels, as well as the need for health system for the respective specialties of healthcare workers, their number, schedule and age structure. The mentioned National Plan for the territory of the Republic of Croatia determined the need for 504 specializations in family (general practice) medicine, 244 specializations in the health care of pre-school children and 185 specializations in the health care for women.

The audit determined the following:

* A unique record that would contain data on the name and date of the document on the basis of which the approval of specialization by activity was requested, a comparison of the plan of requested and approved specializations, the reasons for the approval or rejection of specialization, the name and date of the document by which the requested specialization was approved or rejected, the sources from which specializations are financed, data on completed specializations, withdrawal from specialist training and the effects of the implementation of specialist training and other data, is not organized.

For all established irregularities and omissions, the SAO issued a total of 30 recommendations.

The table below shows the number of given recommendations by audit area.

Table number 1

Number of given recommendations according to areas of audit

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| --- | --- |
| Audit area | Number of given recommendations |
| Strategic and planning framework | 8 |
| Availability of family (general practice) medicine, health protection for women and pre-school children in public health | 7 |
| Human resources recording system | 10 |
| Professional Development | 5 |
| In total | **30** |

The SAO issued recommendations, the implementation of which would achieve improvements in connection with the adoption of strategic and planning documents and by-laws that enable effective planning of the number of doctors and territorial coverage of public health services, equal access to primary health care through undertaking activities to connect space and human resources, the integrity of the monitoring system, i.e. records of human resources and the provision of data for the needs of analysis and compilation of planning documents, as well as enabling specialist training, which would increase the availability of family (general practice) medicine, health protection for women and pre-school children in the territory of the Republic of Croatia.