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DEFICIENCIES IN THE LEGAL FRAMEWORK GOVERNING PROFESSIONAL SUPERVISION OF HEALTHCARE PRACTICE IN CROATIA

This paper critically examines the inconsistencies inherent in the legal framework governing professional supervision of healthcare practice in the Republic of Croatia. The existing regulatory regime is subject to significant critique, raising concerns not only regarding its overall effectiveness, but also its very purpose. The analysis focuses on the legislation regulating the supervisory functions of eight healthcare professional chambers, identifying both the lack of systematic coherence and the inconsistencies across these regulations. Particular attention is given to the limited efficacy of certain enforcement mechanisms available to the chambers in the performance of their supervisory functions. The paper argues that the supervisory powers currently conferred upon many of these chambers fall short of the standards associated with modern inspection regimes, thereby substantially impairing the effectiveness of this form of normative control.

Keywords: *healthcare regulation, professional supervision, supervisory powers, healthcare chambers.*

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1. Introduction

The provision of public services is a fundamental obligation of any modern state. In recent decades, the execution of these services has increasingly been entrusted to non-state entities, including public and private institutions and commercial entities.[1] Despite this trend, the legal responsibility for ensuring the continuous, efficient, and high-quality provision of public services remains with the state and local and regional self-government units. These authorities are obliged to ensure the performance of activities that are in the public interest, which includes systematic oversight of the standards and modalities by which such services are delivered.[2]

Supervision, as an inherent function of public administration, plays a critical role in ensuring accountability and quality. The effectiveness of management can only be evaluated by comparing actual outcomes with the standards set in advance (Pusić, 2002:346). Among the various forms of supervision, legal supervision holds a central role. It entails assessing whether the conduct of public or private bodies conforms to established legal norms. This form of supervision must be legally defined, procedurally structured and implemented by authorities vested with appropriate legal powers.[3] Its aim is not only to identify and rectify unlawful conduct but also to provide guidance and support to the supervised entities to improve their operations. Therefore, legal supervision serves both preventive and corrective purposes (Borković, 2002:114; Krbek, 1960:79).

Supervision is particularly significant in sectors vital to human health, safety and well-being. Healthcare, as a service directly affecting life and bodily integrity, attracts special attention. Health, as the condition of living organisms in which all bodily systems function unimpeded and harmoniously to maintain the organism's integrity and ability to

[1] The term "public services", within the Croatian legal framework, denotes activities of general interest that are indispensable to the daily functioning of society (Klarić, Nikolić, 2011:89). The scope of public service provision encompasses a wide array of societal sectors, including education, healthcare, social welfare, culture, pension and disability insurance, as well as services aimed at improving quality of life – such as utility services, information and communication technologies, and various technical services (Koprić et al., 2021:7, 235). The institutional roots of public services in Croatia date back to the administrative reforms implemented by Ivan Mažuranić between 1874 and 1876 (Čepulo, 2001:89-126).

[2] One of the important principles supporting the provision of public services is the principle of protection of the rights and legal interests of service users. This principle is focused on administrative legal remedies available to service users, such as the right to file an appeal and the right to initiate judicial review proceedings. It also presupposes the establishment of ongoing supervision mechanisms to ensure lawful, effective, and quality public service delivery (Đerđa, Šikić, 2024:21).

[3] In addition to legal supervision, other complementary forms of supervision exist – namely technical, political, and social supervision. Tomić categorises these as extra-legal mechanisms of control, as they primarily derive their normative force from political reasoning, professional standards, and broader societal values, rather than from binding legal norms. Nevertheless, he underscores that these forms of oversight must remain anchored in the applicable legal order and may not disregard binding legal rules (Tomić, 2009:53-54).

prolong life (Croatian Encyclopedia, 2013-2015),[4] is widely recognised as a supreme societal value and is protected under international and domestic legal regimes.[5] It is considered an essential component of the right to life (Tilovska-Kechedji, 2023:440) and a prerequisite for the enjoyment of all other fundamental rights (Đipalo, 2023:1).[6] Accordingly, states are obliged to guarantee access to adequate healthcare services and to establish mechanisms for their effective regulation and supervision.

2. The Legal Framework for Supervising Healthcare Activities in Croatia

The right to health is enshrined in the Constitution of the Republic of Croatia (Art. 58), which guarantees every citizen the right to healthcare. The legislative framework is further elaborated in the Healthcare Act, which defines healthcare as a public service of national interest. It encompasses a system of preventive, curative, rehabilitative and palliative measures aimed at preserving and improving the health of the population (Arts. 4, 28/1). Healthcare services may be provided by healthcare institutions, companies registered for healthcare activities, and private practitioners, all of whom are subject to legal regulation and oversight.

The Healthcare Act mandates that all institutions and companies registered for healthcare activities must establish and conduct internal supervision mechanisms. Internal supervision is carried out over the professional work of healthcare professionals and organisational units, based on legal regulation adopted by the institution or company itself and an annual plan of internal supervision (Arts. 201-202). This form of oversight enables healthcare providers to identify deficiencies autonomously and implement corrective measures, thereby fostering a culture of professional accountability.

