



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV**

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Proposal for format

NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** **Denmark**
2. **Name of the AEMH National Member :** **Danish Medical Association**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group:

a) Senior Specialists: (Staff specialists)	1350
b) Consultants = chief physicians:	3500
c) Clinical Directors = heads of department or clinic :	600
d) Hospital Directors:	160

Are there groups of senior physicians in your country not represented: **The senior specialists are organized in the Danish Association of Junior Doctors. They have no leading and no management responsibility**
4. **Will there be a special education in management/ leadership for:**

a) Senior specialists?	Yes, included in the specialist training
b) Chief physicians?	Yes, specialist courses arranged by the Danish association of Medical Specialists and the hospital owners
c) Clinical Directors?	Yes, same as above
d) Hospital Directors?	Yes, several special courses, not only for medical doctors.
5. **Number and size of hospitals:**

a) Private:	10-15 (small surgical)
b) Public:	65 somatic, 13 psychiatric
c) University:	There are 3 public medical schools in DK. The hospitals in these cities are public and called university hospitals.

Some other wards in other hospitals arrange clinical courses for medical students.

6. Financing Hospitals:

- Taxes (county or state): County
- Health insurance fee:
- Patient fee:
- Other: In private - primarily surgical hospitals - an insurance patient pay themselves.

7. Will there be re-distribution of resources for:

- Special groups of patients? in the 90'ies resources were allocated to heart surgery, and in the last years for cancer treatment. Since 1990 there has been allocated money to renovation and rebuilding of psychiatric departments
- Special regions?
- Taxation by Diagnosis Related Groups = DRG points Is only related to patients. The plan is to increase the budget to be related to DTG points earned by the hospital
- Are patients free to choose hospital, and then get it paid? Yes
- Will a hospital have fixed budget (%) for:
 - a) Diagnosing, treatment and care? Yes, sometimes the budget is fixed by the hospital, sometimes by the county. Ideally, money follows the patient.
 - b) Education of doctors and other hospital staff? No special budget
 - c) Research? No special budget

8. National plans for budget for different specialties: There are yearly budgets negotiated between state and counties for the entire health sector. Apart from this, there are special plans with accredited means for cancer, heart disease and and allotted sum for bringing down waiting lists.

- Surgery and anaesthesiology?

- Medicine?
- Psychiatry?
- Pathology, radiology, clinical chemistry and others?
- ENT, eye, dermatology?
- Governmental and Regional plans to allocate resources?
 - a) To some specialties?
 - b) To acute short-term care?
 - c) To private specialists practitioners?

Heart, cancer, Psychiatry

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law?
- Has the accreditation been implemented?
- How many hospitals in your state have been accredited?
- Which institutions performed the accreditation?
 - a) One or several national institutions?
 - b) International institutions?
- Will a hospital only receive payment from an insurer/state if accredited?

It isn't, but it is decided that all Danish hospitals should be accredited by the Danish model of quality in 2006
All hospitals in the Copenhagen Hospital Corporation has been accredited in 2002. In other counties a decision of accreditation has been made

6

Joint Commission of Chicago

No

Risk management:

- Will there be a system for registration of Adverse Events?

Yes, in the 6 hospitals in Copenhagen

Complaint:

- Will there be a procedure and system for registration of complaints?

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital?
- Who pays the CME/CPD?

Yes, the national Patient Complaint Board
No

Employer
(County/hospital) the specialist doctors themselves, courses paid by the industry and other foundations.

10 Working conditions:

- What are the working hours?
- Does the result of the European Court of Justice decision on working hour lead to manpower problems?
- Are there manpower problems?

37

No

Yes

a) Which specialty?

All, but primarily psychiatry, ENT, neurology, and radiology mostly outer regions

b) Which region?

- What is the salary for different groups of senior physicians?
- Staff specialists
- Consultants
- Clinical Directors
- Hospital Directors
- Is it considered adequate?

550.000 DKK/Year
600.000 DKK/year
6-700.000 DKK/year
Specific negotiations

Very little difference between the above mentioned groups. Local possibilities for negotiating salary for specific competences was introduced in 2002

- Is salary comparable to specialist doctors working outside hospital?

The private sector is small but better paid

11. Current problems/ Issues for discussion in your country?

1. Lack of medical specialists in the next 10 years
2. Huge amount of newly educated MD's who need specialist training
3. New structure of organising hospital systems in DK. A commission will present a final report 1. January 2004
4. A national model for quality development (The Danish Model for Quality)
5. Increased taxation by DRG-points as base for hospital budgets.

