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Law 44/2003, of November 21, 2003, on the regulation of health professions.

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CONSOLIDATED TEXT

Last modification: June 05, 2021

JUAN CARLOS I KING OF SPAIN

To all who see and understand this document.

Be it known: That the Cortes Generales have approved and I have come to sanction the following law.

EXPLANATORY MEMORANDUM

I

The first regulation of the health professions in Spain took place in the middle of the 19th century, since the Regulations for the Interior Health Subdelegations of the Kingdom, dated July 24, 1848, determined that the exercise of the professions of Medicine, Pharmacy and Veterinary Medicine was included within the branch of Health.

By the Law of November 28, 1855, on the General Health Service, the Provincial Medical Qualification Juries were instituted, whose purpose was to prevent, admonish and qualify the faults committed by professionals in the exercise of their faculties, as well as to regularize their fees, repress abuses and establish a severe medical morality.

Both the Law of 1855 and the General Instruction of January 12, 1904, were concerned with regulating, even embryonically, the professional practice of what they called "the art of healing" with the establishment of a registry of professionals that they put in charge of the Subdelegates of Health.

The entry into force, already in the middle of the 20th century, of other health laws, meant the abandonment of the system of organization followed until then. The Law of Bases of National Health, of November 25, 1944, dedicated only its base 12 to the professional organization of physicians, practitioners and dentists, with only one provision, that of the existence of professional corporations.

Law 14/1986, of April 25, 1986, General Health Law, only refers to the free exercise of the health professions, without dealing with their regulation, although it provides, as a competence of the State, for the homologation of postgraduate training programs, improvement and specialization of health personnel, as well as the general homologation of health service jobs. This is so because the General Health Law is a regulation of a predominantly organizational nature, whose primary objective is to establish the structure and functioning of the public health system in the new political and territorial model of the State deriving from the 1978 Constitution.

As a result, the practice of medicine and the rest of the health professions, with the sole exception of dentistry and other professions related to dental health, to which Law 10/1986, of March 17, 1986 refers, is deferred to other provisions, whether those regulating the educational system, or those governing relations with patients, or those relating to the rights and duties of professionals as such, or those regulating the service relations of professionals with centers or institutions and public and private corporations.

This situation of a practical regulatory vacuum, together with the intimate connection that the practice of the health professions has with the right to health protection, with the right to life and physical integrity, with the right to personal and family privacy, with the right to human dignity and with the right to the free development of the personality, makes it advisable to provide specific and differentiated legislative treatment for the health professions.

On the other hand, we cannot forget the European Communities' regulations, centered on the directives on the reciprocal recognition, among the Member States, of diplomas, certificates and other qualifications related to the practice of health professions, which, insofar as they make access to health professional activities subject to the possession of the qualifications specified in the directives, undoubtedly introduce a limitation on access to health professions.

professional practice that must be established, in our domestic law, by a regulation with the formal rank of law, as required by Article 36 of our Constitution.

The content of the law, in this matter, should focus on regulating the conditions of practice and the respective professional fields, as well as the measures that guarantee the basic, practical and clinical training of the professionals.

By virtue of all this, the purpose of this law is to provide the healthcare system with a legal framework that contemplates the different instruments and resources that make possible the greater integration of professionals in the healthcare service, in both the public and private spheres, in terms of prevention and care, facilitating co-responsibility in the achievement of common goals and in improving the quality of health care provided to the population, also guaranteeing that all health professionals meet the necessary levels of competence to try to continue safeguarding the right to health protection.

II

The concept of profession is an elusive concept that has been developed from sociology based on a series of attributes such as higher education, autonomy and self-organizing capacity, code of ethics and spirit of service, which are present to a greater or lesser extent in the different occupational groups that are recognized as professions. In spite of these ambiguities and considering that our political organization only recognizes as an existing profession that which is regulated by the State, the criteria to be used to determine which are the health professions must be based on the pre-existing regulations. This legislation corresponds to two areas: education and that which regulates the collegiate corporations. Therefore, this law recognizes as health professions those that the university regulations recognize as qualifications in the field of health, and which currently enjoy a collegiate organization recognized by the public authorities.

On the other hand, there is a need to resolve, with interprofessional agreements prior to any regulatory regulation, the question of the areas of competence of the health professions, while maintaining the desire to simultaneously recognize the growing areas of competence shared by the different professions and the very relevant specific areas of each profession.

For this reason, this law does not attempt to determine the competencies of the different professions in a closed and concrete manner, but rather establishes the basis for these agreements between professions, and for the daily practices of professionals in increasingly multidisciplinary organizations to evolve in a cooperative and transparent manner, rather than in a conflictive manner.

III

In order to fulfill the purposes set forth above, as well as to better protect health in accordance with the provisions of Article 43 of the Spanish Constitution, this law is structured in a preliminary title and five other titles.

The Preliminary Title and Title I are aimed at determining the essential aspects of the exercise of the health professions, expressly establishing which are such professions, reserving the exercise of such professions to the corresponding graduates, determining the functional areas of each of them, and listing the rights of the users of their professional services.

Title II of the law regulates the training of healthcare professionals, contemplating both undergraduate and specialized training and, what is a regulatory innovation of singular relevance, continuing education. The requirement for the latter, in general, with effects on the recognition of the professional development of health service personnel, must have a special influence on the development, consolidation, quality and cohesion of our healthcare system.

Professional development and its recognition is regulated in Title III, which establishes its general principles, common and homologable throughout the Health System. This lays the foundations for a system that is essential to promote the development of the Health System in accordance with the principle of quality care and continuous improvement.

This system has been requested by the professionals themselves, by the regional health services and by the privately owned health services.

Professional practice in the private sector is regulated in Title IV of this law, which establishes, as a general principle, the application of the criteria determined in this regulation to the healthcare services of such ownership, in order to guarantee the highest quality of healthcare services, regardless of their financing.

The law is completed with Title V, which deals with the participation of healthcare professionals in the development, planning and management of the healthcare professions, a participation that is articulated through the Professional Advisory Committee, in which all professional bodies are represented.

INTRODUCTORY TITLE

General rules

Article 1. *Purpose and scope of application.*

This law regulates the basic aspects of the licensed health care professions with regard to their practice on their own account or on behalf of others, the general structure of the training of professionals, their professional development and their participation in the planning and organization of the health care professions. It also establishes the registers of professionals that make it possible to enforce the rights of citizens with respect to health services and the adequate planning of the human resources of the health system.

The provisions of this law are applicable whether the profession is practiced in public health services or in the private health sector.

Article 2. *Qualified health professions.*

1. In accordance with Article 36 of the Constitution, and for the purposes of this law, the health professions are those whose undergraduate or specialized training is specifically and fundamentally aimed at providing the interested parties with the knowledge, skills and attitudes required for health care, and which are organized in professional associations officially recognized by the public authorities, in accordance with the provisions of the specifically applicable regulations.

2. The health professions are structured into the following groups:

a) Bachelor level: the professions for the practice of which the degrees of Bachelor of Medicine, Bachelor of Pharmacy, Bachelor of Dentistry and Bachelor of Veterinary Medicine and the official degrees of specialist in Health Sciences for Graduates referred to in Title II of this law enable them to practice.

b) Diploma level: the professions for the practice of which the degrees of Diploma in Nursing, in Physiotherapy, in Occupational Therapy, in Podiatry, in Optics and Optometry, in Speech Therapy and in Human Nutrition and Dietetics and the official degrees of specialist in Health Sciences for such Diplomates referred to in Title II of this law enable them to practice.

3. When it is necessary, due to the characteristics of the activity, to improve the efficiency of the health services or to adapt the preventive or assistance structure to scientific and technological progress, the nature of a specific activity not foreseen in the previous section may be formally declared as a health profession, titled and regulated, by means of a regulation with the rank of a law.

In accordance with the provisions of Law 10/1986, of March 17, 1986, on dentists and other professionals related to dental health, dental technicians and dental hygienists are considered to be health professionals.

4. The rules referred to in paragraph 3 shall establish the procedures for the Ministry of Health and Consumer Affairs to issue, when necessary, an accreditation certificate authorizing the professional practice of the interested parties.

Article 3. Professionals in the health professional training area.

1. In accordance with Article 35.1 of the Constitution, professionals in the health professional training area are those who hold professional training degrees in the health professional family, or degrees or certificates equivalent to them.

2. Professionals in the professional training health area are structured in the following groups:

a) Higher level: those who hold the degrees of Higher Technician in Pathological Anatomy and Cytology, Dietetics, Health Documentation, Oral and Dental Hygiene, Diagnostic Imaging, Clinical Diagnostic Laboratory, Orthoprosthetics, Dental Prosthetics, Radiotherapy, Environmental Health and Audioprosthetics.

b) Intermediate level: those who hold the degrees of Technician in Auxiliary Nursing Care and Pharmacy.

3. Likewise, those who are in possession of the vocational training qualifications that, in the health professional family, are established by the General State Administration in accordance with the provisions of article 10.1 of the Organic Law 5/2002, of June 19, on Qualifications and Vocational Training, will be considered as professionals in the health professional training area.

