My Time in Spain:

Examining the Spanish Healthcare System

Aleasia Arnold, OMS-II

During the summer of 2025, I completed an internship organized through the Cardiovascular and Interventional Radiological Society of Europe (CIRSE). I was matched to Hospital Universitari Parc Tauli in Sabadell, Spain where I learned from physicians, residents, and nurses about interventional radiology and global healthcare. My time at Parc Tauli allowed me to explore the Spanish culture, learn about universal healthcare systems, and discover alternative physician pathways.

Personal Insights on Spanish Culture

After growing up in the Midwest, I was very excited for the opportunity to learn from the Spanish way of life and experience Spanish culture first-hand. During my first week, I was able to observe St. John's Day, a holiday observed in Spain that celebrates the birth of St. John the Baptist and welcomes the summer ahead. Participating in holiday events often includes swimming in the sea to receive good health or jumping over bonfires to bring good luck. Afterwards, I explored the small city of Sabadell. I frequently visited Parc de Catalunya, a family-friendly park with a lake, rowboat rentals, abundant walking trails, and picnic spots. I also attended Mass at Sant Felix de Sabadell, a historic Catholic parish located in the main square. The church was constructed with tall, vaulted ceilings, marble pillars running down both sides of the altar, hand-painted stained glass, and large, regal chandeliers.

Later in my internship, I learned that one of the residents I had been working with was finishing his Interventional Radiology rotation. The department was throwing a going away party and kindly invited me to join. They celebrated with traditional Spanish food and drink including jamón and

Vermouth. One of the physicians taught me that the celebration was referred to as “making Vermouth”. She described the gathering as a Catalonian tradition where friends spend time together before a large meal. While I wasn’t able to understand most of the conversation, I was able to appreciate the close-knit relationships throughout the department and that the resident would be very missed.

Dr. Paúl, (left) MBBS, currently practices as Senior Physician in Vascular & International Radiology at Parc Taulí University Hospital.

Communicating at Hospital Universitari Parc Tauli

My experience at Hospital Universitari Parc Tauli helped build and refine valuable skills that I will use as a future physician including effective adaptation and communication. While most of the physicians spoke English, it was often difficult to translate the full depth of the medical procedures being performed. To combat the partial language barrier, the physicians and I would utilize English, translation of Catalan or Spanish to English, or even drawings to describe all clinical cases.

The use of multiple modalities encouraged me to focus on clear and effective communication, a tool that will prove useful when discussing health affairs and treatment plans with patients. Additionally, I have now become fully immersed in Spanish culture by working with physicians and patients, celebrating multiple holidays, and taking part in Spanish customs. With these experiences, I will be able to connect with a broader scope of patients from various backgrounds. My cultural understanding of these patients will not only allow me to contextualize specific diagnoses and treatment plans, but it will also allow patients to feel understood, respected, and engaged in their care.

Aleasia Arnold in a lead apron after scrubbing in for a splenic artery embolization procedure.

See next page to learn more about the Spanish Medical Education System

Comparing United States & Spanish Medical Education Systems

Spanish Healthcare

Spain's culture extends into its medical system, which displays stark differences from that of the United States (U.S.). Such differences include having a universal health care system, a shorter training schedule, and fewer overall hours worked.[1]

While the United States combines employer-based private insurance, individual private insurance, and public programs, Spain operates with a universal healthcare system known as the Sistema Nacional de Salud (Spanish National Health System or SNS). The Cortes Generales (Spanish Parliament) created the SNS in 1986 by passing the Ley General de Sanidad (General Health Law).[2] The law fulfilled a requirement set by the 1978 Spanish Constitution, aiming to unify health services and ensure equal access to care. Services such as outpatient, inpatient, emergent, and surgical care are offered with no additional cost at the point of care. This change has led to Spain having the second highest life expectancy among EU countries, with an average life expectancy of 84.0 years.[3] Comparatively, the U.S. has an average life expectancy of 78.4 years.[4] However, Spanish citizens may still incur out-of-pocket expenses for other services such as dental, optical, pharmaceutical, and sexual and reproductive health. Additionally, the average wait time for a primary care visit is nine days, and the average wait time for a non-emergent surgery is 122 days.[5] The U.S. has average wait times of 23.5 days and 27 days for primary care and non-emergent surgery visits respectively.[6,7] Due to these additional expenses and longer wait times, up to 20.8% of the Spanish population still opts for private insurance.[8]

Entry Examinations

The path to becoming a licensed physician in Spain is also quite different from that in the United States. Spanish students prepare for university by completing the Evaluación del Bachillerato para el Acceso a la Universidad (Baccalaureate Assessment for University Access or EBAU). This multiple-choice entrance exam tests students on biology, chemistry, physics, and mathematics. The exam is comparable to a combination of the U.S.'s ACT/SAT and MCAT, and the potential scores range from zero to four. The Spanish student also reports their baccalaureate grades, earning a score of zero through ten.[9] Their EBAU and baccalaureate grade scores are then combined for a maximum score of fourteen. Typically, scores greater than twelve and a half are considered competitive for admission to public medical programs.

