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

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## **National report from Denmark to the AEMH 2013**

### **Application for membership in the AEMH**

On the basis of a wish from the Danish Senior Hospital Doctors' Association, the Danish Medical Association has sent an application for membership to the AEMH to strengthen the European relationship.

### **New rights for patients**

During several years the Danish Medical Association has argued for the right of the patients to quick investigation, and that the most ill patients should be treated first.

In December 2012, the Danish Parliament agreed on a legislative change, which implies a new investigation and treatment right for the patients, who now have the right to be diagnosed within 30 days. At the same time, the new regulations means that severely ill patients should wait maximum four weeks and other less ill patients must wait maximum eight weeks to be treated.

All experiences show that the earlier a patient is investigated, the bigger chance for a successful treatment result. At the same time, a quick investigation may also give the patient more safety. With the differentiated treatment right the doctors get better possibility of ensuring that patients with the biggest need get treated first.

However, a severe lack is that large groups of patients are not included in the new investigation right – for example patients in psychiatry and patients in specialist practises.

### **The psychiatry sector lags behind**

Many psychiatric patients do not get the needed treatment. There is a lack of capacity to such an extent that doctors have to discharge patient who are not ready for it.

It is important for the Danish Medical Association that the psychiatry sector is provided with resources so that psychiatric patients may be treated equally as patients with physical diseases.

The Government has initiated a thorough investigation of the psychiatry sector, which should result in a long term and national action plan that ensures the psychiatry sector equal possibilities as the rest of the health care sector. The DMA participates actively in the work.

### **New super hospitals**

In Denmark a big restructuring of the hospital sector is planned and establishment of new super hospitals, which should take care of almost all emergency treatment of patients. The restructuring is conducted by developing existing hospitals and by building new so-called "super hospitals". Over the next 10 years, 41 mio. DKK which is approx. 5.5. mio. Euros is invested in the buildings. Each hospital must cover a catchment population of 200,000 and 400,000 citizens.

With these new hospitals there will be a larger assortment of specialities placed on fewer units than before. The DMA fully supports this development to strengthen the professional quality and developing professional communities.

At hospitals with an emergency unit this is gathered in a so-called Joint Emergency Unit. In the 5 regions in Denmark, which operate and manage the hospitals, there has been developed different organisational models for these Joint Emergency Units. It varies a lot how the doctors' work is organised in this area.

### **Collective agreements on salary and employment conditions**

This spring 2013 new collective agreements have been agreed on the public employment market in Denmark. The result is a very small increase in salary, which will not keep public employees' salaries up to date with the inflation.

It has been agreed that chief physicians have an increased possibility of working later in the day so that normal work may be planned to end at 9 pm. And a normal work may also be planned on Saturdays between 8 am and 4 pm. Inconvenience allowances are granted for work outside normal working time (weekdays between 8 am and 6 pm) and limitations have been agreed as to how often chief physicians may work outside normal working time.

Chief physicians in Denmark are employed without highest working time; however it should be aimed to keep the average working time at 37 hours per week.

### **General Practice – family doctor**

In Denmark doctors in general practise are organised with independent medical practices. A collective agreement with public employer ensures that patients don't pay when consulting their chosen general practitioner. The present negotiations on collective agreement in this area have been stopped, and the Government has now presented a new bill, which will limit the general practitioners' influence in the organisation of the area. The general practitioners are threatening to renounce the agreement with the public employer.