4. The higher technicians and technicians referred to in this article will exercise their professional health activity in accordance with the rules regulating professional training, its different training levels and its specific qualification, within the framework of respect for the professional competence, responsibility and autonomy proper to the health professions referred to in articles 6 and 7 of this law.

5. The Health Administrations will establish, in the appropriate cases, the models for the integration and incorporation of the senior technicians and technicians referred to in this article and of their professional health activities to the centers and establishments dependent on or attached to such Administrations, and will regulate the systems of continuous training and development of these.

TITLE I

On the practice of health professions

Article 4. General principles.

1. In accordance with the provisions of Articles 35 and 36 of the Constitution, the right to the free exercise of the health professions is recognized, subject to the requirements set forth in this law and other applicable legal provisions.

2. The exercise of a health profession, on one's own account or on behalf of others, shall require the possession of the corresponding official degree that expressly qualifies for it or, as the case may be, of the certification provided for in Article 2.4, and shall comply, as the case may be, with the provisions of this, in the other applicable laws and in the rules regulating the professional associations.

3. Healthcare professionals perform, among others, functions in the areas of healthcare, research, teaching, clinical management, prevention and health information and education.

4. It is the responsibility of all health professions to actively participate in projects that can benefit the health and well-being of people in situations of health and disease, especially in the field of disease prevention, health education, research and exchange of information with other professionals and with the health authorities, to better guarantee these purposes.

5. Professionals shall be guided in their actions by the service to society, the interest and health of the citizen to whom the service is provided, the strict compliance with the deontological obligations, determined by the professions themselves according to the legislation in force, and the criteria of normo-praxis or, as the case may be, the general practices of their profession.

6. Healthcare professionals will undergo continuous training throughout their professional life and will regularly accredit their professional competence.

7. The practice of the health professions shall be carried out with full technical and scientific autonomy, with no other limitations than those established in this law and by the other principles and values contained in the legal and deontological system, and in accordance with the following principles:

a) There shall be written formalization of their work reflected in a clinical history that shall be common for each center and unique for each patient attended there.

The clinical record will tend to be supported by electronic media and to be shared among professionals, centers and levels of care.

b) The aim will be to unify the criteria for action, which will be based on scientific evidence and the means available, and supported by clinical and care practice guidelines and protocols. The protocols should be used as a guideline, as a decision guide for all the professionals in a team, and will be regularly updated with the participation of those who must apply them.

c) The organizational effectiveness of the services, sections and teams, or equivalent care units, whatever their name, will require the written existence of internal operating rules and the definition of objectives and functions, both general and specific, for each member of the same, as well as the completion by the professionals of the care, informative or statistical documentation determined by the center.

d) The continuity of care of patients, both those who are treated by different professionals and specialists within the same center and those who are treated at different levels, will require the existence of procedures, jointly developed protocols and indicators in each care setting to ensure this purpose.

e) The progressive consideration of interdisciplinarity and multidisciplinary of professional teams in health care.

8. In order to practice a health profession, it will be necessary to comply with the obligations and requirements set forth in the current legal system. In any case, in order to practice a health profession, the following are essential requirements:

a) To be a member of a professional association, when a state law establishes this obligation for the exercise of a profession or some of its activities.

b) Not to be disqualified or suspended from professional practice by a final court decision for the period of time established by the court.

c) Not to be suspended or disqualified from professional practice by a sanctioning resolution imposed by a health professional association, when a state law establishes for this practice the obligation to be a member of a professional association, during the period of time established therein.

d) Not to be suspended or disqualified from professional practice, or separated from service, by a final administrative sanctioning resolution, for the period of time established by the latter, when exercising the profession in the field of public health care.

e) To have subscribed and in force a liability insurance, a guarantee or other financial guarantee, whether for personal or collective protection, covering indemnities that may arise from professional liability for possible damage to persons caused on the occasion of the provision of such assistance or services when practicing the profession in the field of private health care.

9. In order to facilitate compliance with the requirements set forth in the previous section, the following data transfer obligations are established, for which the consent of the owner of the personal data will not be necessary:

a) The courts and tribunals shall send the necessary data concerning final sentences of disqualification or suspension from professional practice to the Ministry of Health, Social Services and Equality in the form established by regulation.

b) The public administrations with sanctioning powers over the health professionals employed by them should send the sanctioning resolutions that affect their suspension or authorization.

c) The collegiate corporations must send to the Ministry of Health, Social Services and Equality a copy of the sanctioning resolutions that suspend or disqualify

for the professional practice imposed by them, when a state law establishes the obligation to be a member of a professional association for this practice.

d) The Ministry of Health, Social Services and Equality will communicate to the entities mentioned in sections b) and c) above the sanctioning resolutions it receives. To this end, it will establish cooperation mechanisms and systems of communication and exchange of information through the State Register of Health Professionals, created by the tenth additional provision of Law 16/2003, of May 28, on the cohesion and quality of the National Health System.

10. The body in charge of the State Register of Healthcare Professionals may consult the personal data of healthcare professionals contained in the National Identity Document (DNI) and Foreigner's Identity Number (NIE) files and archives under the jurisdiction of the Ministry of the Interior, in order to verify the veracity of the information contained in the register. The consent of the holder of the personal data will not be necessary for this consultation.

The body in charge of the registers integrated in the System of Administrative Registers of Support to the Administration of Justice, will inform the body of the Ministry of Health, Social Services and Equality in charge of the State Register of Health Professionals, at its request, of the necessary data referring to the sentences of disqualification or suspension for the professional practice contained in the inscriptions of these integrated registers, as long as it is not information reserved to Judges and Courts, in the form established by regulation. For the transfer of this data, the consent of the holder of the personal data shall not be necessary.

Article 5. General principles of the relationship between health professionals and the persons they serve.

1. The relationship between healthcare professionals and the people they serve is governed by the following general principles:

a) Professionals have the duty to provide technical and professional health care appropriate to the health needs of the people they serve, in accordance with the state of development of scientific knowledge at any given time and with the levels of quality and safety established in this law and other applicable legal and deontological standards.

b) Professionals have the duty to make rational use of the diagnostic and therapeutic resources in their charge, taking into consideration, among others, the costs of their decisions, and avoiding their overuse, underuse and inadequate use.

c) Professionals have the duty to respect the personality, dignity and privacy of the persons under their care and must respect their participation in decisions affecting them. In any case, they must provide sufficient and appropriate information to enable them to exercise their right to consent to such decisions.

d) Patients have the right to free choice of physician. Whether the professional practice is carried out in the public system or in the private sphere on behalf of others, this right will be exercised in accordance with explicit regulations that must be publicly known and accessible. In this situation, the professional may exercise the right to renounce providing health care to such a person only if this does not lead to neglect. When exercised in the public or private system, such waiver shall be exercised in accordance with regular, established and explicit procedures, and shall be formally recorded.

e) The professionals and those responsible for the healthcare centers shall facilitate the exercise of the right of their patients to know the name, degree and specialty of the healthcare professionals who attend them, as well as to know their category and function, if so defined in their center or institution.

f) Patients have the right to receive information in accordance with the provisions of Law 41/2002, of November 14, 2002, which regulates patient autonomy and the rights and obligations regarding clinical information and documentation.

2. In order to effectively guarantee and facilitate the exercise of the rights referred to in the previous section, the professional associations, autonomous councils and general councils, in their respective territorial areas, will establish public registers of professionals which, in accordance with the requirements of this law, will be accessible to the population and will be available to the health administrations. The aforementioned registers, respecting the principles of confidentiality of personal data contained in the applicable regulations, shall make it possible to know the name, degree, specialty, place of practice and other data determined as public in this law.

Likewise, there may exist in the health centers and in the insurance companies operating in the sickness branch, other registers of professionals of a complementary nature to the above, which serve the purposes indicated in the preceding paragraph, in accordance with the provisions of Articles 8.4 and 43 of this law.

The general criteria and minimum requirements of these registries will be established by the Health Administrations within the general principles determined by the Interterritorial Council of the National Health System, which may agree on their integration into the Health Information System of the National Health System.

Article 6. Health graduates.

1. In general, within the scope of action for which their corresponding degree entitles them, health graduates are responsible for the direct personal services required in the different phases of the comprehensive health care process and, where appropriate, for the management and evaluation of the overall development of said process, without detriment to the competence, responsibility and autonomy of the different professionals involved in the process.