In addition to internal mechanisms, the Healthcare Act prescribes inspectional supervision to be carried out by the Health Inspectorate of the Ministry of Health. This supervisory function covers the implementation and enforcement of legal provisions, and professional standards across healthcare institutions, commercial providers and private

[4] Health, as defined by the World Health Organisation, is not merely the absence of disease or infirmity but a state of complete physical, mental and social well-being (WHO, 1989).

[5] The right to health is enshrined in numerous international agreements, including the Universal Declaration of Human Rights (Art. 25), the International Covenant on Economic, Social and Cultural Rights (Art. 12), the International Convention on the Elimination of All Forms of Racial Discrimination (Art. 5), the Convention on the Elimination of All Forms of Discrimination Against Women (Art. 12), the Convention on the Rights of the Child (Art. 24) and the European Social Charter (Art. 11).

[6] The increasing relevance of the right to health is particularly underscored by current demographic trends showing a rise in the average age of the population, both within European Union Member States and in Serbia (Džanić Čeko, Josipović Kondaš, 2023:680; Janković, 2023:664).

practitioners (Art. 204). The Act guarantees inspectors' autonomy in providing supervision activities, outlines the procedure for initiating inspections, the types and scope of inspections, the powers and responsibilities of inspectors and supervised entities, the measures to be applied in cases of unlawful conduct, and the procedures for recording inspection actions (Arts. 208-212, 214).[7]

Inspectors are vested with a wide range of powers, including the authority to prohibit unlawful practices, issue binding orders to rectify irregularities, suspend operations, declare medical products unfit to use, initiate proceedings before competent bodies etc. Where inspectors identify irregularities outside their jurisdiction or detect criminal offences, they are obliged to notify the competent authorities and initiate appropriate proceedings (Arts. 213, 217).[8]

The Healthcare Act also empowers inspectors to impose protective measures in urgent cases, issuing oral administrative decisions that take immediate effect and are subsequently formalised in writing. Such administrative decisions, that are by legal nature administrative acts, are not subject to administrative appeal but may be challenged through administrative dispute (Arts. 215-216).[9] Therefore, the Healthcare Act authorises inspectors in an inspection procedure to issue oral administrative decisions solely for the purpose of implementing interim measures. An administrative decision imposing measures on the supervised party must be issued in a separate administrative procedure initiated following the inspection procedure and upon the establishment of unlawful or improper conduct.[10]

[7] It is important to distinguish between health inspection supervision and administrative supervision, the latter also falling within the competence of the Ministry of Health. Administrative supervision pertains to monitoring the implementation of laws and regulations, and ensuring the lawfulness of actions taken by professional chambers and other legal persons vested with public authority, as well as by local and regional self-government units performing delegated state administration tasks. Under this framework, the Ministry particularly assesses compliance with legal norms, the administrative adjudication, institutional efficiency and cost-effectiveness, internal structures, staff competence, and the conduct of public officials in their interactions with citizens and other stakeholders – always within the scope of the implementation of the delegated public powers (Healthcare Act, Arts. 221-228). It is clear that the subject matter of administrative supervision is fundamentally distinct from that of health inspection supervision. For a comprehensive discussion on this distinction, see Džinić, Lopižić, 2022:173-190.

[8] The prevalence of legal infringements in the delivery of healthcare services in Croatia has recently been emphasised by Roksandić and Vukušić (2025: 22).

[9] The securing of evidence through an administrative decision – where there is a risk that such evidence may later become inaccessible or that its collection may be hindered – is also governed by Art. 59 of the General Administrative Procedure Act.

[10] Under Croatian law, factual findings established during inspection proceedings serve as the primary evidentiary basis upon which inspectors determine whether to initiate administrative proceedings that may result in the imposition of administrative measures or misdemeanour sanctions. Based on these findings, the inspector may launch administrative proceedings and impose the prescribed measures. Such proceedings must be conducted in full compliance with the General Administrative Procedure Act (Đerđa, Babić, 2025:145-146).

In addition to internal and inspection supervision, the Healthcare Act also provides for professional supervision, which is delegated to healthcare chambers functioning as independent professional organisations. Although intended to serve as a sector-specific form of inspection, this model has faced criticism for its lack of coherence, inconsistency in legal regulation, and limited enforcement mechanisms. An analysis of the legal instruments governing eight such chambers reveals significant disparities in structure, powers and procedures. In some cases, the chambers are vested with supervisory powers that do not meet the standards of contemporary administrative law, and the procedural tools at their disposal are misaligned with Croatia's general administrative-law framework. These shortcomings call into question the effectiveness of professional supervision and highlight the need for reform.

3. Professional Supervision in the Healthcare Sector

Professional supervision in the healthcare sector is exercised over healthcare institutions, commercial entities engaged in healthcare activities, and private healthcare practitioners providing direct healthcare services to the public, with respect to the quality and scope of healthcare services delivered. Pursuant to the Healthcare Act, such supervision is conducted by the competent professional chamber. In the Republic of Croatia, healthcare professions are regulated by distinct chambers, namely: the Croatian Medical Chamber, Croatian Chamber of Dental Medicine, Croatian Chamber of Midwives, Croatian Chamber of Physiotherapists, Croatian Chamber of Nurses, Croatian Pharmaceutical Chamber, Croatian Chamber of Medical Biochemists and the Croatian Chamber of Healthcare Workers (Healthcare Act, Art. 239).

