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EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
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EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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# What has happened since last meeting?

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

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### **Of and the Norwegian Medical Association on strike**

In September and October of 2016, the Federation of Norwegian Professional Associations (Akademikerne), including Of and other associations within the Norwegian Medical Association (NMA), organized and carried out a major strike affecting hospitals all over Norway. The strike, which lasted 35 days and involved several hundred members of NMA, came as a result of NMA and the employer organization Spekter not being able to agree on the terms and conditions in a new collective agreement, even after several months of negotiations. The previous agreement between NMA and Spekter, which represents most Norwegian hospitals, expired in April 2016.

The key issue in the negotiations was the question of organization of shifts and working hours. NMA has through our collective agreements given our consent to substantial and extensive exceptions from the working time limits in the Norwegian Working Environment Act, provided that NMA and our local representatives are involved in the process of organizing shifts and working hours at each work place, thus ensuring adequate collective protection for our members. Spekter, however, has for several years tried to undermine this well-established and accepted practice, something which led to last year's conflict and subsequent strike.

During the strike NMA received strong support from the media, other trade unions, politicians and the public in general. It was widely recognized that the strike concerned principles of major importance, not only for NMA but also for employees in other sectors of working life in Norway. The term "collective protection" therefore became a much used slogan throughout and after the strike.

The strike was eventually stopped by the Norwegian government due to concerns that a continuance potentially could impose a risk to the health and safety of patients. It was therefore decided through legislation from the Norwegian Parliament that the conflict between NMA and Spekter was to be decided and resolved by the Norwegian tribunal for labor disputes (Rikslønnsnemnda), which is an independent arbitration tribunal established by law.

The oral proceedings before the tribunal took place in February. After a few weeks of deliberations the tribunal reached a verdict where they decided to prolong the existing collective agreements without any alterations or adjustments in the sections concerning shifts and working hours, thus

ruling in favour of Spekter. This was essentially as expected, since the Norwegian tribunal for labor disputes is generally regarded as a very conservative institution which usually wants to maintain the status quo, of therefore rarely rules in favor of the labor unions.

In accordance with previous jurisprudence and practice, the tribunal also decided that the yearly salary increase for members of the unions involved in the strike would come into effect as from the date of the end of the strike in mid. October, and not from the earlier date of the collective agreements entering into force. This has resulted in a substantial salary loss for our members which in total will amount to several hundred million NOK.

The questions of the validity of the verdict, especially the decision to prolong the extensive exceptions from the working time limits in the Working Environment Act without the consent of NMA, will now be brought before the Norwegian Labor court. NMA is also considering taking legal actions against the Norwegian government by filing a complaint and initiating proceedings before the International Labor Organization (ILO).

## **Commission on alternative organization models for Norwegian hospitals**

The so-called Kvinnsland commission was appointed by the Norwegian government in October 2015 in order to examine and assess alternative models for organizing public hospitals in Norway. In its final report which was submitted in December 2016, a majority of the members of the commission recommended that the current corporate model with 4 regional government-owned health care corporations should be continued without substantial changes.

Half of the members of the commission also wanted to remove the independent board of directors at each of the underlying subsidiaries, thus transferring more authority to the boards of the 4 regional health corporations. The other half of the commission, consisting of among others Christian Grimgaard from Of, did not approve of this recommendation due to concerns that such an organization model will result in too much centralization of power and less transparency in the decision-making process.

Among Of's members there has generally been widespread dissatisfaction with the current corporate organization model, mainly due to concerns that economic considerations are made too important and decisive, and that this has a negative impact on patient safety and professional standards of care. The perception among our members is that management is too top-heavy, mid-level management has little autonomy, and employee feedback is not heeded in the opinion of managers.

## **Education program for hospital managers**

In the autumn of 2015, Of started an education program consisting of sessions with lectures and discussion for doctors entering the role as hospital managers. These sessions have become very popular among our members and are now regarded as an important meeting place for doctors taking on management roles at Norwegian hospitals.

Three such sessions were held in 2016. Several new sessions will take place in 2017.