

Primary care of children in Hungary

Ferenc Kadar, Mihaly Kalman

Historical overview

In the past century the Hungarian health system was characterised by the dominance of hospitals and thus by an overdeveloped hospital structure. The primary care was characterised by low prestige and lack of uniform training. Due to strong interests inside and outside the profession, the health policy has not dared significantly modify this situation. The reform is also hindered by the underfinanced nature of the health care system.

Because of outstandingly bad infant mortality rates in the 60s (46‰!) paediatric practices caring for the population under 14 were dynamically set up. By the 90s this network was completely developed in towns and partially in rural areas. This high quality system was described by a Dutch PHARE study as unnecessarily overdeveloped. Anyhow our infant mortality rate has been improved to 5,62‰ by 2008.

Development of modern primary care and its background institutions were carried out only at the beginning of the 90s. However, it covered almost exclusively the adult GP care, because of detected grave shortcomings in this field, while primary paediatric care and its results were found satisfactory. At the beginning of the last decade government intention of eliminating the paediatric primary care system arose. Due to the intervention of our Association this intention was reduced but it is still a hard problem that the lack of quality development leads to the atrophy of the paediatric primary care system.

free.

Primary care of children

The paediatric primary care system of children is operating in parallel with that of adults. 74% of children under 14 and 46% of adolescents under 19 years of age are cared by paediatricians. All the other children and adolescents are cared in "mixed" practices by family physicians, located primarily in rural and sparsely populated regions. That means that in Hungary similarly to other European countries paediatricians and family physicians provide medical care for children and adolescents. The National Health Insurance does not finance GP's medical care for children under 14 in case there is also a paediatrician practice operating in the locality. Thus in towns 100% of children under 14 receive paediatrician care. The age group of 15-18 can freely decide between paediatrician and GP service in the whole country.

All institutions of the paediatric care are lead by the representatives of the clinical-hospital paediatrics. Our relationship with the paediatric clinical sphere is subordinated. Primary care of children is supported by health visitors, holding a MA degree and primarily trained for prevention.

Medical legal status and financing

The legal status of the physicians' and the development of their living- and working conditions are in serious backwardness in Hungary. Many, almost feudal considerations dominate the organisations of duties and the hierarchy among physicians. The low income and lack of capacity observed in certain fields result in the survival of corruption. Waste of

money and insufficient financing are simultaneously present in Hungarian health care, and they both lead to low efficiency.

Training, postgraduate training

The training of a paediatrician in Hungary needs 5 years. It consists of 26 months of general and 36 months of special training. The period of CME is five years long, one should have get 250 credit points during that time.

Association of Primary Care Paediatricians

It was founded in 1995 to stop the existential danger threatening paediatricians, to protect the interests and results of paediatric primary care and to increase the professional standard of our medical care. Struggling between the hospital based paediatric system and the much more dominant GP system, we have managed to stabilise paediatric primary care and more or less safe its professional interests. Presently our association has 1300 active members out of 1600 primary paediatricians. We have two conferences every year, one scientific in the spring and one about the professional policy in autumn with the participation of 300-400 paediatricians. We also regularly organise postgraduate training programmes. Our newspaper, Hirvivo (messenger) is delivered to every paediatrician for

Future?

The position of paediatrics has weakened in the past decade due to unfavourable demographic trends and the relative dominance of general practices. This shows in the shortcomings of our representational and institutional background. The Hungarian paediatric primary care system does not share in development opportunities. The prestige of the paediatric vocation has decreased and it is almost sure that in the future the present number of paediatricians cannot be ensured. There are several career changers and even though interest for medical professions increased in the past one or two years, it is mostly because of West European job-possibilities.

In the absence of a structural reform it is difficult to define how many paediatricians will be needed yearly in primary and in hospital care. Old age of paediatricians, existential uncertainties, lack of pension regulations, migration, changing role of paediatricians, lack of medical care models and anomalies of financing all hamper planning of the future need of human workforce.

Is it not decided yet what should be the proportion of training general paediatricians and sub-specialists? In our opinion acknowledging primary care paediatrics as an independent sub-speciality would increase the significance of paediatricians working in primary care of children.