These chambers are legal entities established by law and entrusted with the exercise of certain public authorities. As autonomous and independent professional organisations, their statutory mandate encompasses representation and protection of the professional interests of their members (Zlatović, 2020:13).[11] The principal functions of healthcare chambers include safeguarding and enhancing the professional status of their members, adopting codes of professional ethics, conducting disciplinary and ethical proceedings, facilitating professional development, submitting proposals and opinions within drafting law processes, regulating professional matters and arbitrating disputes. Furthermore, chambers exercise significant public authorities such as maintaining professional

[11] Through the establishment of healthcare chambers, the state has institutionalised minimum quality standards for the provision of specific healthcare services, while delegating to chamber members the duty to determine, implement, and continuously apply these standards (Klarić, 2019: 218–219). For a conceptual distinction between "profession" and "position", see Musa, Džinić, 2012:10.

registers, issuing, renewing, and revoking licenses for independent practice, conducting professional supervision, determining fees for provided services, and recognising foreign professional qualifications. Oversight of the legality of chambers' activities and the exercise of their public authorities in healthcare is conducted by the Ministry of Health through administrative supervision.[12]

The Healthcare Act, however, does not contain detailed provisions on the procedural conditions for conducting professional supervision, the organisational structure and competence of chamber bodies authorised to perform supervision, procedural steps during supervision or measures issued to rectify identified irregularities. It merely prescribes that professional supervision shall be conducted in accordance with the chambers' bylaws, subject to prior approval by the Minister of Health. Furthermore, it prescribes measures which shall be imposed in cases of professional misconduct pursuant to the competent chamber's regulations (Art. 203). In other words, the Healthcare Act establishes a general legal framework for professional supervision in healthcare, delegating detailed regulatory competences to the respective chambers.[13]

In addition to the Healthcare Act, professional supervision is regulated by specific laws governing individual healthcare professions. Provisions relating to professional supervision are contained in the Medical Practice Act, Dental Medicine Act, Midwifery Act, Physiotherapy Act, Nursing Act, Pharmacy Act, Medical Biochemistry Act and the Act on Healthcare Activities. These laws uniformly recognise professional supervision as an exercise of public authority by the competent chamber (Medical Practice Act, Art. 37; Dental Medicine Act, Art. 42; Midwifery Act, Art. 26/1; Physiotherapy Act, Art. 25/1; Nursing Act, Art. 26/1; Pharmacy Act, Arts. 31/1, 34; Medical Biochemistry Act, Art. 22; Healthcare Activities Act, Art. 76/1). By classifying professional supervision as a public authority, the legislature confers significant powers on the chambers, enabling them to undertake functions typically reserved to state bodies.[14] Consequently, chambers

[12] The delegation of public powers to professional chambers does not absolve the state of responsibility for its exercise; nor does it constitute a waiver of the state's supervisory powers over the lawfulness and regularity of the exercise of such delegated powers (Džinić, 2023: 78).

[13] In Croatia, it is common for sub-regulatory tasks to be delegated to professional chambers, which function as autonomous professional organisations composed of members of the regulated profession. This practice is often justified on the grounds of enhanced professional expertise, technical proficiency, regulatory flexibility, and increased efficiency and cost-effectiveness, as the burden of self-regulation and compliance enforcement is shifted to the profession itself (Džinić, 2024:610).

[14] Public powers, defined as the authoritative performance of tasks in the public interest, are not an inherent right of legal persons that are not part of the state or local/regional self-government. Such authority does not stem from their core activities. Rather, it is a legally conferred right, granted by the law or a decision of the competent authority to entities such as institutions, companies, associations or *sui generis* legal persons. The delegation of public powers as a specific mode of exercising public functions to non-state entities alleviates the

vested with such authority supervise the quality and scope of healthcare services, detect unlawful practices and other irregularities in healthcare activities, and implement corrective measures as necessary.

Despite this legislative recognition of professional supervision as a public authority, the laws regulating individual healthcare professions devote relatively limited attention to its detailed regulation. For example, the Midwifery Act, Physiotherapy Act, Nursing Act, Pharmacy Act and Healthcare Activities Act primarily specify the persons subject to supervision (Midwifery Act, Art. 26/1; Physiotherapy Act, Art. 25/1; Nursing Act, Art. 26/1; Pharmacy Act, Arts. 31, 34/1; Healthcare Activities Act, Art. 76/1). The Medical Practice Act contains a few additional provisions. It defines the scope of supervision and the procedures for its initiation (Medical Practice Act, Art. 30). In contrast, certain laws provide more comprehensive regulation. The Dental Medicine Act details the subject matter of supervision, responsible bodies, tasks, requirements for supervisors, types of supervision and grounds for initiation, basic duties of the supervised persons and some procedural rules (Dental Medicine Act, Arts. 57-63a). Similarly, the Medical Biochemistry Act regulates persons subject to supervision, scope, authorized supervisory bodies, appointment procedures and qualifications of supervisors, types of supervision and grounds for initiation, few rights and obligations of supervised persons, some procedural steps and powers of the chamber, and remedies against imposed measures (Medical Biochemistry Act, Arts. 38-49).

