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NATIONAL REPORT CROATIA

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In the autumn of 2024, negotiations were held for the **Basic Collective Agreement**, in which we negotiate with the Government on the basic salary for all public services.

An agreement has been finalized to increase the base wage by 3% effective February 1st, with an additional 3% increase effective September 1st.

Thus, from September 1, 2025, the lowest basic gross salary for a resident will be 2.823€, a young specialist with 6 years of experience earns 4.088€, while a specialist nearing retirement with 40 years of experience earns 4.762€. Leadership positions and overtime work raise these amounts even higher.

In addition, from January 1, 2025, the night work allowance is 10% higher (previously 40%, now 50% of the regular hourly rate), severance pay for retirement will be adjusted to 2.5 bases for calculating salary (previously 2 bases), the base amount for the jubilee award will be increased to 300.00€ (previously 240.00€), and this year, for the first time, an "Easter bonus" was paid.

HLS, along with health care and social care unions, highlighted the significant disparity in working conditions between employees in health and social care and those in education, whom we must negotiate with under the Law on Representativeness.

Our unions requested the Government to amend the Law on Representativeness to address these issues.

A growing concern is that legal regulations permit all employees to benefit from the rights secured by trade unions in negotiations with the Government. This situation causes frustration among union members who contribute membership fees, as these rights are available to all employees regardless of their union membership status.

In such a situation, the question arises whether these laws affect union members?

Negotiations for the **Healthcare Collective Agreement**, which began at the end of 2024, are currently in their final phase. In these negotiations, HLS demands higher standby allowances, more annual leave days (currently capped at 30, with some categories at 35), and improvements to various material and immaterial rights.

We aim to standardize the hourly wage throughout the year, rather than varying it based on the number of working hours in a month. Determining the hourly cost of labour based on the number of working days in a month presents a problematic scenario. The fixed basic salary is divided by the total number of hours in a month, resulting in a lower hourly cost in months with more working hours, while months with fewer working hours incur a higher hourly cost.

Additionally, we seek to obtain an allowance for special working conditions, similar to those provided to employees in the education system.

It's crucial for us to secure better compensation for standby work, which has been underpaid for years.

The legislation regarding the labor legal status of doctors and the development of regulations on the time and personnel standards for doctors, as previously discussed at our conferences, remain pending.

Additionally, the **Law on the Labor Legal Status of Doctors** was removed from the Ministry of Health's legislative procedure plan for this year.

Croatia is still struggling with a **shortage of doctors**. Almost all areas are deficient, and problems are equally visible at the primary health care level as well as in hospitals.

In primary care, there is a biggest shortage of family doctors, pediatricians, and gynecologists. The lack of these specialists is an equally big problem in big cities and in smaller towns.

As for doctors in hospitals, the situation varies depending on the region – the further the hospital is from a larger center, the greater is the problem with the lack of specialists. In general, younger doctors prefer large clinical hospital centers to smaller hospitals outside big cities. Young doctors interest in individual residency programs has notably changed recently. Without a doubt, there is an increasing interest in residencies that allow a better work-life balance, have fewer emergency examinations during on-call hours, and require less physical and mental effort.

Better salaries and regulated working conditions are the basic preconditions for keeping doctors in the public system, preventing doctors from going abroad, but also to the private healthcare institutions, where salaries are significantly higher, working conditions are better, and the workload is incomparable compared to work in public healthcare system.