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The Portuguese Physicians' Perspective regarding the Restructuring of the Medical Career: A Cross-Sectional Study

A Perspetiva dos Médicos Portugueses sobre a Reestruturação da Carreira Médica: Um Estudo Transversal

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ABSTRACT

Introduction: The medical career (MC) has been, in Portugal, a pillar and a guarantee of quality in the organization and provision of healthcare. Currently, it consists of two levels and three categories, with progression possible by two ways, both related to the remuneration system. However, we are currently witnessing a concerning stagnation in the career progression of doctors in Portugal. The main aim of this study was to evaluate the perception, opinion, and challenges related to the MC in Portugal.

Methods: A questionnaire was applied to doctors registered in the Portuguese Medical Association (n = 61,317) between December 2024 and January 2025. Both quantitative and qualitative analyses were performed.

Results: A response rate of 9.36% was obtained. The majority of doctors were aged between 30 and 40 years, were women, held the category of senior attending physician, worked in the public sector, and in hospital-based specialties. There was consensus on the relationship between the MC and the quality of healthcare (91.45%), the need for restructuring the MC (87.57%), the integration of residency into the MC (92.58%), the cross-sector nature of the MC (78.1%), and the association of career progression with remuneration progression (95.86%). Most doctors felt that the MC should have more levels (55.63%).

Conclusion: The results support the perception of the importance of the MC for the quality of care provided. A consensus is evident among doctors regarding the need for restructuring the MC, with proposals such as the reintegration of the residency program and the creation of new technical-scientific levels. Although most doctors who responded to the questionnaire work in the public sector, there was a clear consensus about the cross-sector nature of the MC. However, the implementation of this cross-sector nature proves to be a challenge, especially when combined with the consensus that career progression should always involve a pay rise, which is crucial for the recognition of medical work.

Keywords: Job Satisfaction; Motivation; National Health Programs; Physicians; Portugal; Surveys and Questionnaires

RESUMO

Introdução: A carreira médica (CM) tem sido, em Portugal, um pilar e uma garantia de qualidade na organização e prestação de cuidados de saúde. Atualmente, é constituída por dois graus e três categorias, sendo a progressão possível mediante duas formas, ambas relacionadas com o sistema remuneratório. No entanto, assistimos hoje a uma preocupante estagnação da progressão na carreira dos médicos em Portugal. O presente estudo teve como objetivo principal avaliar a perceção, opinião, e desafios relacionados com a CM em Portugal.

Métodos: Foi aplicado um questionário aos médicos registados na Ordem dos Médicos de Portugal (n = 61 317), entre dezembro de 2024 e janeiro de 2025. Foram realizadas análises quantitativa e qualitativa.

Resultados: Foi obtida uma taxa de resposta de 9,36%. A maioria dos médicos apresentou idades compreendidas entre os 30 e 40 anos, era mulher, pertencia à categoria de assistente graduado, trabalhava no setor público e na área hospitalar. Foi consensual a relação entre a CM e a qualidade dos cuidados de saúde (91,45%), a necessidade de reestruturação da CM (87,57%), a integração do internato médico na CM (92,58%), a transversalidade da CM, independentemente do setor de atividade (78,1%) e a associação da progressão na CM à progressão remuneratória (95,86%). A maioria dos médicos considerou que a CM deveria ter mais graus (55,63%).

Conclusão: Os resultados suportam a perceção da importância da CM para a qualidade dos cuidados prestados. Destaca-se o consenso entre os médicos sobre a necessidade de reestruturação da CM, com propostas como a reintegração do internato médico e a criação de novos graus técnico-científicos. Embora a maioria dos médicos que responderam ao questionário trabalhe no setor público, o consenso sobre a transversalidade da CM entre os vários setores foi evidente. Contudo, a concretização desta transversalidade revela-se um desafio, especialmente quando combinada com a opinião consensual de que a progressão na carreira deve implicar sempre uma progressão remuneratória, crucial para o reconhecimento do trabalho médico.