All aforementioned laws consistently stipulate those procedures for professional supervision shall be regulated by the chambers' bylaws, subject to prior approval of the Minister of Health (Medical Practice Act, Art. 30/2; Dental Medicine Act, Art. 57/2; Midwifery Act, Art. 26/2; Physiotherapy Act, Art. 25/2; Nursing Act, Art. 26/2; Pharmacy Act, Art. 31/2; Medical Biochemistry Act, Art. 49/1; Healthcare Activities Act, Art. 76/2). Due to the sparse statutory regulation, chambers enjoy considerable discretion in regulating supervisory procedures, with exceptions in dental medicine and medical biochemistry. To safeguard legality and quality of these bylaws, their entry into force is conditioned on the Minister of Health's approval.

Regrettably, this broad discretionary scope afforded to individual healthcare chambers has resulted in divergent legal frameworks governing professional supervision. Although each chamber adopts its supervision rules with ministerial consent, inconsistencies persist, particularly in the classification of supervision types. Only the Dental Medicine Act and the Medical Biochemistry Act distinguish between regular and extraordinary supervision, differentiating based on whether supervision is conducted pursuant to

administrative burden on the state and contributes to greater expertise and efficiency in the discharge of public functions (Rajko, 2016:1-2).

an annual plan or initiated upon proposals by the Ministry of Health, other state authorities or individual complaints (Dental Medicine Act, Art. 60; Medical Biochemistry Act, Art. 41). Most chambers' supervision regulations follow this dichotomy (Rules on Professional Supervision of the Croatian Medical Chamber, Art. 6; Rules on Professional Supervision of Croatian Chamber of Midwives, Arts. 7-9; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Arts. 7-9; Medical Biochemistry Supervision Rules, Arts. 6-7; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Arts. 7-9). However, certain chambers have introduced an additional "control" supervision type, aimed at monitoring or verifying the implementation of corrective measures following supervisory findings (Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Arts. 8-11; Pharmacy Supervision Rules, Arts. 5-8; Nursing Supervision Rules, Arts. 5-8).[15] This control supervision is not intended for detection of deficiencies, but for oversight of their remediation and thus should not be regarded as a fundamental form of professional supervision.

Normative inconsistencies in the regulation of professional supervision are also discernible with regard to the institutional bodies competent to conduct such supervision. The internal regulations of professional chambers generally distinguish between two categories of entities involved in the implementation of professional supervisory procedures. In certain chambers, a standing body is established to coordinate and support the implementation of the supervision process and to provide the necessary administrative infrastructure. In parallel, a separate commission is often constituted – or individual supervisors appointed – to conduct the oversight *in concreto*. The Dental Medicine Act and the Medical Biochemistry Act expressly mandate the establishment of a Professional Supervision Committee within the relevant chamber, tasked with implementing professional supervisory procedures (Dental Medicine Act, Art. 58/1; Medical Biochemistry Act, Art. 39/1). These statutes further elaborate the scope of competence of such committees, the procedure for appointment of their members, and the minimum professional qualifications required of the individual supervisors (Dental Medicine Act, Arts. 58-59; Medical Biochemistry Act, Arts. 38-40).[16] Comparable provisions are reflected in the bylaws of

[15] Although the Dental Medicine Act recognises only regular and extraordinary professional supervision, the Rules on Professional Supervision of the Croatian Chamber of Dental Medicine introduce an additional category – control supervision – which contradicts the higher-ranking law (Dental Medicine Act, Art. 60; Rules on Professional Supervision of the Croatian Chamber of Dental Medicine, Arts. 8-11). It remains unclear how the Minister of Health could have granted prior approval to a bylaw containing provisions inconsistent with the overarching legal framework.

[16] Unfortunately, regulatory fragmentation within individual legal sectors remains a persistent issue in Croatian legislation. For example, the provisions of Arts. 58 and 59 of the Dental Medicine Act are unnecessarily repeated in Art. 54 and 59 of the Statute of the Croatian Chamber of Dental Medicine and in Article 6 of the Rules on

other healthcare chambers. These normative acts typically regulate the establishment, organisational structure, functional jurisdiction and appointment criteria of supervision committees, as well as the tasks and required qualifications of designated supervisors (Statute of the Croatian Medical Chamber, Art. 25; Rules on Professional Supervision of the Croatian Medical Chamber, Arts. 3-4; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Arts. 6-7; Statute of Croatian Chamber of Midwives, Arts, 13/1, 25, 28, 31; Rules on Procedure of the Professional Supervision Committee Croatian Chamber of Midwives, Arts. 2-13; Rules on Professional Supervision of Croatian Chamber of Midwives, Arts. 4-6, 10-12; Statute of the Croatian Chamber of Physiotherapists, Arts. 11/1, 43-44; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Arts. 4-6; Statute of the Croatian Chamber of Nurses, Arts. 9, 34-35; Nursing Supervision Rules, Arts. 3-4; Statute of Croatian Pharmaceutical Chamber, Arts 12, 47, 59; Pharmacy Supervision Rules, Arts. 3-4, Statute of Croatian Chamber of Medical Biochemists, arts. 11, 49; Medical Biochemistry Supervision Rules, Arts. 3-5; Statute of the Croatian Chamber of Healthcare Workers, Arts. 26a, 36; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Arts. 4-6, 10-11).

