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SEMI-ANNUAL REPORT FOR FEMS, October 2026

The strike by doctors and dentists in Slovenia, which began in January 2024, is still ongoing. The key strike demands remain unresolved, with a significant part of them relating to commitments made in two agreements already signed with the Government of the Republic of Slovenia, which have yet to be fully implemented.

Since our last report, Slovenia has undergone a significant political change. Following the parliamentary elections, a new government has taken office. Fides has viewed this change as an opportunity to re-establish social dialogue and to seek solutions to the long-standing systemic challenges facing the Slovenian healthcare system. We have already held an initial meeting with the new Minister of Health and have also requested a meeting with the Prime Minister. One of our key objectives remains to create the conditions necessary to bring the prolonged doctors' strike to a conclusion.

For Fides, the coming period will be particularly important in terms of continuing the dialogue with the new government, establishing a new legal framework governing doctors' right to strike, and reopening the discussion on the future regulation of doctors' pay and the genuine collective bargaining autonomy of the doctors' trade union.

Following its appointment, the new government prepared a comprehensive package of emergency legislation (ZIURS) covering a number of policy areas. The medical organisations did not take a position on the package as a whole, but unanimously supported its healthcare-related provisions, as they introduce several necessary corrections to problematic provisions of the amendment to the Health Services Act (ZZDej-N). The implementation of the Act has been suspended following a request for a referendum submitted by trade union confederations.

Our support for the proposed healthcare-related measures is based primarily on the experience gained since the implementation of the ZZDej-N amendment began. Even before its adoption, we warned that restricting cooperation by doctors between different healthcare providers, in circumstances of severe healthcare workforce shortages, could result in further departures of doctors from public healthcare institutions and consequently further reduce access to healthcare services. Some provisions have proved difficult to implement in practice. We therefore supported, among other measures, an extension of the transitional period and the abolition of the two-year eligibility requirement for the responsible holder of a healthcare activity. Developments in individual healthcare institutions are already demonstrating that, in a system suffering from serious staff shortages, the departure of even a small number of specialists can jeopardise the

provision of individual healthcare programmes. For us, the key issue is therefore not an ideological division between public and private healthcare, but rather how to organise the limited healthcare workforce in a way that ensures patients receive the care they need in a timely manner.

An important part of the dialogue with the new government will also concern the future course of the doctors' strike. The strike began in January 2024 and has not formally ended; however, legislative interventions by the previous government severely restricted its effective implementation. In our previous report, we provided a more detailed account of the Constitutional Court's decision annulling key elements of that regulatory framework. Following this decision, the minimum service requirements applicable during a doctors' strike will have to be regulated anew. In the preparation of the new framework, Fides will advocate social dialogue and solutions that reflect good European practice while at the same time safeguarding the lives and health of patients.

FEMS has provided important assistance in this respect. In cooperation with FEMS, we conducted a questionnaire on the regulation of doctors' strikes in European countries. We also used the ENMCA network in collecting the relevant information, while the Medical Chamber of Slovenia provided significant support. On this basis, we prepared a comparative analysis covering ten other national systems as well as Slovenia. The analysis shows that Slovenia stands out significantly in terms of both the width and level of detail of its statutory minimum service requirements during a strike. The other countries analysed generally place greater emphasis on medical urgency, the protection of life and health, professional judgement, and agreements between the social partners. These findings will provide an important expert basis for discussions with the new government on the preparation of a constitutionally compliant framework governing doctors' strikes.

For Fides, the information obtained is particularly important because, in developing a new Slovenian framework, we want to demonstrate that it is possible to combine the protection of patients and the provision of emergency healthcare with the preservation of a genuine and effective right of doctors to strike. Slovenia's experience has shown how legislative intervention may formally preserve the right to strike while, through the scope of statutory obligations imposed on doctors, almost completely depriving that right of its practical effect. We therefore want the future framework to be based on social dialogue and a proportionate balance between patients' rights and the collective rights of doctors.

We would also like to expand this comparative research. We discussed this with the current Minister of Health and agreed that the Ministry would circulate our questionnaire through its international contacts. In this way, we aim to obtain an even broader overview of European regulatory frameworks, which could provide a concrete expert basis for the preparation of new legislation. We would once again like to thank FEMS members for their assistance and responses. The information received has been extremely valuable to us and represents a strong example of the practical value of cooperation within FEMS.