Palavras-chave: Inquéritos e Questionários; Médicos; Motivação; Portugal; Programas Nacionais de Saúde; Satisfação Profissional

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KEY MESSAGES

- Medical career (MC) is a contribution to improving the quality of healthcare provision to the population.
- The current MC needs to be reorganized.
- Medical internships should be integrated into the MC.
- The MC should be a cross-cutting concern, regardless of the sector of activity (public/private/social).
- Further medical degrees should be included in MC, in addition to 'specialists (*especialista*)' and 'consultants' (*consultor*).
- Progression in MC should be accompanied by salary progression.

INTRODUCTION

"Report on Medical Careers" was published in 1961 as a manifest by a group of Portuguese doctors aimed at the preservation of the ancestral humanistic characteristics of the medical profession.

Since then, the medical career (MC) has been the mainstay and a quality assurance in the organization and provision of healthcare in Portugal, reflecting a historical evolution with significant reforms and ongoing challenges.[1]

In 1979, with the creation of the National Health Service (*Sistema Nacional de Saúde* - SNS), the Law No. 56/79 of September 15 acknowledged that "a career regime is ensured to the SNS staff as civil servants."[2,3]

The Decree-Law (DL) 73/90, of March 6, was published and aimed at "redefining the legal regime of medical career in the departments and institutions of the SNS," explained as "a priority of the government in updating the public administration, through a project aimed at developing and enhancing the professionals, improving the profitability and quality of the services provided." The MC was organized into hierarchical categories, corresponding to similar functions and grading as professional qualifications were required from then onwards.[4]

In 2002, a new model of hospital management was defined by Law No. 27/2002 of November 8, which was extended in 2005 to all hospitals, considered as Public Business Entities (*Entidades Públicas Empresariais* - EPE). From then onwards, doctors were hired under individual employment contracts (*contratos individuais de trabalho* - CIT), subject to general employment law.[5] There was a stagnation of the MC and a threat towards its extinction.

Following negotiations between the government and healthcare trade unions, the MC was rescued in 2009 through the publication of two decrees, DL 176/2009 and 177/2009, of August 4, according to the CIT regime or public service employment contract (*contrato de trabalho em funções públicas* - CTFP), respectively. Both decrees were subsequently published within the collective labor agreements (*acordos coletivos de trabalho* - ACT). These had a similar wording, emphasizing the qualification and technical and scientific development of physicians as "one of the critical factors for the success of the SNS" and stating that "traditionally, medical careers have been a requirement and a stimulus for a path of professional differentiation characterized by demanding stages, with peer evaluation and institutional recognition." It is recognized by the legislator that MC has "clear impact on the quality of healthcare and on the outcomes measured by different population health indicators."[6,7] The validity of two degrees ["specialist" (*especialista*) and 'consultant' (*consultor*)] was obtained through the ACT as "professional qualification titles endorsed by the Ministry of Health and recognized by the Portuguese Medical Association (*Ordem dos Médicos* - OM) based on the achievement of different levels of competence and subject to a competitive selection process," in addition to three categories ['assistant' (*assistente*), 'assistant graduate' (*assistente graduado* - AG), and 'assistant senior graduate' (*assistente graduado senior* - AGS)] and their functional content and admission requirements. From this date onwards, the MC is unique and organized by areas of professional expertise, namely hospital, general and family medicine, public health, forensic medicine, and occupational medicine.[6,7] In 2012, following the severe economic crisis in Portugal and the intervention of the troika (European Central Bank, European Commission, and International Monetary Fund), changes were made to the normal working time of doctors with Decree-Law No. 266-D/2012 of December 28; these were reduced to 40 hours a week. It was also an opportunity to characterize the areas of professional expertise and to specify the functional content of each category of MC.[8]