2. Without prejudice to the functions that, in accordance with their degree and specific competence, correspond to each health professional, or to those that may be performed by other professionals, the functions of each of the health professions at the Bachelor's degree level are the following:

a) Physicians: Medical Graduates are responsible for the indication and performance of activities aimed at the promotion and maintenance of health, the prevention of diseases and the diagnosis, treatment, therapy and rehabilitation of patients, as well as the assessment and prognosis of the processes under their care.

b) Pharmacists: Graduates in Pharmacy are responsible for the production, conservation and dispensing of medicines, as well as collaboration in analytical, pharmacotherapeutic and public health surveillance processes.

c) Dentists: Graduates in Dentistry and Specialist Doctors in Stomatology, without prejudice to the functions of Specialist Doctors in Oral and Maxillofacial Surgery, are responsible for the functions related to the promotion of oral and dental health and the prevention, diagnosis and treatment indicated in Law 10/1986, of March 17, 1986, on dentists and other professionals related to oral and dental health.

d) Veterinarians: veterinary graduates are responsible for the control of hygiene and technology in the production and processing of food of animal origin, as well as the prevention and control of animal diseases, particularly zoonoses, and the development of the necessary techniques to avoid the risks that animal life and its diseases may produce in humans.

3. Those who are in possession of an official degree of specialist in Health Sciences established, in accordance with the provisions of Article 19.1 of this law, for psychologists, chemists, biologists, biochemists or other university graduates not included in the previous number, are also health professionals at the Bachelor's degree level.

These professionals shall perform the functions corresponding to their respective qualifications, within the general framework established in article 16.3 of this law.

4. When a professional activity is formally declared as a health profession, titled and regulated, with the level of Licentiate, the corresponding regulation shall state the functions corresponding to the same, within the general framework provided for in paragraph 1 of this article.

Article 7. Health graduates.

1. In general, health graduates, within the scope of action for which their corresponding degree entitles them, are responsible for the personal provision of care or services within their professional competence in the different phases of the health care process, without detriment to the competence, responsibility and autonomy of the different professionals involved in the process.

2. Without prejudice to the functions that, in accordance with their degree and specific competence, correspond to each health professional, or to those that may be performed by other professionals, the functions of each of the health professions at the Diploma level are the following:

a) Nurses: university graduates in nursing are responsible for the direction, evaluation and provision of nursing care aimed at the promotion, maintenance and recovery of health, as well as the prevention of diseases and disabilities.

b) Physiotherapists: university graduates in Physiotherapy are responsible for providing care in their discipline, through treatments with physical means and agents, aimed at the recovery and rehabilitation of people with somatic dysfunctions or disabilities, as well as their prevention.

c) Occupational therapists: university graduates in occupational therapy are responsible for the application of techniques and the performance of occupational activities that tend to enhance or replace diminished or lost physical or mental functions, and to guide and stimulate the development of such functions.

d) Podiatrists: university graduates in podiatry perform activities aimed at the diagnosis and treatment of foot disorders and deformities, using the therapeutic techniques of their discipline.

e) Opticians-optometrists: university graduates in Optics and Optometry perform activities aimed at the detection of ocular refractive defects through instrumental measurement, the use of re-education, prevention and visual hygiene techniques, and the adaptation, verification and control of optical aids.

f) Speech therapists: university graduates in Speech Therapy develop the activities of prevention, evaluation and recovery of hearing, phonation and language disorders, by means of therapeutic techniques specific to their discipline.

g) Dietitians-nutritionists: university graduates in Human Nutrition and Dietetics carry out activities aimed at feeding individuals or groups of individuals, in accordance with their physiological and, where appropriate, pathological needs, and in accordance with the principles of prevention and public health.

3. When a professional activity is formally declared as a health profession, titled and regulated, with the level of Diplomate, the corresponding regulation shall state the functions corresponding to the same, within the general framework provided for in paragraph 1 of this article.

Article 8. Professional practice in health organizations.

1. Professional practice in health organizations shall be governed by the rules regulating the relationship between professionals and such organizations, as well as by the precepts of this and other applicable legal rules.

2. Professionals may provide joint services in two or more centers, even when they remain linked to only one of them, when strategic alliances or shared management projects are maintained between different healthcare establishments. In this case, the newly created appointments or contracts may be linked to the project as a whole, without prejudice to the provisions of the regulations on incompatibilities, as the case may be.

3. Health care facilities shall review, at least every three years, that the health care professionals on their staff meet the requirements necessary to practice the profession in accordance with the provisions of this law and other applicable regulations, including their qualifications and other diplomas, certificates or professional credentials, in order to determine the continuity of their authorization to continue providing health care services.

patient. The centers will have a personal file for each professional, in which their documentation will be kept and to which the interested party will have the right of access.

4. In order to make possible the choice of physician provided for in article 13 of Law 41/2002, of November 14, 2002, which regulates patient autonomy and the rights and obligations regarding clinical information and documentation, and in accordance with the provisions of article 5.2 of this law, healthcare centers shall have a register of their medical personnel, of which the name, degree, specialty, category and function of the professionals shall be made known to the users.

5. In the event that, as a consequence of the legal nature of the relationship by virtue of which a profession is exercised, the professional must necessarily act in a matter in accordance with professional criteria different from his own, he may so state in writing, with the safeguarding in all cases of professional secrecy and without detriment to the effectiveness of his actions and the principles contained in Articles 4 and 5 of this law.

Article 9. *Interprofessional relations and teamwork.*

1. Comprehensive health care implies multidisciplinary cooperation, integration of processes and continuity of care, and avoids fragmentation and simple overlapping between care processes attended by different graduates or specialists.

2. The team of professionals is the basic unit in which the professionals and other personnel of the healthcare organizations are structured in a uni or multiprofessional and interdisciplinary manner in order to effectively and efficiently perform the services required of them.

3. When a healthcare action is carried out by a team of professionals, it will be organized in a hierarchical or collegiate manner, as the case may be, taking into account the criteria of knowledge and competence, and if applicable, the qualifications of the professionals that make up the team, depending on the specific activity to be developed, the trust and reciprocal knowledge of the capabilities of its members, and the principles of accessibility and continuity of care for the persons being attended.

4. Within a team of professionals, it shall be possible to delegate actions, provided that the conditions under which such delegation or distribution of actions may take place have been previously established within the team.

A necessary condition for the delegation or distribution of work is the ability to perform it on the part of the person receiving the delegation, an ability that must be objectifiable, whenever possible, with the appropriate accreditation.

5. The teams of professionals, once constituted and approved within healthcare organizations or institutions, will be recognized and supported, and their actions facilitated, by their governing and managing bodies. The centers and institutions will be responsible for the capacity of the professionals to perform correctly in the tasks and functions entrusted to them in the teamwork distribution process.

Article 10. *Clinical management in healthcare organizations.*

1. The health administrations, the health services or the governing bodies of the health centers and establishments, as appropriate, will establish the means and systems for access to clinical management functions, through procedures in which the professionals themselves will have to participate.

Such functions may be performed on the basis of criteria that demonstrate the necessary knowledge and adequate training.

2. For the purposes of this law, clinical management functions are considered to be those related to the leadership or coordination of health and care units and teams, tutoring and organization of specialized, continuing and research training, and participation in internal committees or institutional projects of the health centers aimed, among others, at ensuring the quality, safety, efficacy, efficiency and ethics of care, continuity and coordination between levels or the reception, care and welfare of patients.

3. The exercise of clinical management functions shall be subject to performance and results evaluation. Such evaluation shall be periodic and may determine,

The confirmation or removal of the person concerned in such functions, as the case may be, and shall have an effect on the evaluation of the professional development achieved.

4. The performance of clinical management functions will be subject to the appropriate recognition by the center, the health service and the health system as a whole, in the manner determined in each autonomous community.

5. The Government will develop by regulation what is established in the previous paragraphs, establishing the characteristics and general principles of clinical management, and the guarantees for professionals who choose not to access these functions.

Article 11. *Research and teaching.*

1. The entire healthcare structure of the health system will be available to be used for healthcare research and for teaching professionals.

2. The health administrations, in coordination with the educational administrations, will promote research and teaching activities in all healthcare centers, as an essential element for the progress of the healthcare system and its professionals.

The owners of health centers and health services may enter into agreements and agreements with the Instituto de Salud Carlos III, with other public or private research centers, and with other institutions interested in health research, for the development of research programs, for the provision of linked or specific researcher positions in health establishments, for the appointment of research tutors and for the establishment of specific training systems for researchers during the period immediately after obtaining the title of specialist.

3. The health services, health institutions and centers and the universities may formalize the agreements provided for in Organic Law 6/2001, of December 21, on Universities, in Law 14/1986, of April 25, 1986, General Law on Health and in Article 14 of this law, to ensure the practical teaching of health education that so requires, in accordance with the general bases established by the Government for said system of agreements, under the protection of the provisions of the seventh additional provision of said organic law.

The health centers accredited for specialized training shall have a teaching committee and the heads of studies, teaching coordinators and tutors of the training that are appropriate according to their teaching capacity, in the manner provided for in Title II of this law.

The health centers accredited to develop continuing education programs must have the heads of studies, teaching coordinators and training tutors that are appropriate according to the activities to be developed.

