



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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The Norwegian Association of Senior Hospital Physicians (Of)

Better interaction between hospital services and health services in the municipalities.

This is a big political issue in Norway. The Committee of Health policy in the Norwegian Parliament has presented a proposal based on the principle of better interaction between hospital services and health services in the municipalities. A majority both among politicians as well as the Norwegian population agrees that preventive treatment in an early stage in the local health system is preferable to more seriously hospital treatment later on.

A major problem is how the financial system is going to be established. A suggestion of a 20% financial contribution from the municipalities for patients in hospitals, was definitely no success. These 20 % should have been taken from the hospital sector in the first hand. To day the Government is responsible for the costs. The municipalities have no financial loss. An incentive based on investments in preventive treatment rather than to pay a part of the more heavy expenses if the patient are hospitalized are not considered to be an adequate incentive. In Norway a lot of municipalities have quite a few inhabitants, and in addition to problems when it comes to establish local health services with an adequate professional quality, a few seriously ill hospitalized persons in the same municipalities will give financial challenges.

The Government now have to reconsider the financial system.

Negotiations – hospital physicians.

Negotiations 2010 for hospital physicians have only just started, but we already know that there will be a heavy demand for flexibility when it comes to physicians` working time and decisions about the physicians` place of employment. A lot of mergers have been carried out in the hospital sector lately, and the employers` have been arguing in favour of disposing the physicians in any hospital or department in the new merged health enterprises. In Norway the distances in one health enterprise may imply many hours of travelling, and an agreement to be at the employers` disposal at any geographical place will give unpredictable working conditions and not be in accordance with the Working Environment Act.

According to the existing agreements, working in another hospital or department in the health enterprise should only take place by voluntary agreements. We have, however, got some new challenges, especially in the Oslo area where the merged hospitals are situated quite close to each other. The distance itself is not a big problem, but nevertheless the physician has to adjust to different working conditions. There is also a challenge when it comes to continuity for the patients. It is very important that the working conditions for each physician are predictable.

Oslo University Hospital – OUS.

This year as well as last year the big issue in the Oslo area has been the merger of three former University hospitals to a new hospital – Oslo University Hospital (OUS). The process has been running by the South-Eastern Regional Health Enterprise and has caused a lot of challenges in the hospital sector.

The process has been carried out in a very short period of time, less than 1 year, resulting in uncertainty and scepticism when it comes to medical and economical advantages as well as the employment situation for the hospital physicians. But the decision of a new hospital established January 1st 2009 were made in spite of insufficient reports on consequences, risks and estimates on capacity/economy.

When it comes to working conditions, a lot of managers on different levels have lost their management positions. A typical challenge is that three, maybe four hospital departments have been merged into one run by only one manager. The processes ensuring the rejected managers a new position as a substitute have been quite complicated.

Furthermore there are plans for closing down the smallest of the three hospitals. The employed at the hospitals feel that their working conditions are quite uncertain. Some of the functions in the new merged hospital (OUS) are supposed to be moved to another health enterprise close to the Oslo area. The physicians in OUS have been presented an offer to move to the neighbour health enterprise voluntarily, keeping up their existing working conditions in OUS, but as far as quite many do not know yet if they are still needed in the OUS, there has been no eagerness to make use of the proposal.

The different hospitals also have different agreements of wage systems and working conditions. It is quite complicated to negotiate these agreements into one; also because the physicians have different opinions of the existing wage systems.

Close to the Oslo area another 3-4 hospitals have merged into to one. The development seems to go along the same lines, and it is very important that the processes in OUS are not manifesting principles and systems that will have negative consequences for physicians in the other health enterprises and hospitals across the country.

Hospital management.

A major concern for Of continues to be the medical management of our hospitals and hospital departments. We place a great deal of effort and time into encouraging senior physicians to take leading roles in the management of departments, clinics and hospitals. The annual meeting in April last year decided to earmark a certain amount in the budget for scholarship in management education. The scholarship system seems to work out quite well, and the association has decided that it is to be continued. Physicians are applying for support to take managerial education in the university system.