Therefore, in Portugal, the MC was defined within the SNS since 2009 according to the categories of 'assistant (*assistente*)', representing the beginning of specialized MC, with clinical and training responsibilities; AG, with proven experience and favorable evaluation, with a more autonomous role with greater responsibility in the management of complex clinical cases; and AGS, involving professionals with consolidated experience, leading teams and actively participating in training of new doctors and organizational development.[8] This grading is crucial for the formal

recognition of accumulated experience, the recognition of training suitability of each healthcare unit, the motivation of professionals, and ensuring high-quality healthcare delivery.[9] Two different ways may be followed as regards MC development, both related to the pay system: vertically, through the acquisition of a category, and horizontally, through payment scales, depending on the public administration performance evaluation system (*sistema de avaliação de desempenho da administração pública* - SIADAP).[8]

However, we are currently witnessing a worrying stagnation in the career development of doctors in Portugal. There are several factors contributing to this situation. As regards calls for consultant qualifications, with progression to AG, these were suspended between 2002 and 2012, followed by an irregular and troubled restart, often combined with delays in their completion, which have frequently lasted for years. In the case of calls for AGS, there has been in recent years an irregular opening of a very limited number of vacancies which, combined with the number of doctors in this category who have reached retirement, has led to a shortage of senior doctors in different departments and, therefore, an effective threat to training and organizational leadership capacity of the health units.[9]

In other sectors, such as social services, the armed forces, or forensic medicine, MC is residual and stagnant, despite having been negotiated with healthcare trade unions.

Therefore, understanding the specificities of MC in Portugal, considering the national and European practices and experiences is very relevant, in addition to the identification of constraints and outlining strategies for improvement. The enhancement of MC could contribute to better organization of human resources for health, benefiting both professionals and users, creating value for the entire system.

This study was based on a questionnaire administered to physicians nationwide and was aimed at assessing perceptions, opinions, expectations, and challenges related to MC in Portugal.

METHODS

Study population

All physicians registered with the Portuguese Medical Association (OM) with a valid email address (n = 61,317), from a total of 64,941 physicians registered with the OM, were included in the study.

Questionnaire

A specific questionnaire was developed for the study by a panel of experts, involving members of the National Advisory Council (*Conselho Nacional Consultivo* - CNC) of the OM for the SNS and MC.[10] The questionnaire was mainly aimed at obtaining perceptions, opinions, expectations, and challenges regarding MC in Portugal.

A 12-item questionnaire was used, including:

- Sociodemographic variables: five items regarding age, gender, professional category, sector of activity, and area of professional expertise;
- Items directly related to MC: seven items ('yes'/'no'/'no answer'), including the following subjects: the contribution of MC to improving the quality of healthcare delivery, the need for a reorganization of the MC, the integration of the Medical Internship (MI) into the MC, mainstreaming of MC across all sectors of medical activity (public, private, social), need for additional technical and scientific degrees in MC, association of the development in MC with salary progression;
- Comments/suggestions about MC: free-text area.

All questions were mandatory, with single response selection.

Data collection method

The questionnaire was developed in the Google Forms platform, and a link was sent to doctors registered with the OM in Portugal with an email address validated by the OM's central services, on behalf of the CNC for the SNS and MC. The questionnaire was available between November 17 and December 12, 2024, and three additional reminders were sent within this period.

Ethical considerations

This study complied with the ethical principles of health research. All participants were informed about the objectives of the study, and their informed consent was obtained before submitting their responses. Participation was voluntary and did not involve any compensation or prejudice to the respondents. Data were anonymously and confidentially collected and analyzed, and compliance with the European Union's General Data Protection Regulation (GDPR) was ensured. Due to the non-interventional nature of the study and the absence of sensitive or clinical data, submission to an Ethics Committee was not required.