TITLE II

Training of health professionals

CHAPTER I

General rules

Article 12. *Guiding Principles.*

These are guiding principles for training and teaching activities in the field of health professions:

a) Permanent collaboration between the competent public administration bodies in the areas of education and health.

b) The agreement between universities and vocational training centers and health institutions and centers, in order to guarantee the practical teaching of those courses that require it.

c) The availability of the entire structure of the health system to be used for undergraduate, specialized and continuing education of professionals.

d) The consideration of health centers and services, also as centers for scientific research and training of professionals, to the extent that they meet the appropriate conditions for such purposes.

e) The permanent revision of teaching methodologies and teaching in the health field for the better adaptation of professional knowledge to scientific and technical evolution and to the health needs of the population.

f) The permanent updating of knowledge, through continuing education, of healthcare professionals, as a right and a duty of the latter. To this end, healthcare institutions and centers will facilitate the implementation of continuing education activities.

g) The establishment, development and updating of methodologies for the evaluation of the knowledge acquired by professionals and of the functioning of the training system itself.

CHAPTER II

Undergraduate training

Article 13.

1. The Human Resources Commission of the National Health System shall report, on a mandatory basis, on the draft royal decrees by which, in accordance with the provisions of Article 34 of Organic Law 6/2001, of December 21, 2001, on Universities, the official degrees and the general guidelines of their corresponding curricula are established, when such degrees correspond to health professions.

2. When deemed necessary, in order to achieve a better adaptation of the training of professionals to the needs of the health system, to scientific and technical advances, or to the provisions of the European Community, the Minister of Health and Consumer Affairs may, subject to the agreement of the Human Resources Commission of the National Health System, urge the Ministry of Education, Culture and Sport to initiate the process of establishing new degrees or of revising and incorporating new areas of knowledge in the general guidelines of the corresponding study plans.

3. In accordance with the provisions of Article 44 of the Organic Law of Universities, the number of students admitted to undergraduate training will be determined in response to the needs of health professionals and the existing capacity for their training.

Article 14. *Agreements between universities and health services, institutions and health centers.*

The universities may enter into agreements with the health services, institutions and health centers that, in each case, are necessary to guarantee the practical teaching of health-related courses that so require. The health institutions and centers may add the adjective "university" to their name.

The Government, at the joint proposal of the Ministries of Education, Culture and Sports and of Health and Consumer Affairs, following a report from the University Coordination Council, is responsible for establishing the general bases to which the aforementioned agreements are to be adapted, which will provide for the participation of the competent body of the autonomous communities in the special agreements which, in accordance with those bases, are entered into between universities and health institutions.

CHAPTER III

Specialized training in Health Sciences

Section 1. *Purpose and definitions*

Article 15. *Nature and purpose of the specialized training.*

1. Specialized training in Health Sciences is a regulated and official training.

2. Specialized training in Health Sciences aims to provide professionals with the knowledge, techniques, skills and attitudes inherent to the corresponding specialty, simultaneously with the progressive assumption by the interested party of the responsibility inherent to the autonomous practice of the same.

Article 16. *Titles of Specialists in Health Sciences.*

1. The Government, at the proposal of the Ministries of Education, Culture and Sports and of Health and Consumer Affairs, following a report by the Human Resources Commission of the National Health System, the National Council of Specialties in Health Sciences and the corresponding collegiate organization or organizations, is responsible for the establishment of the titles of Specialists in Health Sciences, as well as for their suppression or change of name.

2. The title of specialist is official and valid throughout the territory of the State.

3. Without prejudice to the powers of the health professionals mentioned in Articles 6.2 and 7.2 of this law, nor to the rights recognized, by law or regulation, to those who are authorized to perform the position of specialist without the corresponding title, the possession of the title of specialist will be necessary to expressly use the title of specialist, to practice the profession with such title and to occupy jobs with such title in public and private centers and establishments.

Article 17. *Issuance of the title of specialist.*

1. The titles of specialist in Health Sciences will be issued by the Ministry of Health.

2. Obtaining the title of specialist requires:

a) Holding a Bachelor's Degree or University Diploma, as required in each case.

b) Access to the corresponding training system, as well as complete it in its entirety in accordance with the training programs to be established, without prejudice to the provisions of Article 23 of this law for the case of new specialization.

c) Pass the evaluations to be determined and deposit the fees for the issuance of the corresponding degree.

Article 18. *Professional recognition of specialist titles obtained in foreign States.*

1. The Government, at the proposal of the Ministry of Health and Consumer Affairs, shall establish the cases and procedures for the recognition in Spain of specialist qualifications obtained in States that are not members of the European Union, in accordance with the provisions of the applicable international treaties and conventions, as the case may be.

2. **(Repealed)**

3. The recognition of specialist qualifications obtained in Member States of the European Union, or in States where the free movement of workers and the freedom of establishment and freedom to provide services of professionals are applicable, shall be subject to the provisions of the Community rules governing such recognition.

Section 2.^a *On the structure and training in the specialties in Health Sciences*

Article 19. *General structure of the specialties.*

1. Specialties in Health Sciences may be established for the professionals expressly mentioned in Articles 6 and 7 of this law.

Specialties in Health Sciences may also be established for other university graduates not mentioned in the aforementioned precepts, when their undergraduate training is adapted to the professional field of the corresponding specialty.

2. The specialties in Health Sciences will be grouped, when appropriate, according to the criteria of truncality. The specialties of the same trunk will have a common training period of two years.

However, the Ministry of Health, Social Services and Equality, following a report from the national commissions of the specialties involved, from the National Council of Specialties in Health Sciences, and from the Human Resources Commission of the National Health System, may reduce or increase the duration of the core period up to a maximum of six months, depending on the competencies to be acquired in the core training period in question. In these cases, the evaluations referred to in the article 20.2 e) of this Law shall be adapted, under the terms to be determined by regulation, to the new duration of the core training periods.

3. The Government, when establishing the titles of specialist in Health Sciences, will determine the title or titles required to access each of the specialties, as well as the trunk in which, if applicable, they are integrated.

Article 20. System for the training of specialists.

1. The training of Health Science Specialists will involve both theoretical and practical training as well as a personal and progressive participation of the specialist in training in the activity and responsibilities of the specialty in question.

2. The training will take place through the residency system in accredited centers.

In any case, the centers or units in which the training is carried out must be accredited in accordance with the provisions of Article 26.

3. Residency training shall meet the following criteria:

a) Residents will carry out the training program of the specialty on a full-time basis. Residency training will be incompatible with any other professional activity. It will also be incompatible with any training activity, as long as it is carried out within the working day of the resident's special employment relationship.

b) The duration of the residency shall be that established in the training program of the specialty and shall be indicated in accordance with the provisions, if any, of the Community regulations.

c) The professional activity of the residents will be planned by the management bodies together with the teaching commissions of the centers in such a way that it is fully integrated into the ordinary, continuous and emergency operation of the health center.

d) Residents must develop, in a programmed and supervised manner, the activities foreseen in the program, progressively assuming, as they advance in their training, the activities and responsibilities inherent to the autonomous practice of the specialty.

e) The activities of the residents, which must appear in the Resident's Book, will be subject to the evaluations determined by regulations. In any case, there will be annual evaluations and a final evaluation at the end of the training period.

f) During the residency, a special employment relationship will be established between the health service or the center and the specialist in training. The Government, taking into account the specific characteristics of the training activity and of the healthcare activity carried out in the health centers, and in accordance with the criteria contained in this chapter and in the first additional provision of this law, shall regulate the special employment relationship of residency.

4. The principles established in the previous number and the others that appear in sections 1 and 2 of this chapter, may be adapted by the Government to the specific characteristics of the specialized training in Health Sciences of the professions foreseen in articles 6.2, paragraphs b), c) and d), 6.3 and 7 of this law.

Article 21. Training programs.

1. The training programs of the specialties in Health Sciences must specify the qualitative and quantitative objectives and the professional competencies to be fulfilled by the candidate to the degree during each of the annual courses into which the training program is divided.

2. The training programs will be elaborated by the National Commission of the Specialty. Once they have been ratified by the National Council of Specialties in Health Sciences, they will be approved by the National Commission of the Specialty.

The Ministry of Health and Consumer Affairs will approve them after a report from the Human Resources Commission of the National Health System and the Ministry of Education, Culture and Sports.

The training programs shall be periodically reviewed and updated in accordance with the procedure set forth in the preceding paragraph.

Once approved, the training programs will be published in the "Official State Gazette" for general knowledge.

3. In the case of specialties of the same trunk, the program of the common training period shall be drawn up by a specific commission composed of representatives of the National Commissions of the corresponding specialties.

4. In the case of multidisciplinary specialties, the training programs may provide for specific training paths according to the degrees of origin.

Article 22. Access to specialized training.

1. Access to specialized health training will be carried out through an annual national call for applications. The persons who participate in the selective tests must obligatorily relate with the Administration through electronic means, when so provided for in the aforementioned call and in the terms established therein, in relation to the procedures for filling in and submitting applications, providing documentation and payment of fees, as well as in the phase of awarding places.

2. The Ministry of Health, Social Policy and Equality, after a report from the Ministry of Education and the Human Resources Commission of the National Health System, will establish the rules that will regulate the annual call for applications, which will consist of a test or set of tests, which will evaluate theoretical and practical knowledge and, where appropriate, clinical and communication skills and the academic and professional merits of the applicants.