The new political situation also opens the question of updating the strike demands. The substance of these demands is linked to two strategic agreements concluded between the

Government of the Republic of Slovenia and Fides in 2022 and 2023. Among the key systemic objectives agreed in these documents was the establishment of a special or separate pay arrangement for doctors and dentists. In negotiations with the previous government, which insisted on the centralised regulation of pay and uniform solutions for the entire public sector, we were unable to achieve this strategic objective.

Nevertheless, several important advances were achieved in the course of the strike negotiations. We succeeded in further developing the career structure for doctors through the introduction of new positions and in correcting long-standing anomalies affecting doctors whose remuneration had been restricted by the pay ceiling. These are significant achievements, but they have not resolved the fundamental systemic question of how doctors' pay should be regulated in the future and who should negotiate it.

The new unified public-sector pay system has likewise failed to eliminate many of the existing anomalies in the valuation of doctors' work, while the process of correcting these anomalies has been slow and uneven. For Fides, the issue of a separate or special pay system has never been solely about the level of doctors' pay. What is essential is that the system allows for the specific characteristics of medical work to be properly taken into account, including its complexity and level of responsibility, as well as the specific conditions under which doctors perform their work.

Equally important is the issue of the collective bargaining autonomy of the doctors' trade union. Our experience with the centralised regulation of pay has shown that the formal participation of a doctors' trade union in broader public-sector negotiations does not necessarily translate into a genuine ability to influence matters that are specific to doctors. Fides therefore seeks to strengthen the ability of a representative doctors' trade union to engage directly and substantively in negotiations concerning the pay and working conditions of doctors and dentists.

This approach also has a long tradition in Slovenia. Doctors and dentists have had their own profession-specific Collective Agreement for Doctors and Dentists since 1994. We therefore see the profession-specific collective agreement as an important instrument for ensuring genuine collective bargaining on matters specific to the medical profession.

We therefore intend to reopen, with the new Minister of Public Administration, the issues relating to outstanding commitments and the further development of the pay system. At the same time, we have established contact with the new leadership of the Financial Administration of the Republic of Slovenia, as we also wish to clearly regulate the tax and other conditions under which a doctor employed by a public healthcare institution may undertake additional work for another healthcare provider in his or her free time.

It is precisely with future negotiations in mind that we would like to apply the experience gained through our research into the regulation of doctors' strikes to another area. Fides proposes that a comparative study of doctors' pay systems in European countries be conducted among FEMS member organisations.

Such a study should not focus solely on comparing pay levels. For future discussions in Slovenia,

we primarily need a better understanding of the systems through which doctors' pay is determined. In particular, we would like to establish whether doctors are included in the general public-sector pay system or are subject to a special or separate arrangement; who determines or negotiates their pay; what role doctors' trade unions play in this process; whether profession-specific collective agreements for doctors exist; and how much genuine autonomy doctors' trade unions have in negotiating pay and working conditions. It would also be important to establish how individual systems take account of the specific nature of medical work, including responsibility, complexity, career development and working conditions.

The purpose of the study would not be to identify a single European model that could simply be transferred to Slovenia. Rather, we want to obtain concrete and comparable examples of European arrangements that would enable us, in future negotiations, to demonstrate how these matters are regulated in other countries. We will therefore ask FEMS for assistance in conducting the survey and/or distributing the questionnaire among its member organisations.

Our experience with the research on doctors' strikes has demonstrated the exceptional value of the FEMS network in this respect. It gave us access to information on national arrangements as they operate in practice - information that is often difficult to obtain and properly understand from publicly available sources. We would therefore like to apply the same model of cooperation to the field of doctors' pay systems.

For Fides, such research would provide an important expert and negotiating basis for future discussions with the Government of the Republic of Slovenia. We also believe that it could have broader value for FEMS and its member organisations, as many European countries face similar questions: how to ensure that doctors' work is appropriately valued, how to retain doctors within public healthcare systems, and how to ensure that doctors, through their representative organisations, have a genuine influence over the regulation of their pay and working conditions.

An intensive period lies ahead. The change of government has not in itself resolved the fundamental problems of the Slovenian healthcare system, but it has reopened the possibility of meaningful social dialogue. Our key objectives will include continuing the dialogue with the new government, ensuring the implementation of existing commitments, establishing a constitutionally compliant framework governing doctors' strikes, and reopening the question of the future regulation of doctors' pay and the collective bargaining autonomy of the doctors' trade union. On both central issues - the right to strike and the pay system - we want the debate to be supported by concrete European experience and comparable data. It is precisely in this area that we see an important role for continued cooperation within FEMS.

The report was compiled
by Damjan Polh, president of FIDES

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