Data analysis

Two data analyses were performed between December 2024 and January 2025. A quantitative, descriptive analysis was performed using Microsoft Excel, and a qualitative analysis was performed on data obtained from the free-text item. The content analysis was performed by two researchers, based on Edwards' methodology (2016),[11] and these steps were followed: 1) independent coding into categories; 2) analysis of categories and identification of subcategories (i.e., dimensions); 3) analysis of dimensions and identification of subdimensions; and 4) organization of results.

RESULTS

A 9.36% response rate (5,743 physicians) was obtained, out of the 61,317 questionnaires that were sent out.

Respondents were mostly (45.16%) aged 30 (24.88%) and 40 (20.28%), predominantly female (57.79%). Respondents mostly included general practitioners (37.21%) and assistants (27.63%), working mainly and full-time in the public sector (66.93%) and in hospitals (71.67%) (Table 1).

As shown in Table 2, 91.45% of the respondents agreed that MC had contributed to improving the quality of healthcare delivery to the population, as well as the need for a reorganization of MC (87.57%) and integration of the MI into the MC (92.58%); 78.1% of the respondents acknowledged that MC should be cross-sectional, regardless of the sector of activity (public/private/social); 55.63% of the respondents have considered that MC should include additional medical degrees apart from specialists and consultants. Most respondents (95.86%) have considered that development in MC should always be associated with pay progression (Fig. 1).

Comments/suggestions about MC were made by approximately one-fifth of the respondents (Table 3). In addition to topics directly related to MC (76.64%), concerns related to working conditions (4.11%) and MI (2.52%) were described. Two subjects directly related to MC were mostly described: constraints in advancing in MC (48.41%), due mainly to the delay or absence of calls (59.19%); and the need to reorganize MC (25%), with suggestions made regarding the enhancement of theoretical/research/management differentiation (26.43%), enhancement of clinical practice (20.98%), and a greater number of degrees apart from those that currently exist (12.2%).

DISCUSSION

Questionnaire-based research studies are very challenging, particularly as regards the construction of the questionnaire itself and the adherence of the target population.[10,12] Despite the methodology adopted for constructing the questionnaire,[10] it was intended to be generic and cross-sectional to the medical population, which in itself may have had an influence on the response, considering the variability of individual situations in each specific professional area (e.g., general and family medicine *vs.* hospital settings). On the other hand, a low participation rate (9.36%) has been found, which may have affected the size and power of the study sample, as well as the quality of collected data and the statistical analysis.[12] However, this is the first study involving Portuguese doctors and aimed at assessing their opinions and the major challenges of the MC, with a collaboration for future proposals. This study has shown the doctors' view regarding the issues underlying the changes in MC and, considering the response rate for some

Table 1 – Sociodemographic variables of the study population

Variable	n	%
Age (years)		
20 – 29	467	8.13
30 – 39	1429	24.88
40 – 49	1159	20.18
50 – 59	787	13.70
60 – 69	1253	21.82
70 – 79	587	10.22
80 – 89	56	0.98
> 90	5	0.09
Gender		
M	2415	42.05
F	3319	57.79
n/a	9	0.16
Medical grading category		
Médico Interno da Formação Geral (Junior Registrars)	197	3.43
Médico Interno da Formação Especializada (Senior Registrars)	686	11.95
Assistants	1587	27.63
Assistant Graduates	2139	37.24
Assistant Senior Graduates	943	16.42
No category	191	3.33
Sector of activity		
Public	3826	66.93
Private	1003	17.55
Social	55	0.96
Public and private	726	12.71
Public, private and social	8	0.14
Private and social	3	0.05
Armed Forces	6	0.10
PPP (*Parcerias Público-Privadas*)	3	0.05
Academia	6	0.10
Retired	74	1.29
Working abroad	15	0.26
Industry	3	0.05
No activity	9	0.16
n/a*	6	0.10
Working area		
Hospitalar	4116	71.67
Family Medicine	1350	23.51
Public Health	136	2.37
Forensic Medicine	38	0.66
Occupational Medicine	103	1.79

*: including governmental organizations /NGOs; total number of respondents: 5,743

questions, it was an innovative study and relevant in support of further changes in MC.