The tests will be specific for the different degrees or, as the case may be, groups of these, according to the different university graduates who can access the training positions in the specialties in health sciences subject to selection by means of these tests. Likewise, specific tests may be established for core specialties.

3. The Government, at the proposal of the Ministry of Health, Social Policy and Equality and following a report from the Human Resources Commission of the National Health System, will adopt the necessary affirmative action measures so that, in the annual calls for selective tests for access to specialized health training positions, at least seven percent of the total number of positions offered in each of them are filled by people with disabilities, considering as such those defined in section 2 of article 1 of Law 51/2003, of December 2, on equal opportunities, non-discrimination and accessibility for persons with disabilities, provided that they pass the selection process, accredit the disability and the compatibility with the performance of the functions corresponding to the specialty for which they are applying.

The competent public administrations shall adopt the necessary measures so that, both in the entrance examinations and in the positions in which the trainee applicants are trained, reasonable adaptations and adjustments to the needs of persons with disabilities are carried out.

4. The system for awarding all the vacancies offered in the annual call for applications shall be determined by regulation and shall be carried out according to the decreasing order of the score obtained by each applicant, with the peculiarities established with respect to vacancies in privately-owned centers.

5. The number of positions offered in the annual call for applications will be established, following reports from the National Council of Specialties in Health Sciences and the Ministry of Education, Culture and Sports, by the Human Resources Commission of the National Health System, taking into account the proposals made by the autonomous communities, the needs of specialists in the health system and the available budget.

6. In the exercise of the competences attributed to the State in matters of general coordination of health, the Ministry of Health, Social Services and Equality will review the annual offer and may introduce, if necessary, corrective measures, with the aim of adjusting it to the specialist needs of the health system. The modifications that

The results shall be stated in a reasoned report, which shall be communicated to the Human Resources Commission of the National Health System, prior to the definitive approval of the annual offer by the head of said department, by means of the order approving the corresponding call for applications.

The Ministry of Health, Social Services and Equality will determine the specialist needs of the health system based on objective indicators and planning criteria that guarantee the equity and efficiency of the specialized health training system.

Article 23. *Training for a new specialization.*

Specialists in Health Sciences with at least five years of professional practice as such, may obtain a new title of specialist, in a specialty of the same trunk as the one they hold, by the procedure to be determined by regulation, which in any case will contain a test for the evaluation of the competence of the applicant in the field of the new specialty.

The training period in the new specialty and the program to be developed during it will be defined by adapting the general training program to the training and professional curriculum of the interested party.

Access to the third and successive specialist degrees may not be granted by this procedure until at least eight years have elapsed since the previous degree was obtained.

Article 24. *Specific Training Areas.*

1. The Government, in accordance with the procedure indicated in Article 16.1, may establish Specific Training Areas within one or more Specialties in Health Sciences.

2. The Diploma of Specific Training Area is official and valid throughout the territory of the State. It will be issued by the Ministry of Health and Consumption and its possession will be necessary to expressly use the denomination of specialist with specific training in the area. It may be valued as a merit for access to highly specialized jobs in public and private centers or establishments.

Article 25. *Training in Specific Training Areas.*

1. Specialized training in specific training areas will have, in any case, a programmed nature and will be carried out by the residency system with the specificities and adaptations determined by regulation in the legal regime that regulates said training system.

2. The regulations will establish the cases and requirements for Health Science Specialists to be able to access, by means of a call from the Ministry of Health, Social Services and Equality, to the Specific Training Area diplomas, provided that these areas have been established in the corresponding specialty and at least two years of professional practice in the specialty have been accredited.

3. The Ministry of Health, Social Services and Equality, following a report from the National Council of Specialties in Health Sciences and the Human Resources Commission of the National Health System, may eliminate, decrease or increase the years of professional practice referred to in paragraph 2 of this article.

Section 3.^a *Training support structure*

Article 26. *Accreditation of teaching centers and units.*

1. The Ministry of Health, Social Services and Equality and the Ministry of Education, Culture and Sports, at the proposal of the Human Resources Commission of the National Health System, by means of an order to be published in the "Official State Gazette", will establish the accreditation requirements that, in general, the centers or units for the training of Health Science Specialists must comply with.

2. The Ministry of Health, Social Services and Equality is responsible for coordinating the audits of accredited centers and units in order to evaluate, within the framework of the Plan de

Quality for the National Health System and the Annual Teaching Audit Plan, the operation and quality of the training system.

3. It is the responsibility of the competent management body in matters of specialized health training of the Ministry of Health, Social Services and Equality, at the request of the entity owning the center, following reports from the teaching committee of the center and from the competent health department of the autonomous community, to resolve the applications for accreditation of centers and teaching units. The accreditation will specify, in any case, the number of teaching places accredited.

4. The total or partial revocation of the accreditation granted shall be carried out, where appropriate, by the same procedure, after hearing the center concerned and its teaching committee.

Article 27. *Teaching Committees.*

1. In each health center or, as the case may be, teaching units, accredited for the training of specialists, there will be a teaching committee whose mission will be to organize the training, supervise its practical application and control the fulfillment of the objectives specified in the programs.

The teaching committee will also have the functions of facilitating the integration of the training activities and of the residents with the center's healthcare and ordinary activity, and of planning their professional activity in the center together with the center's management bodies.

2. The autonomous communities, within the general criteria established by the Human Resources Commission of the National Health System, will determine the functional dependence, composition and functions of the teaching commissions. In any case, in the teaching commissions there will be representation of the tutors of the training and of the residents.

Article 28. *National Specialty Commissions.*

1. For each of the Specialties in Health Sciences, and as an advisory body to the Ministries of Education, Culture and Sports and of Health and Consumer Affairs in the field of the corresponding specialty, a National Commission appointed by the Ministry of Health and Consumer Affairs will be constituted with the following composition:

a) Two members proposed by the Ministry of Education, Culture and Sport, at least one of whom must be a tutor in the corresponding specialty.

b) Four members from among specialists of recognized prestige proposed by the Human Resources Commission of the National Health System.

c) Two members representing state-level scientific entities and societies legally constituted in the field of the specialty.

d) Two members representing the specialists in training, elected by them in the manner to be determined by regulation.

e) One member representing the corresponding collegiate organization. If the specialty can be studied by different graduates, the designation of the representative shall be made by mutual agreement of the corresponding corporations.

2. In the case of multidisciplinary specialties, the Government may increase the number of members provided for in paragraph b) of the preceding section, in order to ensure adequate representation of the different graduates who have access to the corresponding specialty.

3. All members of the committee, except for those provided for in section 1.d), shall be in possession of the corresponding specialist degree.

4. The members of the committee provided for in paragraphs a), b), c) and e) of paragraph 1 of this article shall be appointed for a term of four years, and may only be reappointed for another term of the same duration.

However, they shall cease to hold office when so agreed by the department or committee that proposed them or by the company or corporation they represent.

5. The term of office of the members of the committee provided for in paragraph 1.d) of this article shall be two years.

6. The Ministry of Health and Consumer Affairs, by reasoned resolution and after having previously heard the corresponding commission, may agree to the dismissal of all or part of its members, when the commission does not adequately fulfill its functions.

7. Each committee shall elect, from among its members, the Chairman and Vice-Chairman.

8. Regulations shall determine the functions of the National Specialty Commissions, which in any case shall develop, within the common criteria determined by the National Council of Specialties in Health Sciences, the following:

- a) The elaboration of the training program of the specialty.
- b) Establishment of evaluation criteria for specialists in training.
- c) The establishment of the criteria for the evaluation in the case of new specialization foreseen in article 23.
- d) The proposal for the creation of specific training areas.
- e) The establishment of criteria for the evaluation of teaching and training units.
- f) The report on programs and criteria relating to the continuing education of professionals, especially those referring to the accreditation and advanced accreditation of professionals in specific functional areas within the field of the specialty.
- g) Participation in the design of comprehensive plans within the scope of the corresponding specialty.
- h) Those expressly indicated in this law or determined in the regulatory provisions issued in its development.

Article 29. *Specific Training Area Committees.*

1. When there is a Specific Training Area, an Area Committee will be set up as an advisory body of the Ministry of Health, Social Services and Equality, which will be made up of six professionals with a specialist degree with specific training in the area in question, proposed by the National Commission or Commissions of the specialty or specialties involved, who, after a report from the Human Resources Commission of the National Health System, will be appointed by the aforementioned person in charge of the Ministry.

2. The Specific Training Area Committee shall perform the functions determined by regulations and, in any case, those of proposing the contents of the training program.

3. In any case, the creation and operation of the Specific Training Area Committee shall be attended to with the personal, technical and budgetary means assigned to the body to which it is attached.

Article 30. *National Council of Specialties in Health Sciences.*

1. The National Board of Health Sciences Specialties shall have the following composition:

- a) The Presidents of the National Commissions of each Health Sciences Specialty.
- b) Two specialists for each of the university degrees that have direct access to a specialty in Health Sciences, elected for a period of two years, one by the members of the National Commissions that hold the degree in question, and another by the collegiate organization from among said members.
- c) Two representatives of the Ministry of Education, Culture and Sports.
- d) Two representatives of the Ministry of Health and Consumer Affairs.
- e) Two representatives of the autonomous communities appointed by the Human Resources Commission of the National Health System.

