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ADMINISTRATIVE POLICIES AND MIR VACANCIES: IMPACT ON THE SPANISH HEALTH SYSTEM

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This work shows the impact over the Spanish Health System of two policies that have been used, and still are used, in the allocation of MIR vacancies. These policies are the allocation of MIR vacancies according to the number of graduates and, the allocation MIR vacancies according to the historical “bag” of graduates without specialty.

The first policy consists on allocating a number of vacancies similar to the number of graduates. It is necessary to highlight that the number of MIR vacancies allocated has been gradually increased, mainly at the end of eighties. The rate of coverage graduates/MIR has increased, in a progressive way, until reaching 100% (until allocating as many vacancies as annual graduates). Nevertheless, the number of allocated MIR vacancies spreads at the moment, overcoming the number of graduates; to give an exit to those that are in historical “bag”.

Regarding this administrative policy, it is settled down the *hypothesis_1* by which the management of MIR vacancies according to the number of graduates is an administrative policy that benefits in the short-term to the graduates. Nevertheless, starting from the current situation of the system, it harms them in the half and the long-term, and it favors the evolution of the historical “bag”, worsening the evolution of the specialized doctors “bag”.

Trying to validate the statement settled down in this first hypothesis a simulation, in a scenario as the current one, was carried out taking in account the *numerus clausus*, the retirement age¹ and the current tendency of the system to be saturated.

By means of the simulation² made, it is observed that the allocation of vacancies MIR, according to the number of graduates, benefits the evolution of the historical “bag”. Because there is more access to the system, due to bigger number of recently graduated, and therefore it will be cut down the increment of itself. This causes the falling tendency of the same one.

However, it is also observed that this administrative policy harms the evolution of the specialized doctors’ “bag”. The “bag” grows, approximately, until the year 2016³ and then it begins to decrease (because the exits of the system begin to overcome the entrances to the same one, which, in turn, will depend on the number of graduates and also on the *numerus clausus* established every year).

The evolution of the “gap”⁴ follows the same tendency that the specialized doctors’ “bag”. This way, the current great imbalance is observed between the supply and the demand of specialized doctors. The “gap” begins to decrease when the social necessities are increased, which will take place when the exits increase due to retirements and if a saturated system is considered. From the peculiar distribution by age groups of our doctors, it will be, approximately, about fifteen years when the effects of a bigger discharge by retirement begin to be noticed.

On the other hand, the number of allocated MIR vacancies is carried out according to the historical “bag” of graduates without specialty at the moment. From 1995, and with the entrance in vigor of the Directive 93/16, the number of allocated MIR vacancies

¹ Supposing that they keep along the simulation the current *numerus clausus* —around the 4,400 vacancies in the Faculties of Medicine (Diario Médico, 09/07/99)— and the mandatory retirement age —70 years (Diario Médico, 01/10/99, 04/10/99)—.

² Period of simulation: 2000-2020.

³ The change of the growing tendency of the “bag” starting from that date is coherent with the predictions carried out by some of the interviewed experts.

⁴ Imbalances among supply and demand.

spreads to overcome the number of graduates. With coverage rates, in certain moments superiors to 100%, and trying to give an exit to the graduates of the year, and also to the rest of graduates that are in the historical “bag⁵”.

In this way is settled down the *hypothesis_2* by which the convocation of MIR vacancies according to the historical “bag” of graduates without specialty is an administrative policy that generates important imbalances in the system. It spreads to the elimination of the historical “bag” and it harms seriously the specialized doctors’ “bag”.

The obtained results about the evolution of the “bags” and the specialized doctors’ “gap” are shown.

It is observed that an allocation policy according to the historical “bag” improves considerably the evolution of the same one; since it only doesn't give exit to a bigger number of recent graduated, but also to a bigger number of graduates in the “bag”.

Regarding the specialized doctors’ “bag” it is necessary to point out that their situation will be even worst that in the previous case. An allocation policy based on the historical “bag” supposes a bigger number of allocated MIR vacancies; and taking in account the tendency of the system to be saturated, a policy of this type harms even more to the specialized medical community.

The specialized doctors “gap”, and like it was proposed, shows an important imbalance between the supply and the demand of specialized doctors. The imbalance becomes worse, even more, with a management of MIR vacancies based on the historical “bag” of graduates without specialty.

In this work, a comparative of both policies is picked up: allocation of MIR vacancies according to the number of graduates versus, allocation of MIR vacancies according to the historical “bag”. This comparative is based on the evolution of the historical “bag” of graduates without specialty. It is observed that this last policy benefits more to the community in “bag” than the previous one.

On the other hand, the evolution of the specialized doctors’ “bag” is also observed according to an allocation policy based on the number of graduates and according to the historical “bag” of graduates without specialty. Both policies harm the evolution of this “bag”, although the allocations according to the historical “bag” harm it even more.

By means of the simulation, it is observed the interrelation that exists among both “bags” (the improvement of one of them implies to harm the other one).

The adoption of these proposal spreads to improve the situation of the medical community in the short-term but in turn, it harms it in the half and the long term.

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⁵ The next years will be allocated based on the historical bag (Diario Médico, 14/02/00; Europa Press, 05/04/00).