A high participation of younger doctors was found, mainly assistants and AG, working mainly in public sector hospitals. This profile suggests the presence of specific needs in this professional area, considering the extensive literature aimed at younger doctors, describing a strong relationship between burnout, workload, decreased work and personal life satisfaction, as well as quality of life.[13-15] The high response rate from female doctors reflects the increasing feminization of health-related occupations.[16]

The results have shown that MC is considered by physicians as a crucial element in ensuring the quality of healthcare for the population. This perception is in line with the reforms implemented over the past few decades, reinforcing the MC as one of the mainstays of the SNS and the provision of care of excellence.[4,6,7] The new Report on Medical Careers (*Relatório sobre as Carreiras Médicas*) describes a historical narrative of MC in Portugal and sets out proposals for improvement, also highlighting the importance of MC in the reorganization of healthcare services.[17]

It is also worth mentioning the consensus found among physicians on the need to reorganize the MC, with proposals such as the reintegration of MI and the creation of new technical and scientific degrees. In the European context, there are different organizations of MC according to health systems. In Bismarckian systems, such as those in the Netherlands and Germany, financed by compulsory insurance, there is a strong link between MC and hospital institutions, with a strong focus on clinical practice and specialization.[18] On the other hand, Beveridge systems, such as those in Portugal, the United Kingdom, and Scandinavian countries, which are predominantly financed by taxes, offer broader integration of physicians into the public system,

Table 2 – Questionnaire items on medical career

Item no. 6. Do you agree that the organization/regulation of medical career is a contribution to the improvement of the quality of healthcare delivered to the population?		
Yes	5252	91.45
No	344	5.99
No answer	147	2.56
Item no. 7. Do you agree with the reorganization of medical career?		
Yes	5029	87.57
No	183	3.19
No answer	531	9.25
Item no. 8. Do you consider that medical internship should be included into medical career?		
Yes	5317	92.58
No	307	5.35
No answer	119	2.07
Item no. 9. Do you consider that medical career should be cross-cutting to all physicians, regardless of the sector of activity (public/private/social)?		
Yes	4485	78.1
No	882	15.36
No answer	376	6.54
Item no. 10. Do you consider that additional technical and scientific degrees should be included in medical career (apart from specialists and consultants)?		
Yes	3195	55.63
No	1798	31.31
No answer	750	13.06
Item no. 11. Should medical career (with its technical and scientific degrees) always involve a pay progression?		
Yes	5505	95.86
No	127	2.21
No answer	111	1.93
Total respondents: 5743		

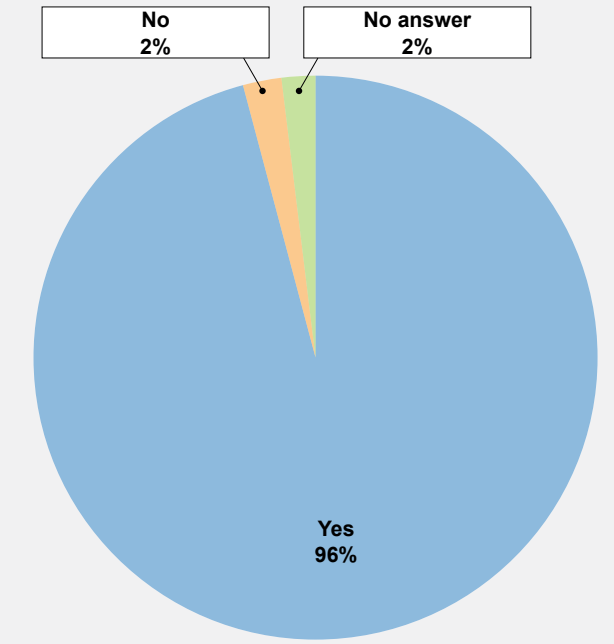

Figure 1 – Medical career and pay progression

with additional emphasis on administrative and management functions.[19] This makes more difficult to compare both realities.