2. The National Board of Health Sciences Specialties shall elect, from among its members, the President and the Vice-President.

3. The Council shall operate in plenary session or in such committees and working groups as the Council itself may decide to set up. In any case, the following shall be constituted:

a) The Standing Committee, which shall have the functions delegated to it by the Plenary of the Council.

b) A Delegate Committee of the Council for each of the degrees or groupings of specialties to be determined.

4. The Council shall approve its own internal rules of procedure, which shall be adapted to the provisions of Law 30/1992, on the Legal Regime of the Public Administrations and Common Administrative Procedure, with respect to collegiate bodies. However, the vote of each of the members of the Council shall be weighted according to the specific composition of the Council, based on criteria of proportionality with respect to the number of specialists represented.

5. The Council is responsible for coordinating the actions of the National Specialty Commissions, promoting research and technical and methodological innovations in health specialization, and providing technical and scientific assistance and advice to the Ministry of Health and Consumer Affairs on specialized health training.

6. The Council shall elect, from among its members, four members of the Professional Advisory Committee.

Technical support and secretariat of the commissions.

1. It is the responsibility of the health centers accredited for the training of specialists, with respect to the teaching commissions set up in them, and of the Ministry of Health and Consumer Affairs, with respect to the National Commissions and the National Council of Specialties in Health Sciences, to provide the technical and administrative support necessary for their operation.

2. The functions of secretary, with voice but without vote, of the collegiate bodies referred to in the preceding paragraph and of the commissions and working groups that, as the case may be, are constituted, shall be performed by the person designated by the Management of the center or by the Ministry of Health and Consumer Affairs, as appropriate.

Article 32.

1. Specialists in training will be registered in the National Register of Specialists in Training when they begin their specialized training and the results of their annual and final evaluations will be recorded therein.

2. All professionals who obtain a specialist degree, as well as those who have a degree obtained abroad homologated or recognized, will be registered in the National Registry of Specialists in Health Sciences.

The National Register of Specialists with Specific Training Diploma will include all specialists who obtain it or who have a degree or diploma obtained abroad recognized for the same professional purposes.

The aforementioned registers shall be public as regards the identity of the interested parties, the degree or diploma they hold and the dates on which they were obtained, recognized or homologated.

3. All centers accredited for the training of specialists shall be registered in the registry of accredited centers for the training of specialists.

This registry shall be of a public nature.

4. The registries referred to in this article shall be managed by the Ministry of Health and Consumer Affairs, except for the one provided for in the first paragraph of section 2, which shall be managed by the Ministry of Education, Culture and Sports, and shall be integrated into the Health Information System of the National Health System, which shall make public the aggregate and integrated data thereof, as well as those resulting from their statistical processing, in accordance with the general principles established by the Interterritorial Council of the National Health System.

CHAPTER IV
Continuing education

Article 33. General Principles.

1. Continuing education is the process of active and permanent teaching and learning to which healthcare professionals have the right and obligation, which begins at the end of undergraduate or specialized studies and is aimed at updating and improving the knowledge, skills and attitudes of healthcare professionals in the face of scientific and technological evolution and the demands and needs, both social and of the healthcare system itself.

2. These are objectives of continuing education:

a) To guarantee the updating of professionals' knowledge and the permanent improvement of their qualifications, as well as to encourage them in their daily work and increase their professional motivation.

b) To enhance the ability of professionals to make a balanced assessment of the use of health resources in relation to the individual, social and collective benefit that can be derived from such use.

c) To generalize the professionals' knowledge of the scientific, technical, ethical, legal, social and economic aspects of the healthcare system.

d) To improve the professionals' own perception of their social role, as individual agents in a general health care system, and of the ethical requirements that this entails.

e) Enable the establishment of communication tools among health professionals.

Article 34. Continuing Education Commission.

1. In order to harmonize the exercise of the functions that the public health administrations and other institutions and organizations have in the area of continuing education, as well as to coordinate the actions that are developed in this field, the Commission for Continuing Education of Health Professions is constituted.

2. The Public Administrations present in the Interterritorial Council of the National Health System will form part of the Continuing Education Commission of the Health Professions.

Without prejudice to the provisions of the preceding paragraph, the Commission shall also include representation from professional associations, universities, the National Council of Specialties in Health Sciences and scientific societies, in the manner to be determined by regulation.

3. The Commission of Continuing Education of the Health Professions will elect its President and will approve its internal regulations. Its operating regime will be adapted to that established for collegiate bodies in Chapter II of Title II of Law 30/1992, of 26 November, on the Legal Regime of the Public Administrations and Common Administrative Procedure, without prejudice to the competencies of the autonomous communities.

The Ministry of Health and Consumer Affairs will provide the technical and administrative support necessary for the operation of the Commission, and will appoint its Secretary, who will have voice but no vote in its meetings.

4. The Continuing Education Commission shall perform the following functions:

a) Those of detection, analysis, study and assessment of the needs of the professionals and of the health system in the field of continuing education, in accordance with the proposals of the competent bodies of the autonomous communities, of the scientific societies and, where appropriate, of the professional organizations represented in the Professional Advisory Committee.

b) Proposals for the adoption of programs or for the development of continuous training activities and actions of a priority and common nature for the entire health system.

c) Proposing the adoption of measures deemed necessary to plan, harmonize and coordinate the actions of the various agents involved in the continuing education of health professionals.

d) Those of study, report and proposal for the establishment of procedures, criteria and requirements for the accreditation of continuing education centers and activities.

e) Those of study, report and proposal for the establishment of procedures, criteria and requirements for the accreditation and advanced accreditation of professionals in a specific functional area of a profession or specialty, as a consequence of the development of accredited continuing education activities.

Article 35. Accreditation of centers, activities and professionals.

1. **The Ministry of Health and Consumer Affairs** and the competent bodies of the autonomous communities, within **the scope of their respective competencies**, may accredit activities and programs of action in the field of continuing education of health professionals, as well as, globally, centers in which they are given.

The accreditation, which must necessarily be carried out in accordance with the requirements, procedure and criteria established in accordance with the provisions of Article 34.4.d), shall have effect throughout the national territory, regardless of the public administration that issued the accreditation.

2. At any time, the public administrations may audit and evaluate the centers and the continuing education activities that they have accredited.

3. Only centers and continuing education activities that are accredited in accordance with the provisions of this article may be subsidized with public funds.

As of the entry into force of this law, only those continuing education activities that have been accredited can be taken into consideration in the careers of healthcare professionals. The continuing education activities of health professionals prior to the entry into force of the law and which have not been accredited will be taken into consideration by the committees in charge of assessing merits for these purposes.

4. **The Ministry of Health and Consumer Affairs** and the competent bodies of the autonomous communities may delegate the functions of management and accreditation of continuing education, including the issuance of individual certifications, to other corporations or public law institutions, in accordance with the provisions of this law and the rules applicable in each case.

The continuing education accreditation bodies shall, in any case, be independent of the bodies responsible for the provision of the training activities accredited by them.

5. The credentials of professionals and their reviews will not replace the training, knowledge and skills procedures, which will be necessary to determine promotion and hiring mechanisms.

The unconstitutionality and nullity of the highlighted clauses of paragraphs 1 and 4 is declared by TC Ruling 1/2011, of February 14, 2011. [Ref. BOE-A-2011-4802](#).

Article 36. Accreditation Diplomas and Advanced Accreditation Diplomas.

1. The Public Health Administrations may issue Accreditation Diplomas and Advanced Accreditation Diplomas, to certify the level of training achieved by a professional in a specific functional area of a given profession or specialty, based on the accredited continuing education activities carried out by the interested party in the corresponding functional area.

The Diplomas of Accreditation and the Diplomas of Advanced Accreditation, which must be issued in accordance with the requirements, procedure and criteria of the following

established in accordance with the provisions of Article 34.4.e), shall have effect throughout the national territory, regardless of the public administration that issued the diploma.

2. The Public Health Administrations will establish the necessary registries for the registration of the Diplomas of Accreditation and Advanced Accreditation that they issue. Such registers shall be public as regards the identity of the person concerned, the diploma or diplomas held and the date on which they were obtained.

3. The Accreditation Diplomas and the Advanced Accreditation Diplomas shall be valued as merit in the systems for the provision of positions when so provided for in the corresponding regulations.

TITLE III

Professional development and recognition

Article 37. General rules.

1. The system of recognition of the professional development of health professionals referred to in articles 6 and 7 of this law is constituted, consisting of the public, express and individualized recognition of the development achieved by a health professional in terms of knowledge, experience in healthcare, teaching and research tasks, as well as in the fulfillment of the healthcare and research objectives of the organization in which they provide their services.

