ASSOCIATION EUROPÉENNNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΏΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΌΓΌΣ ΔΙΕΥΌΥΝΤΏΝ ΝΟΣΟΚΟΜΕΙΏΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV

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NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** **Sweden**

2. **Name of the AEMH National Member :.** **Swedish Association of Senior Hospital Physicians**

3. **Groups of Senior Physicians working in hospitals represented by the national association:**

   Number of physicians in each group:

   a) Senior Specialists: **90% of all (specialist doctors) Senior Registrars and Consultants working in Swedish Hospitals are members, that is in total 12 000**
   b) Consultants = chief physicians: **Not relevant**

   c) Clinical Directors = heads of department or clinic : **Not relevant**

   d) Hospital Directors: **Not relevant**

   Are there groups of senior physicians in your country not represented: **Not relevant**

4. **Will there be a special education in management/ leadership for:**

   a) Senior specialists? **Not mandatory**

   b) Chief physicians?

   c) Clinical Directors?

   d) Hospital Directors?

5. **Number and size of hospitals:**

   a) Private: **About 20 (some with just a few beds)**

   b) Public: **Around 80**

   c) University: **8**

6. **Financing Hospitals:**

- Taxes (county or state): **97%**
- Health insurance fee:
- Patient fee: **3%**
- Other:

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

- Special groups of patients? **No**
- Special regions? **No**
- Taxation by Diagnosis Related Groups = DRG points **????**
- Are patients free to choose hospital, and then get it paid? **Yes**
- Will a hospital have fixed budget (%) for:

  a) Diagnosing, treatment and care? **No, not nationally or regional**

  b) Education of doctors and other hospital staff? **No, not nationally or regional**

  c) Research? **No, not nationally or regional**

8. National plans for budget for different specialties:

- Surgery and anaesthesiology? **No**
- Medicine? **No**
- Psychiatry? **No**
- Pathology, radiology, clinical chemistry and others? **No**
- ENT, eye, dermatology? **No**
- Governmental and Regional plans to allocate resources? **No**

  a) To some specialties? **No**

  b) To acute short-term care? **No**

  c) To private specialists practitioners? **No**

9. Quality improvement:

Hospitals: No accreditation of hospitals in Sweden

- 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?

Risk management:

- Will there be a system for registration of Adverse Events? **Yes (Lex Maria)**

Complaint:

- Will there be a procedure and system for registration of complaints? **Yes (The Medical Responsibility Board)**

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? **No**
- Who pays the CME/CPD? **Employer, Pharmaceutical industy, doctors themselves**

10. Working conditions:

- What are the working hours? **40**
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? **Yes probably**
- Are there manpower problems? **Yes**

a) Which specialty? **Almost every speciality**

b) Which region? **Most regions**

- What is the salary for different groups of senior physicians? **Mean salary is 50.700 SEK/month**

- Is it considered adequate? **Not in an international perspective**

- Is salary comparable to specialist doctors working outside hospital? **No**

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

During the 1990-ies Swedish Health Care has gone through far-reaching structural changes. The reform of the geriatric care with altered responsibility from county councils to local authority/primary councils. There has also been carried out a far-reaching reform of the psychiatric care meaning transition to more open forms of care and closing large mental hospitals. New forms of governing have been introduced with new financial control systems and various forms of purchaser-provider and better possibilities to choose care for the patients. A family doctor system has been introduced in primary care. Hospitals have been converted into independent subsidiary companies and primary health care centres have been put into private hands or running and management have been put on contract.

A project group within the Ministry of Health and Social Affairs has embarked on a review of highly specialised care. Highly specialised care is defined as "health care that is concentrated in one or more units with a catchment area of one or more health care regions". The aim is to solve certain problems within the discipline and create a climate conducive to development and efficient use of resources. The work will involve identifying the scope of existing highly specialised care, and its place in health care. The group will also examine the effects of increased EU-cooperation in the field, particularly within certain target groups of patients/diseases. Furthermore the conditions for clinical research and dissemination of results within the health care system will also be investigated. Lastly, the project group will analyse the role of university hospitals in the health care system and analyse divisions of responsibility with regard to treatment, research, development and education.

From 1 January 2003, the county councils (21 regions) can form regional cooperation councils. In region Västra Götaland and region Skåne trials concerning changes in structure of medical health care are undertaken.The big reorganisation experiments that has been made in different regions have up till now not given any expenditure savings. On the contrary the budget deficits are increasing. The Swedish Association of Senior Hospital Physicians has the opinion that these "ad hoc" reorganisations must come to an end. The tiredness of changes amongst health care staff of all categories is now

remarkable. To master the problems health care needs better resources, more money and more beds. It is now time to do something about bad working conditions, bad salary development and bad working environment. In other case the personnel flight from health care will be continuing and the problems of staff recruitment even worse. The debate must now also be about how knowledge and competence can be developed in health care to the best for the patients. Authorities and responsibilities must lie far down in the organisation close to the patient. Senior hospital physicians and specialists responsible for a team must therefore have a clear and obvious responsibility for medical management and care.

Recently the National Board of Health and Welfare ("Socialstyrelsen") presented its review of the Doctors' Specialist Training and the Structure for Medical Specialties. The Board proposes a number of measures to improve the quality of training, for example the introduction of a compulsory specialist training assessment. In addition, a new specialist training structure is to be introduced, with key components such as "base specialties", "branch specialties" and "supplementary" specialties.

The rapid medical and technical development in medicine makes a comprehensive and systematized Continuing Medical Education (CME) and Continuing Professional Development (CPD) for hospital physicians more necessary than ever. The opinion of Swedish Association of Senior Hospital Physicians is that CME/CPD should be an integrated part of the medical profession. Every doctor qualified as a specialist should have a personal plan for his CME/CPD and the right to get at least 10 days fully paid external CME every year and at least half a day internal CME per week. Swedish Medical Association (Sveriges läkarförbund) and The Swedish Society of Medicine (Svenska Läkaresällskapet) have recently together with The Federation of Swedish County Councils (Landstingsförbundet) founded a special institute for continuing medical education CME/CPD - *The Institute for Professional Development of Physicians* (IPULS). The legal form of the institute is a non-profit making association. It will be run by a board with representation from the founders. The purpose of the institute is to secure both quality and quantity in CME/CPD for doctors.

Today 15 % of the working age population in Sweden is on long-term sick leave or has taken early retirement. This figure is among the highest in Europe, and the problem remains high on the Swedish political agenda. Suggestions have been put forward indicating that patients' general attitude to sick leave must be changed in order to increase awareness of the value of staying at work and the need for rehabilitation.

In 2002 a new Board the Pharmaceutical Benefits Board ("Läkemedelsförmånsnämnden") was set up. It will be responsible for the cost of medicines in general, and in particular for determining whether a drug covered by the pharmaceutical benefits scheme is to be subsidised.