In the most healthcare professions, the procedural framework for the conduct of professional supervision is regulated by internal rules adopted by the competent chamber pursuant to delegated legislative authority. As previously noted, the Dental Medicine Act and the Medical Biochemistry Act depart from this by prescribing certain procedural rights and obligations of the supervised person directly in the respective laws. The latter act, in particular, provides a more comprehensive framework, including rules on the initiation of the procedure, some procedural rules, professional supervisory powers and the legal remedies available to supervised professionals (Dental Medicine Act, Arts. 57-63a; Medical Biochemistry Act, Arts. 38-49).

In most healthcare professions, rules on the professional supervisions stipulate that regular professional supervision is initiated by the issuance of a formal order to the supervised person, as well as to the responsible person within the health institution or commercial entity in which the supervised professional is employed. In the case of extraordinary supervision, or exceptionally in regular one, such an order may be withheld until the moment of the beginning of the procedure (Rules on Professional Supervision of the Croatian Medical Chamber, Arts. 7-10; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Arts. 12-13; Rules on Professional Supervision of Croatian Chamber of Midwives, Arts. 13-17; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Arts. 12-15; Nursing Supervision Rules, Arts. 10-11;

Professional Supervision of the Croatian Chamber of Dental Medicine, thereby complicating the legal framework and increasing the risk of incoherence in the event of legislative amendments.

Pharmacy Supervision Rules, Arts. 10-11, Medical Biochemistry Act, Art. 44; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Arts. 12, 14).

A notable exception to this prevailing practice is found in the field of medical biochemistry. The Medical Biochemistry Act prescribes that professional supervisory procedure must be announced in writing in advance to the supervised person, responsible person within the health institution or commercial entity in which the supervised professional is employed, and the head of the laboratory. Only in urgent cases may supervision be conducted without prior notification. Such a regulation is fully aligned with the Croatian administrative procedural law. Furthermore, and in contrast to the practice in other chambers, and even the Medical Biochemistry Act, Medical Biochemistry Supervision Rules require that the procedure be formally initiated by means of an administrative decision, specifically by administrative act. It also specifies the content pf such administrative decision. Where professional supervision is conducted without such a decision due to urgency, the Professional supervision committee is obliged to issue the decision within 48 hours of commencement (Medical Biochemistry Supervision Rules, Art. 8). Such regulation is inconsistent with the General Administrative Procedure Act, which governs administrative adjudication in the Republic of Croatia. Under this Act, an administrative decision constitutes the final determination of a specific administrative matter, whereby a right is granted, an obligation imposed or a legal interest otherwise affected. The commencement of administrative proceedings occurs either upon receipt of a valid party's request or *ex officio* by taking any official action by a competent administrative body – not by an administrative decision. Although the competent authority may issue a procedural ruling notifying the party that proceedings have been initiated, there is no legal obligation to do so (Arts. 96/1, 40, 77). Moreover, professional supervision, as established within the Croatian legal system, is not of an administrative procedure but rather an inspectional procedure nature. It is therefore subject to the principles and rules of inspection law, not administrative procedure (Đerđa, Babić, 2025:145-146). Consequently, the initiation procedure prescribed by the Medical Biochemistry Supervision Rules is not only incompatible with the General Administrative Procedure Act but also contrary to the settled legal doctrine (Đerđa, 2010:111-112, 212).

Regulations governing the conduct of professional supervision typically require that, during the supervisory procedure, a standardised questionnaire should be delivered to the supervised professional, as well as to the responsible person within the healthcare institution or commercial entity in which the supervised professional is employed. Both recipients are under a legal duty to duly complete and return the questionnaire within the prescribed timeframe. Furthermore, these regulations specify the mandatory presence of designated individuals during the supervisory procedure and determine the respective

rights and obligations of both the supervisors and the supervised persons. In the vast majority of regulated healthcare professions, supervisors are authorised to inspect the organisational structure and functioning of service provision, to verify the validity of professional licences and accompanying documentation, to assess the professional standard of the services rendered, and to evaluate compliance with recognised professional methodologies, current scientific knowledge and applicable ethical norms (Medical Practice Act, Art. 30; Rules on Professional Supervision of the Croatian Medical Chamber, Arts. 11-17; Dental Medicine Act, Art. 61; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Arts. 4, 14-20; Rules on Professional Supervision of Croatian Chamber of Midwives, Arts. 15-21; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Arts. 3, 14, 17-20; Nursing Supervision Rules, Arts. 9, 12-14; Pharmacy Supervision Rules, Arts. 9, 11-15; Medical Biochemistry Act, Art. 42; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Arts. 13-18).

