



**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  
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EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΙΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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# Lægeforeningen

Danish Medical Association



## Annual report from Danish Medical Association to AEMH 2015

### The hospitals' conditions

The financial crisis is beginning to ease. Despite this, the health care sector has experienced the cut down in resources. However, the new Finance Act of 2015 has resulted in an economic increase of about 675,000 Euro distributed over five years to both hospitals and the primary sector. Despite this, the pressure on the health care sector and its personnel has not been reduced as increased productivity is demanded which means that more patients should be treated at the same costs.

There have been reports of increase in stress and psychological problems at several hospital departments. At the contract negotiations between the hospital owners and the employees' organisations, it was agreed to take initiatives to improve the psychological environment. Thus hospitals are offered advice and expert assistance to improve the working environment and a research project is initiated.

The Danish Association of Senior Hospital Physicians arranged a conference in September 2014 on how strengthening the social capital may improve quality, well-being and efficiency at hospitals.

### Treatment responsible doctor

The Danish Association of Senior Hospital Physicians has initiated cooperation with the Danish Regions on strengthening the task as treatment responsible doctor in the patient course of treatment. The aim is to ensure improved coherence in course of treatment and to maintain the doctors managing role in the clinic.

The lack of coherence in course of treatments is an increasing problem at hospitals. The increasing centralization and specialization of treatment means that the course of treatment often transverse across departments and hospitals. The steering of the courses has not followed the more complex organisations. Therefore, a project is evaluating whether the function as treatment responsible doctor performed by a specialist doctors may contribute to creating the necessary coherence in treatment.

The proposal means that all hospital patients must have a treatment responsible doctor from the beginning of their treatment. The doctor is responsible that the patient receives the correct course of treatment and ensures that the patient is qualified transferred to another treatment responsible doctor during the transfer between departments, hospitals and regions. Patients with specially complicated courses – for example several diseases at the same time – should have a specific coordinating patient responsible doctor, who has the responsibility of coherence through the whole course of treatment.

The Danish Association of Senior Hospital Physicians and the Danish Regions are now cooperating with patient organisations and Junior Doctors to establish various pilot projects at several hospitals in Denmark.

### **National action plan concerning psychiatry**

In 2014, the Government has determined an action plan concerning psychiatry, which should ensure psychiatric patients the same conditions in treatment as other patients in the Danish health care sector.

About 300 million Euros have been allocated to increase capacity, reduce waiting time and create better facilities at hospitals.

There is still a deficit of specialist doctors within psychiatry and the Danish Medical Association press for initiatives that may enhance recruitment to the psychiatric sector as well as to child and youth psychiatry.

### **Wages and employment conditions for senior hospital physicians**

Negotiations concerning wages and working conditions at the public labour market have taken place during spring 2015. A three year settlement has been agreed, which resulted in a general increase of wages until 2018 representing 5.42%. A so-called regulatory regime has been agreed which ensures that public employees' wages follow the wages development on the private labour market. However, it is agreed that increase in public employees' wages never exceeds private employees' wages increase.

The price development in Denmark is estimated to represent 4.77% during this 3 years period, which means that public employees' real wages is estimated to be ensured.

The new agreement implies better retirement conditions for senior hospital physicians and managing doctors. Furthermore, there is now an opening for doctors to work on Saturdays and Sundays until 9 pm in the evening as well as a restriction on how often on-call duties may be imposed during weekends.

It has been agreed that the parties in the contract agreement in the period until next negotiations in 2018 must evaluate and discuss the present position structure for hospital employed specialist doctors in all levels. The purpose is to look into the possibilities of obtaining agreement on a more adequate and future safe structure with focus on courses of treatment and medical management with most possible health for the money.

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