



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 BOLNIČKI LIJEČNIKA

Document :	AEMH 04/019
Title:	National Report Denmark
Author :	Danish Medical Association, Dr Helle Aggernaes
Purpose :	Information
Distribution :	AEMH Member Delegations, Participants at the 57th AEMH Plenary Meeting
Date :	23 March 2004

Annual Report from Denmark

AEMH meeting, Madrid, April 22 –24 April

Referring to the Annual Report 2003 from Denmark with comments, the Danish delegation would like to discuss the following at the AEMH meeting in Madrid.

1. European Working Time Directive for doctors. The Danish Association of Senior Hospital Physicians does not want any changes in the directive, as we prioritise good working environment for doctors. The Jaeger-case which specifies that on-call duty must be calculated as working time according to the Directive, is considered to imply a need for employing relatively few more doctors in Denmark.
2. A new organisation of the healthcare sector and hospitals in Denmark.

In 2003 a commission set up by the Danish Government has now finished its report and recommendations on the future administrative structure in Denmark. Three administrative levels in Denmark: state, regional or county (14 counties) and municipal (273 municipals). Today, the hospital sector is placed at county level.

The present municipal structure in Denmark is over 30 years old and there is broad consensus that a major examination of the structure would be appropriate to evaluate whether it lives up to the demands of a modern welfare society.

The commission's report was published in January 2004 and the Minister of Health and Internal Affairs had asked a number of organisations in Denmark to present comments before 7 April 2004 to the report, which arranges a number of different general models for the future structure but does not present actual recommendations as to which models should be chosen - that is considered to be a political task.

The DMA view is that there are a number of important general principles regardless of which administrative structure is chosen for the health care sector. These are:

- To ensure a health care sector with equal and free access for all to the services of the health care sector
- to ensure an inter-connected health care sector
- to ensure a health care sector based on quality, professionalism and organisation.
- to ensure a health care sector based on research and education.

In any new structure of the health care sector the following demands are important for the DMA

- to maintain one single entrance to the health care sector
- to maintain a collective responsibility of the authorities for the hospital and health insurance area
- to strengthen the role of the Danish National Board of Health in the central national organisation

- to ensure the best use of resources via fewer and larger regions with fewer acute emergency service centres
- to ensure that psychiatry is placed on the same regional administrative level as the other medical specialties
- that financing models be employed, which support a professionally based health care sector.

The Danish Association of Senior Hospital Physicians recommends an organisation form in which management is directly elected at regional level and has the responsibility of both income and expenses related to the health care sector.

The DMA expects that the question about the future structure of the municipal system in Denmark will cause a serious debate in the "Political Denmark" of near future.

3. Education of senior physicians with management responsibilities. A new almost mandatory education for all senior physicians has just started in 2004.
4. Education of specialist doctors in Denmark has changed in 2004 (correlate to point 3). Every educated specialist from Denmark shall have competencies in the following areas:
 - Medical expert,
 - Communicating person,
 - Ability to co-work with other people.
 - Leadership abilities
 - Ability to promote better health for everybody.
 - Academic
 - Professional
 There will be special courses in each specialist education where these abilities will be taught and evaluated.

Concerning the over all conditions there are the same problems in DK as in the year 2003. There is still a lack of specialist doctors – especially in rural areas.

Helle Aggernæs
Head of Danish delegation