Across all healthcare professions, the supervisory procedure must be recorded in minutes, the form and content of which are typically prescribed in detail by the chambers' bylaws. Given that such minutes constitute a public record, special procedural provisions govern their authentication and the submission of comments. As a rule, any individual participating in a procedural action has the right to comment on the content of the minutes or the manner in which they were drawn up. These comments must be briefly entered into the minutes themselves, thus facilitating the ability of the supervised person to contest their accuracy in any subsequent proceedings. To further safeguard procedural rights, individuals providing statements must sign directly below their statement and again at the bottom of the page on which their statement appears.[17] In certain healthcare professions – most notably dental medicine, nursing, pharmacy, and medical biochemistry – the minutes must also contain proposals for corrective measures aimed at remedying identified unlawful conduct or irregularities, along with deadlines for their implementation (Rules on Professional Supervision of the Croatian Medical Chamber, Art. 17; Dental Medicine Act, Art. 63; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Art. 21; Rules on Professional Supervision of Croatian Chamber of Midwives, Art. 22; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Art. 21; Nursing Supervision Rules, Art. 15; Pharmacy Supervision Rules, Art. 16; Medical Biochemistry Act, Art. 45; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Art. 19).

A significant deviation from the general supervisory regime is found in the regulation of the medical biochemistry profession. Namely, the Medical Biochemistry Act

[17] The current rules on the registration of comments and authentication of minutes are aligned with Art. 76/3 of the General Administrative Procedure Act.

introduces a *sui generis* form of legal protection against the findings recorded in the minutes. Specifically, the supervised professional, the responsible person within the health institution or commercial entity in which the supervised professional is employed, and the head of the laboratory may file a formal objection against the contents of the minutes (Art. 46). However, the Act fails to regulate the procedural framework governing the handling of such objections and does not define the authority competent to adjudicate them. Under Croatian administrative law, an objection to minutes is not recognised as a standard legal remedy against actions undertaken by public authorities. It is provided for only in specific, narrowly defined areas of administrative regulation.[18] Pursuant to the General Administrative Procedure Act, an objection constitutes a legal remedy against unlawful action taken by an administrative body and is adjudicated by the head of these administrative body, who bears ultimate responsibility for ensuring lawful administration (Đerđa, 2010:273). Nevertheless, in the context of professional supervision conducted by the Croatian Chamber of Medical Biochemists, the president of the chamber, who does not participate in the implementation of oversight, lacks direct knowledge of the relevant facts. Therefore, their ability to assess the veracity of the recorded findings is limited, calling into question the effectiveness and purpose of this legal remedy.

Furthermore, the powers vested in professional chambers to impose corrective measures, as well as the legal remedies available to supervised persons, are not uniformly regulated across the healthcare sector. In most professional chambers, it is prescribed that, upon completion of the supervisory procedure, a professional opinion must be issued. This opinion identifies the detected unlawful conduct and other irregularities and orders concrete corrective measures to be undertaken within a specified period. Depending on the profession, this professional opinion is either rendered by the supervisors – as is the case in medical, midwifery, physiotherapy and general healthcare – or by a designated professional supervision committee, in the fields of dental medicine, nursing and pharmacy. This professional opinion must be delivered to the supervised professional, to the responsible person within the healthcare institution or commercial entity employing the supervised professional, and, where applicable, to the head of the organisational unit in which the supervised professional performs their work (Rules on Professional Supervision of the Croatian Medical Chamber, Art. 18/1; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Art. 22/2-4; Rules on Professional Supervision of Croatian Chamber of Midwives, Art. 22/3-4; Rules on Professional Supervision of Croa-

[18] Only a limited number of statutes, such as the Act on the Right of Access to Information, expressly provide for the right to object to official minutes (Art. 52).

tian Chamber of Physiotherapists, Art. 21/3-4; Nursing Supervision Rules, Art. 17; Pharmacy Supervision Rules, Art. 17; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Arts. 19-20).

In cases involving minor professional deficiencies or less serious breaches of ethical standards, the issuance of a professional opinion serves as the primary instrument for issuing the corrective measures to be undertaken, together with the corresponding deadlines for their implementation. In such instances, the opinion fulfils its intended regulatory function. However, where serious professional misconduct or significant violations of ethical standards are identified, the professional opinion assumes a different role. Namely, it constitutes the basis for the initiation of disciplinary proceedings against the supervised professional, with a purpose to preventing further unlawful or improper conduct.[19] Where, in the professional supervisory procedure, it is established that the supervised professional has breached applicable healthcare legislation or the bylaws regulating the relevant profession, the chamber is under an obligation to inform the Ministry of Health, which is then required to take appropriate action. Furthermore, if the supervisory procedure reveals a well-founded suspicion that a criminal offence may have been committed, the chamber must forward the professional opinion, together with the minutes of the supervisory procedure, to the competent State Attorney's Office for further proceedings (Rules on Professional Supervision of the Croatian Medical Chamber, Art. 18; Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Arts. 24-25; Rules on Professional Supervision of Croatian Chamber of Midwives, Arts. 22-23; Rules on Professional Supervision of Croatian Chamber of Physiotherapists, Art. 22; Nursing Supervision Rules, Art. 20; Pharmacy Supervision Rules, Arts. 17-20; Rules on Professional Supervision of Croatian Chamber of Healthcare Workers, Art. 20).