Medical Education

Once accepted, students will complete a six-year program to earn their bachelor's degree in medicine. This program is two years shorter than the standard U.S. route, which requires both a four-year undergraduate degree and a four-year medical degree. Additionally, public universities in Spain are funded by the state, and tuition is controlled by the Autonomous Governments. Spanish medical tuition on average is €1,400 (about $1,600) per year.10 In America, medical students pay an average of $52,000 per year in tuition.[11]

Licensing Examination

After completing university, all Spanish students must complete the *Médico Interno Residente Exam* (Internal Resident Doctor Exam or MIR). The MIR is a five-hour exam administered by the Spanish Ministry of Health and consists of about 200 multiple-choice questions focusing primarily on clinical scenarios. The MIR is equivalent to the U.S.'s *United States Medical Licensing Exam* (USMLE) and *Comprehensive Osteopathic Medical Licensing Exam* (COMLEX-USA). Once the MIR exam is complete, students then apply for post-graduate residency placement. All Spanish medical students are ranked in descending order based on their MIR score (contributing to 90% of their rank) and their undergraduate grades (contributing to 10% of

their rank). In descending order of rank, candidates choose their preferred specialty and hospital.[12] Choosing a highly competitive specialty, such as dermatology or plastic surgery, often requires a very high rank. The objective-style Spanish ranking system differs from the U.S.'s National Resident Matching Program, where an algorithm attempts to reach mutual preferences between medical students and the residency programs.[13]

Compensation & Training

Spanish post-graduate training in medicine typically lasts four to five years depending on the specialty. As a resident, physicians usually work about 37.5 hours per week and have four to six 24-hour call shifts per month.[14] After residency, Spanish primary care physicians earn an annual compensation equivalent to $81,000 with specialists earning an average of $93,000.[15] In the U.S., 84% of physicians work greater than 40 hours per week and many residents often work up to 80 hours per week.[1] However, compensation as a resident begins near $68,000, and, as an attending physician, primary care physicians earn upwards of $275,000 with specialists often earning greater than $400,000.[16,17] While physicians in Spain may sometimes work only half the number of hours compared to physicians in the U.S., physicians in the U.S. can earn up to four times more in salary.

Shared Hardships

Although there are many differences between the American and Spanish healthcare systems, both countries share the hardships of an aging workforce and lack of providers in rural areas. In Spain, about half of physicians are older than 4518; in the U.S., more than three quarters of the physicians are older than 40.[19] Physicians in both countries are struggling under the workload, leading to early retirements. With limited medical programs, the rate of training of new physicians cannot match the rate at which current physicians are retiring. This challenge has particularly profound implications for rural areas or "medical deserts," a term which refers to a region where patients have limited access to healthcare due to lack of providers or long-wait times to see those providers.[20] The combination of an aging workforce with limited providers may lead to patients living in rural areas having worse health outcomes. Some solutions have been proposed solutions include increased use of telehealth, promotion of rural residency programs, and placement of international medical graduates in rural areas.[21]

Whether a physician is practicing in the United States or in Spain, they face many of the same challenges while desiring the same outcome: to provide the highest standard of care for patients of all backgrounds. My time in the Spanish healthcare system has left a lasting imprint on me. I will carry these lessons in my practice moving forward, and I hope that others will also be able to learn from Spain's beautiful culture. I am very grateful for my time at Hospital Universitari Parc Tauli, for the assistance provided by the Cardiovascular Interventional Radiological Society of Europe, and for future opportunities to continue my cultural and medical education by working in healthcare systems around the world.

References

1. American Medical Association.
2. Hernández-Quevedo C, Moreno-Casbas MT. 2019.
3. Eurostat.
4. Centers for Disease Control and Prevention.
5. Ryder B. European Conservative. 2023.
6. Marso A. FPM. 2025.
7. Kinsey ET, et al. BMC Womens Health. 2024;24(1).
8. Bernal-Delgado E, et al. 2024.
9. Cambridge International Education.
10. García-Estañ J. MedEdPublish. 2018;7(4).
11. Hussain K. AAMC. 2024.
12. Baladrón J, et al. Medicina (Kaunas). 2019;55(12):751.
13. National Resident Matching Program.
14. Sanchez Martinez DA, et al. Hum Resour Health. 2023;21(1).
15. Yanatma S. Euronews. 2023.
16. Garvey G. American Medical Association. 2026.
17. Garvey G. American Medical Association. 2025.
18. Villanueva T. BMJ. 2008;336(7638):241.
19. Boyle P. AAMC. 2022.
20. Brinzac M, et al. Eur J Public Health. 2023;33(5).
21. Scott B. American Medical Association. 2024.