



**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  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΙΑΪΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΙΗΙΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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## **National report from the Norwegian Association of senior Hospital Physicians (Of)**

We are a member of The Norwegian Medical Association (NMA), which has a total of 25 717 members and 4 448 student members, a total of 30 165 members. The member percentage is as high as 97 %.

The Norwegian Association of Senior Hospital Physicians (Of) is the biggest group inside the NMA with more than 8.800 members. 6.923 are working in Norway. The rest are either pensioners or working outside Norway. Around 36 % of the members in Of are women. 1.200 of the members are not Norwegian citizens, of whom 450 comes from the other nordic countries, and 550 from the rest of world.

Another big group in the NMA is The Junior Hospital Doctors Association with 7800 members, including those serving internship in the local communities. Approximately 5.600 general practitioners are members of the NMA.

2.800 of the student members are studying in Norway. Countries for medical students outside Norway are dominated by Poland (790), Hungary (312), Slovakia (134) Check republic (110) and Denmark (84).

### **Restructuring and demands for efficiency**

Throughout 2012 the merger of Oslo University Hospital (OUS) has been a concern for the NMAs members and representatives. There has been a lot of media coverage on the matter. One was regarding a failed project regarding ICT of NOK 159 million (21 200 000 EURO) and it was also disclosed that patient rights systematically had been breached. The minister of health acknowledged that the planning and execution of the merger had been carried out in a poorly manner. The CEO of the regional health company was the week after relieved from her post.

Office of the Auditor General of Norway has in a rapport from 2011 stated that the regional health company and the Ministry of Health by far had ignored the critics from their employees and patients and been more occupied with executing the prestigious merger. It was found that there had been several reports of “critical risk” without any action been taken.

Restructuring and the demands for efficiency as led to a poor balance between tasks and resources. This has led to a very challenging working environment with negative health consequences both for the doctors and the patients. A significant increase of working pressure is reported from many of Of’s representatives. NMA are also experiencing a pressure from the main employer organisation, Spekter, on several matters concerning the understanding of the collective agreement between the parties. The differences of what is normal daily working tasks and on call duties are decreasing, which has the consequence that the on call duties for

the senior consultants are more and more stressful. Representatives have reported that the occupancy rate has been so high that patients have had to be discharged too early to make room for emergency patients.

## **National hospital plan – a debate concerning the cost of healthcare in Norway**

In 2010 Of suggested that the authorities should construct a national hospital plan. This point of view was shared by the NMA and also gained support in the political environment. Of had an active part in NMA's reference-group and, on the initiative of the president of the NMA, created a working-group focusing on the important aspects of how to finance construction of new buildings and the operation of Norwegian hospitals. There are a lot of old hospital buildings in Norway.

NMA is currently working on a status rapport regarding the hospital plan and the draft will be up for debate during the meeting of General Assembly of NMA in June 2013. An important matter which has been under scrutiny is the question whether Norway spends a lot of money on healthcare. The Norwegian government has for years claimed that Norway has been on the top of the list of countries in the world when it comes to spending money on healthcare. NMA have calculated that Norway is middle range in Europe when it comes to financial spending on healthcare. The conclusion has met support from several quarters. This debate is still on-going, and is likely to be an issue in the upcoming elections this September.

## **Management/Leadership**

Of is also concerned with the issue of leadership in hospitals, and the recruitment of doctors to leader positions. The main issues for the senior consultants in regards to entering into a leader position is that they shouldn't end up with a decrease in their salary, that they shouldn't drift away from their profession, and that they should have the ability to re-enter to their original position as a senior consultant. These conditions are seldom met by the employer and this leads to the hesitation of taking on leader responsibilities. It's Of's opinion that good recruitment of leaders requires competitive pay- and working conditions.

Of has continued its own commitment to get more doctors into leader positions and has their own scholarship for senior consultants who wants to engage in studies on leadership.

## **Permanent positions for junior hospital physicians**

The Junior Hospital Physicians has for several years fought for permanent positions for the physicians whom are temporarily employed during their specialisation period at the hospital. Of supports their claim. From the employers' side this claim has been met with the conditions that the regulated working hours are up for new negotiations. NMA and Of cannot accept further deregulation of the working conditions the doctors.

It's Of's view that there should be two categories of doctors in hospitals, junior physicians and senior consultants and that the position as senior consultants should be so attractive that

the junior physicians would like to apply for these positions as soon as they have finished their speciality.

### **The “right to refrain”**

The doctors “right to refrain” was put on the agenda when NMS Executive Committee in March 2012 created a working-group to consider how conscientious objection should be balanced against the patient expectations and patient rights. The outcome has been distributed in the MNA and Of’s gave its suggestions and input.

It’s Of’s view that the current situation, where doctors has the right to refrain on the basis of convincing conscientious reasons should continue, but at the same time the patient’s rights must be fulfilled. In Of’s opinion, this will ensure the doctors integrity. The matter will be discussed during the General Assembly in June.

### **New regulations for the GPs**

New regulations for the GPs was a major issue in 2012 both for the NMA and Of. The draft for the new regulation was distributed in December 2011. The GPs was very negative to the draft and Of supported the GPs. After a lot of inputs during the time the draft was out for consultation the final version was presented in the end of August 2012. The regulations were significantly altered, and due to the changes the MNA could back the suggested new regulations.