It follows that the legal function of the professional opinion is essentially limited to addressing less severe forms of professional or ethical misconduct identified during the supervisory procedure. In cases involving more serious breaches, the applicable legal framework requires the initiation of separate proceedings – disciplinary proceedings – through which professional accountability is determined. Importantly, even where unlawful conduct by the supervised professional is established, professional chambers are generally not vested with powers to impose coercive or punitive measures. Their role is, in such instances, limited to reporting the findings to the Ministry of Health or the State Attorney's Office. In line with this delineation of powers, the sector-specific legislation governing individual health professions expressly requires chambers to cooperate with

[19] A chamber is obliged to initiate disciplinary proceedings if the measures prescribed in a professional opinion are not implemented within the prescribed deadline. For further discussion on the legal preconditions for the disciplinary liability of healthcare professionals, see Juras, 2014:627-629.

the Ministry's Health Inspectorate and to notify it without delay of any violations of healthcare regulations or internal professional rules detected during supervisory procedure (Medical Practice Act, Art. 31; Dental Medicine Act, Arts. 58/2, 64/1; Medical Biochemistry Act, Art. 39).

In certain healthcare professions, the bylaws provide for limited procedural safeguards or remedial mechanisms with respect to corrective measures imposed in supervisory procedure. For instance, the rules on professional supervision in dental medicine, nursing and pharmacy allow the supervised professional, as well as the responsible person within the healthcare institution or company, to submit a written response to the professional opinion issued by the oversight committee. Such responses must be submitted to the same oversight body within eight days from the date of receipt of the opinion. In the field of dental medicine, the Management Board of the Chamber is designated as the authority competent to adjudicate such responses. By contrast, in nursing and pharmacy, the matter is reviewed by the very body that issued the original opinion (Rules on Professional Supervision of Croatian Chamber of Dental Medicine, Art. 23; Nursing Supervision Rules, Art. 18; Pharmacy Supervision Rules, Art. 18), thereby raising concerns regarding the impartiality and effectiveness of the remedy and its capacity to offer adequate legal protection to the affected person. In the absence of more detailed provisions governing the procedure for accepting or rejecting such responses, these submissions may serve primarily to challenge the proportionality of the prescribed measures or the reasonableness of the implementation deadlines. Alternatively, they may prompt the supervision body to provide a more substantiated explanation for its conclusions. However, in the absence of a devolutive remedial mechanism – that is, one involving a hierarchically superior authority with the power to amend or annul the contested professional opinion – it is unlikely that such responses will result in a meaningful reassessment of the supervision findings or the imposed corrective measures.

Notably, the regulatory framework governing professional supervision in medical biochemistry and, to some extent, nursing diverges from the general model by conferring significantly broader powers on the supervisory bodies. In particular, where substantial deficiencies in professional conduct are identified, the Medical Biochemistry Act authorises the supervisors to issue an oral decision requiring the implementation of corrective measures. This oral decision must be recorded in the minutes of the supervisory procedure, and the supervisor is further required to issue a written copy of the administrative decision – an administrative act nature – within eight days of the oral pronouncement.[20]

[20] It is worth noting that the Healthcare Act, as a systemic law relative to the Medical Biochemistry Act, provides in Art. 215 that an inspector may issue an oral decision only for the purpose of ordering specific interim

In addition, the Act stipulates that the supervisor shall issue a formal administrative decision, also an administrative act, prescribing the necessary corrective measures (Medical Biochemistry Act, Art. 47). This provision implies that the supervisor is obliged to conduct an administrative procedure and adopt an individual administrative act in accordance with the General Administrative Procedure Act. Such a regulatory approach aligns with the prevailing view in legal doctrine, which holds that serious professional misconduct must give rise to a formal administrative proceeding concluded by the issuance of a binding administrative decision. Regrettably, this regulatory model – whereby chambers are authorised to conduct administrative proceedings and adopt binding administrative acts – has not been uniformly adopted across all healthcare professions.

Nevertheless, under the Medical Biochemistry Act, the head of the healthcare institution, the head of the laboratory, and the supervised person are entitled to lodge an objection against the administrative decision with the Executive Board of the Chamber. Crucially, the filing of an objection does not stay the execution of the decision. The decision of the Executive Board is final and may only be challenged before the administrative court (Medical Biochemistry Act, Art. 48). However, the objection procedure as prescribed by the Medical Biochemistry Act is incompatible with the fundamental principles of Croatian administrative procedural law. Pursuant to the General Administrative Procedure Act, an administrative decision may only be contested through a regular appeal or by initiating an administrative dispute (Arts. 12/1-2, 105/1, 120/4). An objection, even if submitted to a superior body within the issuing authority, does not constitute a devolutive remedy and lacks the features typically associated with an appeal. As such, the objection mechanism envisaged by the Medical Biochemistry Act runs counter to the General Administrative Procedure Act, which serves as the overarching legal framework ensuring administrative and judicial protection against unlawful administrative decisions.