2. Without prejudice to the faculties and functions for which the corresponding official degree qualifies, the recognition of professional development shall be public and with express attribution of the degree attained by each professional in the exercise of the set of functions that are proper to him/her.

3. The professional development system may be accessed voluntarily by professionals who are established or provide their services within the territory of the State.

Article 38. Professional Development.

1. The health administrations shall regulate, for their own centers and establishments, the recognition of professional development, within the following general principles:

a) Recognition will be articulated in four grades.

The health administrations, however, may establish an initial grade, prior to those indicated above. The creation of this initial grade must involve its homologation in accordance with the provisions of article 39 of this law.

b) Obtaining the first degree, and access to higher degrees, will require a favorable evaluation of the merits of the interested party, in relation to his/her knowledge, competencies, accredited continuing education, teaching activity and research. The evaluation must also take into account the results of the interested party's healthcare activity, its quality and compliance with the indicators established for its assessment, as well as his/her involvement in clinical management as defined in article 10 of this law.

c) To obtain the first grade, it shall be necessary to prove five years of professional practice. The evaluation for access to higher grades may be requested at least five years after the previous positive evaluation. In case of negative evaluation, the professional may request a new evaluation after two years have elapsed.

d) The evaluation will be carried out by a specific committee created in each center or institution. The committee will be made up, for the most part, of professionals from the same health profession as the professional being evaluated, and the participation of representatives of the service or unit to which the professional being evaluated belongs, as well as external evaluators designated by quality agencies or scientific societies in their field of competence, must be guaranteed.

e) Professionals shall have the right to publicly state their recognized level of professional development.

f) Within each health service, these general criteria of the professional development system, and its repercussion on the career, shall be accommodated and adapted to the organizational, health and assistance conditions and characteristics of the health service or of each of its centers, without detriment to the already established rights.

2. The private health centers in which there are health professionals who provide services as employees shall establish, to the extent permitted by the capacity of each center, procedures for the recognition of their professional development and career, which shall be adapted to the criteria set forth in this title.

The procedures referred to in the preceding paragraph shall be supervised, in their implementation and development, by the corresponding Health Administration.

At each center, the evaluation documentation of the professionals of each service or unit of the center must be kept.

3. Healthcare professionals who carry out their activity exclusively through self-employed professional practice may voluntarily access the procedures for recognition of professional development, in the manner determined by the corresponding Healthcare Administration. In any case, these professionals must pass the same evaluations established for those who provide services on behalf of others in healthcare centers.

Homologation of the recognition of professional development.

The Interterritorial Council of the National Health System, at the proposal of the Human Resources Commission and after hearing the Professional Advisory Commission, will establish the general principles and criteria for the homologation of the recognition of professional development throughout the National Health System, especially with regard to the designations of the different grades, the merit assessment systems, the composition of the evaluation committees and the mutual recognition of the grades achieved by the professionals of the different health services.

TITLE IV

Private practice of health professions

Modalities and general principles of private practice.

1. In the field of private health care, health professionals may be self-employed or employed.

2. The rendering of services for its own account or for the account of others may be carried out through any of the contractual forms provided for in the legal system.

3. Privately owned healthcare services shall be equipped with control elements that guarantee the levels of professional quality and evaluation established in this law in accordance with the following principles:

a) The right to exercise the professional activity appropriate to the qualifications and category of each professional.

b) Respect for the technical and scientific autonomy of health professionals.

c) Stable hiring framework, motivation for greater efficiency and incentives for professional performance.

d) Participation in the management and organization of the center or unit to which it belongs.

e) Right and duty of continuing education.

f) Evaluation of professional competence and quality of service provided.

g) Guarantee professional liability either through an insurance company or through other financial entities authorized to grant guarantees or sureties.

h) Free competition and transparency of the contracting system.

i) Freedom of prescription, in accordance with the requirements of scientific knowledge and observance of the law.

Article 41. *Rendering of services on behalf of others.*

1. Healthcare professionals working in private healthcare centers or services for others have the right to be informed of their functions, tasks and duties, as well as the objectives assigned to their unit and healthcare center and the systems established for the evaluation of their fulfillment.

2. These health professionals are obliged to exercise their profession, or to carry out all the functions assigned to them, with loyalty, efficiency and observance of the applicable technical, scientific, professional, ethical and deontological principles.

3. Likewise, they are obliged to keep duly updated the knowledge and aptitudes necessary for the correct exercise of the profession or for the development of the functions corresponding to their degree.

4. The regular evaluation of competencies and the quality control systems foreseen in this law will be applied in private centers that employ health professionals through the system for the provision of services on behalf of others. The professional development system will be articulated in these centers in accordance with what is established for them in Title III of this law.

Provision of services on own account.

1. In order to guarantee the official qualification of professionals and specialists, the quality and safety of the equipment and facilities, and the subjection to professional discipline and to the other requirements and guarantees determined in this law, all contracts for the provision of health services, as well as their modifications, entered into between health professionals, between professionals and health centers or between professionals and insurance companies operating in the health insurance branch, shall be formalized in writing.

2. Health professionals who practice exclusively through the provision of self-employed services may voluntarily access the professional development system in the manner provided for in Title III of this law.

Article 43. *Registration of professionals.*

Health centers and insurance companies operating in the health insurance business referred to in Articles 41 and 42 shall establish and keep updated a register of the health professionals with whom they have contracts for the provision of services on their own account or on behalf of others.

Pursuant to the provisions of Article 5.2 of this law, said registry shall be public with respect to the name, degree, specialty and, if applicable, category and function of the professional.

The general criteria and minimum requirements of these registries will be established by the autonomous communities within the principles determined by the Interterritorial Council of the National Health System, which may agree on their integration into the Health Information System of the National Health System.

Article 44. *Advertising of private professional practice.*

1. The advertising of services and benefits offered to the public by health professionals should strictly respect the scientific basis of the activities and prescriptions, and should be objective, prudent and truthful, so as not to raise false hopes or spread unfounded concepts.

2. Health professionals may provide the media, or express directly in the media, information on their professional activities, provided that the information provided is truthful, discreet, prudent and expressed in a way that is easily understandable for the social group to which it is addressed.

3. Unauthorized activities or health products, or those for which there is no evidence of their beneficial effects for human beings, may not be the object of advertising, and the advertising of products and services of a creational nature and miracle products is forbidden.

4. Non-compliance and, as the case may be, the corresponding sanction, of the provisions of the preceding paragraphs shall be required in accordance with Law 14/1986, General Health Law, and, as applicable, with Law 26/1984, General Law for the Defense of Consumers and Users, and Law 34/1988, General Advertising Law.

Safety and quality in private professional practice.

1. Professional practices must comply with the authorization and accreditation requirements determined by the competent bodies of the autonomous communities, according to their specific characteristics.

2. The guarantees of safety and quality are applicable to all private healthcare activities, regardless of the financing of the services they are offering at any given time.

It is the responsibility of the Public Health Administrations, with respect to the professionals and centers established in their geographical area, to ensure compliance with the guarantees referred to in the preceding paragraph, for which purpose they may seek the collaboration of quality agencies or equivalent bodies, or of the professional associations in the case of professional consultations under the terms to be determined by regulation.

Article 46. Liability coverage.

Health professionals practicing in the field of private health care, as well as legal persons or privately owned entities that provide any kind of health services, are obliged to take out the appropriate liability insurance, a guarantee or other financial guarantee to cover the indemnities that may arise from any possible damage to persons caused on the occasion of the provision of such care or services.

The autonomous communities, within the scope of their respective competences, will determine the essential conditions of insurance, with the participation of the professionals and the rest of the agents in the sector.

In the case of professional associations, the professional associations may adopt the necessary measures to facilitate compliance with this obligation by their members.

TITLE V

Participation of professionals

Article 47. Professional Forum.

1. The Professional Forum is a collegiate body for the participation of qualified health professionals, under the Ministry of Health, Social Services and Equality, which aims to contribute to the improvement of the quality of care and the conditions for the practice of these professions.

2. Its composition, structure and operation shall be determined by regulation. It shall function in plenary session and in working groups, according to the different nature of the professions it comprises. It shall have at least one medical group and one nursing group.

3. Its operation will be attended with the personal, technical and budgetary means assigned to the General Directorate responsible for professional management.

Article 48. Composition and assignment.

(Repealed)

Article 49.

(Repealed)

Article 50. Functions.

(Repealed)

First additional provision. *Special labor relationship of residence.*

1. The special employment relationship of residence is applicable to those who receive training aimed at obtaining the title of specialist in Health Sciences, provided that such training is carried out by the system of residence provided for in Article 20 of this law, in public or private centers accredited to provide such training.

Residents will be considered temporary employees of the health service or center in which they receive training, and must carry out the professional practice and the assistance and training activities derived from the training programs.

2. The Government will regulate, by Royal Decree, the special employment relationship of residence, in accordance with the applicable European Community rules and establishing, in addition to the peculiarities of their working day and rest regime, the cases of termination of the contracts when the established evaluations are not passed, the procedures for the review of the evaluations granted, the maximum duration of the contracts according to the duration of each of the corresponding training programs, and the exceptional cases for their possible extension when there are cases, not attributable to the interested party, of suspension of the labor relationship.

