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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
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Swedish Association of Senior Hospital Physicians

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1. Hospital structure and management

Over the last years, the hospital structure in Sweden has changed, with fusions to larger units. The most prominent example is the Sahlgrenska University Hospital in Gothenburg. The hospital has 17 000 employees, and is thereby possibly the largest hospital in Europe, ranked by number of employees. Not far behind is the Karolinska University Hospital in Stockholm, with 15 000 employees.

Recent research[1] shows that the merger process of the Karolinska University Hospital did not manage to achieve the predicted cost savings. The top-down approach to the merger resulted in dysfunctional outcomes with a clash between management and professionalism. Some units managed to facilitate integration through a bottom-up approach to change and shared leadership between multiple actors. Earlier research has shown similar results[2] in regard to lack of cost savings and quality improvement.

In spite of the negative experiences of earlier mergers, the politicians in the Skåne region in Southern Sweden decided to merge the two university hospitals in the region, Lund and Malmö, to the Skåne University Hospital, with approximately 12 500 employees.

This suggests that Sweden, with a population of approximately 9 million inhabitants, has three of the ten largest hospitals in Europe, perhaps even three of the five largest, ranked by number of employees[3].

However, a large number of employees does not equal a large number of hospital beds in the Swedish health care system. The number of hospital beds per 1000 inhabitants has decreased over the last 20 years, and is now the lowest in Europe according to OECD[4]. Today, Sweden has approximately 2.6 hospital beds per 1000 inhabitants, compared to the OECD average of 4.6.

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[1] Choi, Soki (2011). *Competing logics in hospital mergers.* Doctoral thesis. Stockholm : Karolinska institutet, 2011

[2] Åhgren, Bengt (2008). Is it better to be big? The reconfiguration of 21st century hospital: Responses to a hospital merger in Sweden. *Health Policy* vol 87 2008, pp 92-99.

[3] Rapid changes in hospital structure in Europe make it hard to find reliable and updated statistics on this topic. A table of the largest Acute-care hospitals in Europe, ranked by number of patient beds was published in Modern Healthcare, Feb 8 2010, see http://www.darkdaily.com/europes-10-largest-acute-care-hospitals-have-sizeable-clinical-pathology-laboratories-423. These statistics show that very few of the largest hospitals in Europe have a number of employees exceeding 10 000.

[4] *OECD Health data 2009.*

A recent survey[5] shows that a vast majority of Swedish acute-care hospitals have more than 100% bed occupancy on a daily or weekly basis. A large proportion of satellite patients endangers patient safety and leads to a stressful work environment for hospital staff.

2. Financing health care for an ageing population

In less than 10 years the demographic structure in Sweden, as in most European countries, will change rapidly with an increasing number of citizens older than 80. During the last years, a number of reports have been published about the challenges the demographic change pose for the welfare systems. A mix of public and private financing has been discussed as a solution to the future financing gap. However the lack of political consensus within the government and between the government and the opposition has blocked the development of a new policy. Meanwhile, a growing number of Swedes are signing up for private health care insurances that allow them fast access to specialized health care. There is an obvious risk for lower trust in public financing as more people are "paying double" – via taxes for public health care and out of their own pockets for private alternatives.

Even though the Swedish debate on long term financing of health care seems to have halted temporarily, we can foresee an increasing awareness as the demographic changes start to have effects.

3. Implementation of the Directive 2005/36/EC on the recognition of professional qualifications

For about 40 years, Sweden has had a requirement for doctors to work as interns (AT, Allmäntjänstgöring) after the basic training in order to receive authorisation/license to practice medicine. The minimum AT period is currently 18 months. Completed AT is also a requirement for admission to specialist medical training in Sweden.

The AT system is appreciated by younger doctors as it offers a tutored introduction to different aspects of medical work. The employers and more experienced colleagues value the AT requirement, since it is an assurance that newly licensed doctors not only have theoretical knowledge but also clinical experience. Also, many young doctors who did their basic training in other European countries welcome the possibility of paid positions as interns as an introduction to the Swedish health care system.

The Directive on the recognition of professional qualifications declares that each member state must recognise formal qualifications as defined in the Directive. The consequence for Sweden is that the internship requirement is no longer valid.

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[5] Sprengel, Vivianne (2011). 3 av 4 sjukhus överfulla [3 out of 4 hospitals are overcrowded]. Dagens Samhälle nr 18, 2011.

The Swedish government has tried to convince the EU Commission to make an exception for the Swedish AT system, but without success. The Directive, combined with the Bologna process will most likely lead to changes in basic training of doctors in Sweden and to the AT system.

4. Implementation of the Working Time Directive 2003/88/EC

In negotiations on the national level, the Swedish Medical Association and the employers' organization agreed on an exception from article 3 (the minimum daily rest of 11 hours per 24 hour period). The exception is regulated through national collective agreement and applies only after on call duty. The minimum daily rest period is shortened to 8 hours. In exchange for this, the employers agreed to pay higher financial compensation for on call duty time.