The qualitative analysis of the results highlighted two important suggestions: the enhancement of theoretical differentiation, research, and management; and the enhancement of clinical practice. These results reflect a change in the profile of doctors, who are increasingly oriented towards theoretical differentiation, through the completion of PhD programs and research, as well as the acquisition of skills in health service management recognized by the Portuguese Medical Association.[20] This change is in contrast with another group of doctors who are mainly dedicated to clinical practice and who believe that this aspect should be taken into account.

Even though most respondents worked in the public sector, where regulated MC exist, there is a clear consensus regarding the cross-cutting nature of MC between the public, private, and social sectors. However, this cross-cutting nature proves to be a challenge, especially when combined with the consensus opinion that career development should always involve salary progression. Portuguese studies have related doctors' levels of satisfaction to their expectations about the professional future, particularly regarding opportunities for progression.[21] The lack of satisfaction within the public sector, often associated with pay rates, reinforces the fact that salary progression should be considered in any MC reorganization as a way of enhancing technical and scientific development.

CONCLUSION

MC has a crucial role in ensuring the quality of healthcare delivered to the population, reflecting physicians' commitment to technical and ethical excellence.

This study was in line with the consensus regarding the importance of MC as a crucial mainstay in the organization of the SNS and in professional motivation.

The results have shown the urgent need for reorganization of the MC, including the integration of MI, the creation of new technical-scientific degrees, and its cross-cutting nature between the public, private, and social sectors. Additionally, salary progression linked to career development was considered as very relevant for the recognition of technical-scientific development and the enhancement of medical work.

Despite the limitations related to the response rate, the results have provided relevant data for the development of health policies into the enhancement of MC, contributing to the sustainability and quality of health systems in Portugal. The OM is called upon to play a central role in this process, linking the demands of the medical profession to the requirements of users and the health system.

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AUTHOR CONTRIBUTION

GP: Study design and organization, data analysis, writing of the manuscript.

AMO: Study design, data interpretation, writing of the manuscript.

HS: Study conception, methodology, writing of the manuscript.

JPA, JPF, LFS, JBP, JACC, HR: Critical revision of the manuscript.

The final version for was approved for publication by all the authors.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the 2024 update of the Helsinki Declaration of the World Medical Association.

Table 3 – Analysis of item 12 ("Comments/suggestions on medical career")

Categories	n	%	Dimensions	n	%	Sub-dimensions	n	%
Career	820	76.64	Progression	397	48.41	Calls	235	59.19
						Salary	91	22.92
						Enhancement of theoretical differentiation/research/management	11	2.77
						Enhancement of clinical practice	11	2.77
						n/a	46	11.59
			Reorganization	205	25	Functional content	3	1.46
						Degrees	6	2.93
						Additional medical degrees	25	12.2
						Less medical degrees	4	1.95
						Need for technical and scientific differentiation	13	6.34
						Enhancement of theoretical differentiation/research/management	54	26.34
						Enhancement of clinical practice	43	20.98
						n/a	57	27.80
			Quality of care	19	2.32			
			Enhancement	72	8.78			
			MI	26	3.17			
			Academia	16	1.95			
			Cross-cutting	68	8.29			
			SNS	15	1.83			
			n/a	2	0.24			
Quality of care	8	0.75						
Physician enhancement	11	1.03						
Work conditions	44	4.11						
Full-time job	7	0.65						
MI	27	2.52						
Academia	2	0.19						
SNS	4	0.37						
n/a	147	13.74						
Total	1070							

MI: medical internship; SNS: *Serviço Nacional de Saúde*; n/a: not applicable

DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working centre regarding patients' data publication.

COMPETING INTERESTS

The authors declare not having any conflicts of interest related to the manuscript.

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