3. The special employment relationship of residence shall also apply in those cases of training in Specific Training Areas which, in accordance with the provisions of Article 25, are developed by the residence system provided for in Article 20 of this law.

Second additional provision. *Reservation of denominations.*

In the public and private professional practice, the names of the specialist titles, those of the Diplomas of Specific Training Areas, those of the Diplomas of Accreditation and Advanced Accreditation, and those of the degrees of professional development, may only be used when such titles, diplomas or degrees have been obtained, homologated or recognized in accordance with the provisions of this law and other applicable regulations.

Other names that, due to their meaning, may lead to confusion with the former may not be used.

Third additional provision. *Training of health specialists in positions of the Military Health Network.*

1. The Ministry of Defense will be responsible for the proposal foreseen in Article 22.5 of this law regarding the number of specialists in Health Sciences to be trained annually in accredited centers of the Military Health Network.

2. Access to training in the positions referred to in this additional provision shall be regulated by the Ministry of Defense and, without prejudice to compliance with the rest of the requirements set forth in Article 20.3 of this law, the special employment relationship of residence shall not be applicable to the military personnel who train in them.

Fourth additional provision. *Remuneration effects of the professional development system.*

The effects on the structure of remuneration and the amount thereof that may derive from the recognition of professional development grades shall be negotiated in each case with the corresponding trade union organizations in accordance with the provisions of the applicable regulations.

Fifth additional provision. *Application of this law to the health professions.*

Without prejudice to the provisions of Articles 2, 4.2, 6 and 7, the rest of the provisions of this law shall only apply to the graduates provided for in said articles when they render their professional services in health centers integrated in the National Health System or when they carry out their professional practice, on their own account or on behalf of others, in the private health sector.

Sixth additional provision. *Exclusions to the application of this law for reasons of public safety.*

For reasons of public safety, the principles established in paragraphs d) and e) of article 5.1 of this law may not be applicable, nor may the registry established in article 5.2 of this law be of a public nature.

Seventh additional provision. *Character of health professionals.*

1. The provisions of this law are without prejudice to the status of health professionals held by Technical Health Assistants and other professionals who, without holding the academic degree referred to in Article 2, are authorized, by law or regulation, to practice any of the professions provided for in said precept.

2. Graduates in Food Science and Technology will have the character of health professionals when such graduates carry out their professional activity in health centers integrated in the National Health System or when they carry out their professional practice, on their own account or on behalf of others, in the private health sector.

Eighth additional provision. *System of infractions and penalties.*

The public health administrations and the professional entities under public law, within the scope of their respective competencies, shall guarantee that the exercise of the health professions is carried out in accordance with the provisions of this law and other applicable regulations.

For these purposes, violations of the provisions of this law are subject to the system of infractions and penalties established in Chapter VI of Title I of Law 14/1986, of April 25, 1986, General Health Law, without prejudice, if applicable, to civil, criminal, statutory and deontological responsibilities, in accordance with the provisions of the legal system in force.

Ninth additional provision. *Evaluation of professional development in health research centers.*

In health research centers, the system for evaluating the professional development of the health professionals referred to in this law will be adapted to their specific characteristics, evaluating, among others, the quality and relevance of the scientific work according to results, organizational involvement and leadership capacity in the management of projects and training of research personnel.

Tenth additional provision. *Management of health centers.*

The health administrations will establish the requirements and procedures for the selection, appointment or contracting of the management personnel of the health centers and establishments that depend on them.

Likewise, the Health Administrations will establish the mechanisms for evaluating the performance of management functions and the results obtained, an evaluation that will be carried out periodically and that may lead, if necessary, to the confirmation or removal of the person concerned in such management functions.

Eleventh additional provision.

The references made in this law to health graduates and diploma holders shall also be understood to be made to university graduates, in accordance with the regulations governing official university education.

First transitory provision. *Progressive application of article 22.2 of this law.*

The new test model for access to specialized health training provided for in article 22.2 of this law will be implemented progressively during the eight years following the entry into force of this regulation.

Second transitory provision. *Implementation of the professional development system.*

The health administrations shall determine the deadlines and periods for the application of the professional development system provided for in Title III, within the general criterion that within four years of the entry into force of this law the procedures for its implementation in all the health professions provided for in Articles 6 and 7 must have been initiated.

Third transitory provision. *Definition and structuring of the health professions and professionals in the health professional training area.*

1. The criteria for the definition and structuring of health professions and professionals in the health area of professional training contained in articles 2 and 3 of this law will be maintained as long as the reform or adaptation of the cyclical modalities referred to in article 88 of Organic Law 6/2001, of December 21, 2001, on Universities, is carried out for their adaptation to the European Higher Education Area.

Once this reform or adaptation has taken place, the criteria for the definition of health professions and professionals in the health area of professional training and its structuring will be modified to adapt them to the provisions of the reform or adaptation.

2. The Government will proceed to the reorganization of the functions of the different departments of the General State Administration in the field of specialized health training when it is advisable to adapt it to the provisions of the European Community regulations in relation to the requirements for access to professional activities.

Transitional provision four. *Health specialties whose training system is not the residency system.*

Within five years of the entry into force of this law, the Government shall modify, abolish or adapt its training system to the provisions of Article 20, in the case of health specialties whose training is not carried out by the residency system.

Transitional provision five. *Creation of new titles of Specialist and Diplomas of Specific Training Areas in Health Sciences.*

1. When, in accordance with the provisions of Article 16 of this Law, new official titles of specialist in Health Sciences are established, the Government will adopt the appropriate measures to make access to the new title possible for professionals who have rendered services in the field of the new specialty and who meet the requirements established by regulation. Likewise, it will adopt the appropriate measures for the initial constitution of the corresponding National Commission of the Specialty.

2. When, in accordance with the provisions of Article 24 of this law, new diplomas of Specific Training Areas are established for specialists in Health Sciences, the Government shall adopt the appropriate measures to enable access to the new diplomas for professionals who have rendered services in the field of the new Specific Training Area and who meet the requirements established by regulation.

3. Likewise, the Government will adopt the appropriate measures for the initial constitution of the corresponding Specific Training Area Committees.

Sixth Transitory Provision. *Constitution of collegiate bodies.*

Until such time as the collegiate bodies referred to in Articles 27 to 30 of this law are constituted, the functions attributed to them shall be performed by the commissions and councils existing prior to the entry into force of this law.

Seventh transitory provision. *Issuance of specialist degrees in Health Sciences.*

The procedures for the issuance of degrees initiated prior to January 1, 2022 and still in progress will continue to be processed by the Ministry of Universities and, therefore, the degrees will be issued by the latter.

Sole derogatory provision. *Repeal of rules.*

1. Any provisions of equal or lower rank that oppose the provisions of this law are hereby repealed.

2. Law 24/1982, of June 16, 1982, on internships and specialized health education, is hereby repealed. This repeal shall take effect when the Royal Decree on the special employment relationship of residence provided for in the first additional provision of this Law enters into force.

First final provision. *Competent title.*

1. This law is approved in accordance with the exclusive competences assigned to the State by Article 149.1.1.1 and 16.1 of the Constitution, and its precepts are the basis of health care.

2. Chapter III of Title II of this Law, its third additional provision and its first and fourth transitory provisions, which are approved in use of the competences exclusively assigned to the State by Article 149.1.30 of the Constitution for the regulation of the conditions for obtaining, issuing and homologation of professional titles, are exempted from the provisions of the previous paragraph.

3. Articles 8.2 and 20.3.f) and the first additional provision of this Law, which are approved under the exclusive competences assigned to the State by Article 149.1.7 of the Constitution for the establishment of labor legislation, are exempted from the provisions of paragraph 1 above.

4. The provisions of the preceding paragraphs shall be without prejudice to the provisions of the Foral Regime of Navarre.

Second final provision. *Reports on financing.*

The interministerial collegiate body provided for in the second final provision of Law 16/2003, of May 28, on Cohesion and Quality of the National Health System, will report on those matters arising from the application of this law.

Without prejudice to the financial responsibility of the autonomous communities in accordance with the provisions of Law 21/2001, of December 27, 2001, and in accordance with the principle of institutional loyalty under the terms of Article 2.1.e) of Organic Law 8/1980, of September 22, 1980, on the Financing of the Autonomous Communities, the report drawn up will be submitted by the said collegiate body to the Interterritorial Council of the National Health System. For its part, the Ministry of Finance will transfer this report to the Council of Fiscal and Financial Policy, in order to proceed to its analysis, in the context of the said principle of institutional loyalty, and, if appropriate, to propose the necessary measures to guarantee the financial balance.

Third Final Provision. *Entry into force.*

This law shall enter into force on the day following its publication in the "Official Gazette of the State".

Therefore, I command all Spaniards, individuals and authorities, to keep and enforce this law.

Madrid, November 21, 2003.

JUAN CARLOS R.

President of the Government,
JOSÉ MARÍA AZNAR LÓPEZ