Although the Nursing Act does not contain provisions analogous to those found in the Medical Biochemistry Act, such regulation is set forth in the Nursing Supervision Rules, a bylaw adopted by the Croatian Chamber of Nurses. Pursuant to these Rules, in instances where significant deficiencies are identified in the professional conduct of a nurse, a healthcare institution, or a private healthcare provider in delivering direct healthcare services to the public – and where immediate rectification is required – the supervisor is authorised to order corrective measures through the issuance of an oral decision. As in the field of medical biochemistry, such an oral decision must be duly recorded in the official minutes of the supervisory procedure (Nursing Supervision Rules,

measures, and not any measure necessary to address identified irregularities. Consequently, the Medical Biochemistry Act appears to grant broader supervisory powers to the chamber than those afforded to the Health Inspectorate under the Healthcare Act in the context of inspection supervision.

Art. 16). Notably, the Rules do not impose an express obligation to issue a written copy of such a decision to the supervised person. Nonetheless, the supervisor is not thereby released from this obligation, as it derives from the General Administrative Procedure Act (Article 97/3), which provides for the mandatory issuance of a written decision where administrative decision is brought. By contrast, in the nursing profession, the ordering of corrective measures and associated deadlines in non-urgent cases is rendered not by a administrative decision but by means of a professional opinion issued upon completion of the supervisory procedure (Nursing Supervision Rules, Art. 17). This dichotomy gives rise to an inconsistency in the legal framework governing the imposition of corrective measures. Specifically, in urgent cases the Chamber issues a binding administrative decision, whereas in non-urgent cases, the same or similar deficiencies are addressed through a professional opinion, which does not constitute an administrative act. Consequently, the level of legal protection afforded to supervised persons depends on the procedural route chosen, which is an arrangement open to legitimate criticism.

Finally, it is important to underscore that none of the applicable regulations in the healthcare supervision domain explicitly preclude the judicial review of professional opinions. This omission suggests that professional opinions are not considered administrative acts. This interpretation is consistent with the jurisprudence of the High Administrative Court of the Republic of Croatia, which has held that a professional opinion issued by a chamber does not determine the subjective rights or legal interests of the person under supervision. The Court emphasised that the mere fact that a chamber may undertake further action on the basis of such an opinion does not, in itself, alter the legal status of the supervised person, impose obligations or establish liability in disciplinary or criminal proceedings, nor does it result in the revocation of a professional licence. Any such consequences would arise, if at all, only in subsequent proceedings, in which the supervised person would have the opportunity to avail themselves of adequate legal remedies (High Administrative Court of the Republic of Croatia, Decision No. Usž-2796/20-2 of 15th July 2020).

4. Conclusion

In the Republic of Croatia, professional supervision in the healthcare sector is entrusted to the relevant professional chambers, which act as public-law bodies with delegated public powers. In doing so, the state has transferred a portion of its public powers to autonomous and independent professional organisations, whose principal function is to determine and safeguard compliance with standards of professional conduct. However, the Healthcare Act, as the primary piece of legislation in the field, does not regulate the

essential elements of professional supervision in a uniform or comprehensive manner. Nor is this legislative gap addressed in the sector-specific laws applicable to individual healthcare professions. As a result, the delegation of regulatory authority to each chamber has led to a fragmented and inconsistent legal framework across different healthcare professions.

This is particularly evident with respect to the scope of powers granted for imposing measures to rectify unlawful or improper conduct identified during supervision. Owing to the absence of a coherent procedural framework for the imposition of such measures and the determination of relevant deadlines, most chambers lack the capacity to autonomously enforce compliance in serious cases. Instead, they must refer such matters to state administrative bodies with broader powers – namely, the Health Inspectorate of the Ministry of Health or the State Attorney's Office. Moreover, professional supervision committees and individual supervisors generally lack coercive enforcement mechanisms, aside from initiating disciplinary proceedings against healthcare professionals who fail to adhere to professional standards. These limitations raise substantive concerns regarding both the effectiveness of professional supervision and the suitability of delegating public powers in this domain to professional associations.

Additionally, the legislative delegation of regulatory competence concerning core aspects of professional supervision to the chambers has resulted in the development of procedural instruments that are at variance with the principles and guarantees enshrined in Croatian administrative procedural law, most notably the General Administrative Procedure Act. A salient example is the regulation of the right to object to oversight minutes or decisions, which may not ensure the availability of effective legal remedies.

Looking ahead, it would be advisable to consider amending the Healthcare Act in order to establish a comprehensive and uniform legal framework governing professional supervision across all regulated healthcare professions. Such a framework should clearly delineate the types and initiation of supervisory proceedings, define the rights and duties of supervision bodies and individual supervisors, prescribe the manner in which findings of unlawful or irregular conduct are to be recorded, specify the legal nature of decisions imposing corrective measures and deadlines, and establish a system of legal remedies. To align the supervisory procedure with Croatian administrative law and established legal doctrine, it should be expressly stipulated that the detection of unlawful conduct or professional irregularities triggers the initiation of an administrative procedure, culminating in issuing a formal administrative decision that imposes specific corrective measures and corresponding deadlines. Such a decision should be subject to appeal before the Ministry of Health, and later to judicial review in an administrative dispute. This approach would ensure a consistent legal regime for key procedural aspects of professional

supervision in the healthcare sector and would significantly contribute to legal certainty. Matters such as the designation of competent supervision bodies, the conditions for the appointment of their members and profession-specific elements of the supervisory procedure could continue to be governed autonomously by the respective chambers.

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