



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
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
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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NORSK OVERLEGEFORENING

- yrkesforening i Den norske lægeforening

The Norwegian Association of Senior Hospital Physicians (Of)

1. Implementation of a new hospital system; economy versus professionalism

The implementation of the new public health enterprises in Norway has led to reorganizing of many hospitals. Combined with restricted economy, the main aim for reorganizing often turns out to be profitability instead of development based on medical knowledge. The focus on balanced budgets is increasing in the enterprises, and the government expects reductions in public spending on hospital health care.

Of argues that all reorganizing should be based on continuous medical development and result in better health care services for the patients. This focus is also important to ensure the competence of the future specialists. The medical activity must be evidence based. Thus education and research need to be close connected to medical treatment of patients.

Long-term planning for public hospitals must include investments in buildings and equipment, but also strategies to develop the best medical solutions for the hospital of the future, and make the hospitals able to practise according to legal duties.

2. Agreements for hospital doctors-equality or local freedom?

Of has been working on a wage system including possibilities of local negotiations; to get paid for medical and managerial competence, responsibility, efficient medical treatment, medical research and continuous medical education.

Some of our members feel uncertainty about local negotiations, and Of agrees that some elements still should be ensured by national minimum levels. Minimum basic wage level and minimum compensation for on guard duties are important. Mandatory working hours in hospitals should be part of national agreements. Minimum levels give the possibility to negotiate better payment or conditions by local agreements, and is definitely better than the old system where improvement of regulations was hardly permitted.

The payment for voluntary extended working time is now agreed in the local enterprises. By the old agreements, every physician in a hospital department had the right to get equal hours of extended time. Now the employers can decide to buy extended time from only a few doctors if they want to.

3. Management in hospital departments-are the physicians still interested?

In Of's opinion the quality of department management depends on the manager's medical abilities. For a hospitalised patient, the main activities are diagnosis and treatment, and the major decisions in hospital departments are medical.

According to our information, medical specialists manage the majority of hospital departments. The challenge seems to make the working conditions for department manager`s attractive for physicians. It is not only a question on wages, but also time for managing and assistance persons. Of arranges 4 seminars on department management every year.

Some managers give signals that they feel quite alone as managers. Of has established a network of experienced managers as partners for those who want to discuss problems with external colleagues.