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*Sjukhusläkarföreningen*

***Swedish Association of Hospital Physicians***

# AEMH Plenary Meeting 2005

## Swedish National Report

## The organisation of the medical profession

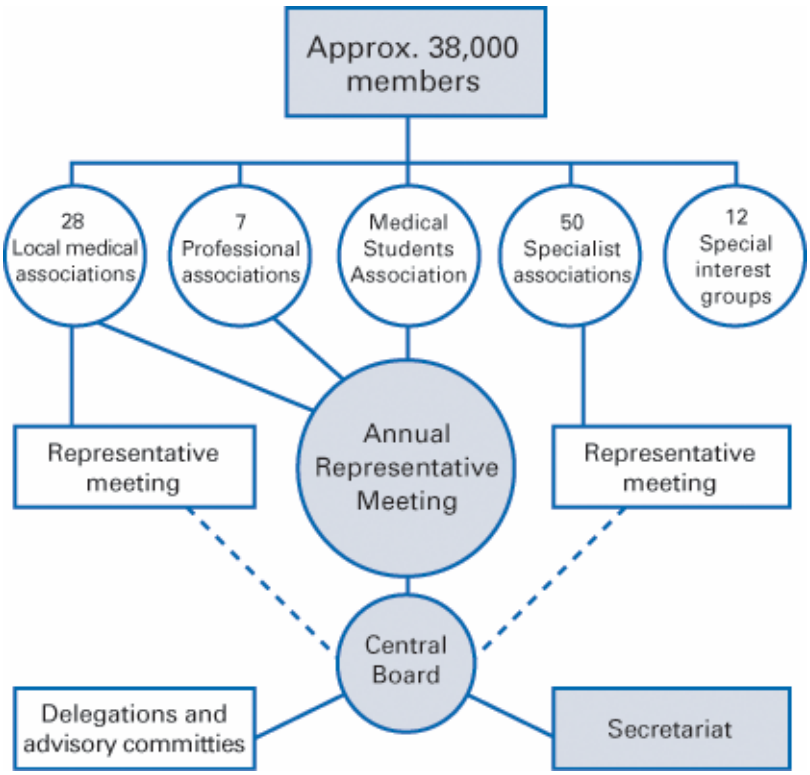
The Swedish Medical Association (SMA) is the main organisation of the medical profession in Sweden. It has two important functions; one being the trade union of the Swedish medical profession and the other being the professional organisation of the physicians. More than 90 per cent of the Swedish physicians are members of the SMA. The total number of members are approximately 38 000.

As a member of the Swedish Medical Association you will be registered at a Local Medical Association in the area where you are working. The main part of the health care service in Sweden is delivered within the public sector by the County Councils.

You will also belong to at least one Professional Association, which is a national society for members with the same professional position. The Swedish Association of Hospital Physicians is the largest national society with approximately 17 000 members. Other societies are those for Junior Hospital Doctors (approx 7 000), General Practitioners (approx 5 000), Private Practitioners (approx 2 000), Clinical Medical Directors (approx 2 000) and Occupational Health Physicians (approx 800).

Within the SMA there is also a voluntary membership in one or more of fifty different Specialist Associations.

## The Swedish Medical Association



The Specialist Associations also have a close relationship to the Swedish Society of Medicine, which is the national scientific organisation of the medical profession.

The Swedish Society of Medicine has 18 000 members from different professions within the medical sector, not only physicians. Membership is open to those who have graduated in medicine in a Nordic country, have graduated in medicine elsewhere and are licensed to practise in Sweden, hold a doctorate at a medical faculty in Sweden or study at a faculty of medicine (student members).

Most Swedish doctors are members of both the professional (SMA) and the scientific organisation.

The different societies within the SMA are active players in the international network of medical organisations. An International committee co-ordinate the international activities.

## Policy on Health Care

The goal of the Swedish health care system is "good health and equal access to health services for everyone". A fundamental principle is that the provision and financing of health services for the entire population is a public sector responsibility. The county councils operate almost all health care in Sweden and also levy taxes to finance them. Primary care is ment to be the gateway to most other health services. As such it should meet with peoples needs and wishes within a framework of affordable access to health care.

In 2004 the Swedish Medical Association presented a policy document "Future Health Care". The policy concerns funding, control and supply and it questions the dominance of the County Councils in these respects. The state should be responsible for purchasing and controlling national health care while the medical profession should have a profound engagement (and incentive) to develop and evaluate methods and structure. The program also focuses on the necessity to have alternative health care providers.

## Incentives for reduced sickness absence

Absence from working life due to sick leave has doubled since 1997. Between 1997 and 2003 costs for sickness and activity compensation rose from 37 SEK billion to almost SEK 59 billion. In December 2003 the government presented a declaration of intent outlining a proposal for a system in which the employers contribute to the financing.
Employers will be responsible for co-financing 15 per cent of the cost of their employees sickness benefit as from 1 January 2005. The employer will be responsible for co-financing as long as full sickness benefit is being paid to the employee. This co-financing responsibility will no longer apply if the person insured is granted rehabilitation compensation or returns to work on a part-time basis. The aim is to encourage the employer to take active measures to reduce sickness absence. In cases where employers have implemented systematic health promotion initiatives, sickness absence has been reduced. Financial incentives are intended to encourage more active involvement in workplaces throughout the country.

## Pharmaceutical benefits

A new Pharmaceutical Benefit Act was introduced in 2002. The Pharmaceutical Board has now the responsibility to decide which medical products shall be subsidised. Pharmacies have been given the task of replacing a prescribed medical product with the cheapest equivalent and medical products are not subsidised unless the prescription carries a workplace code of the prescriber.

In 2004 there was also a new agreement between the Pharmaceutical Industry and the County Councils on how to handle marketing and education to individual doctors in respect to pharmaceutical products. This new agreement has caused great worries about the conditions of further education for medical specialists.

## Working environment

The working environment of physicians, including working hours and on-call duties, has been an issue of growing concern and action. The ambition is to find national guidance to good local solutions. The Swedish Medical Association has a permanent working group for this issue and quite a lot of information on its website. There is also a network for collegial support to individual problems related to the working environment.

## Professionalism in training and research

An important aspect of the professionalism of the medical profession is the constant promotion and development of medical ethics. A high quality medical research is another important aspect and there is among the professionals a great concern to strengthen clinical research including funding and working conditions for the researchers.

A review of the medical specialities was presented by the Board of health and Welfare in 2003. The specialities were divided into main- and branch specialities a much criticised solution. The government has now looked at the consequences of the proposal and adds a proposal for a clinical research training program as a complement to specialist training in some specialities. The division into main- and branch specialities remains. The training should be goal-oriented with focus on guidance and evaluation.

## Continuing professional development

The Institute for Professional Development of Physicians in Sweden (IPULS), which reviews and classifies educational activities for medical specialists, has worked very successfully during the last years and is now expanding from identifying courses to also identifying needs for education.

As a complement to IPULS website the Swedish Medical Association is developing an interactive webpage for the individual doctor to keep track on his/her continuing professional development. The intension is to extend a document which includes all kind of professional development from medical school onwards.