ASSOCIATION EUROPÉENNNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΏΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΌΓΌΣ ΔΙΕΥΌΥΝΤΏΝ ΝΟΣΟΚΟΜΕΙΏΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV

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Proposal for format

NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** **Denmark**
2. **Name of the AEMH National Member :** **Danish Medical Association**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

   Number of physicians in each group:

   a) Senior Specialists: (Staff specialists) 1350

   b) Consultants = chief physicians: 3500

   c) Clinical Directors = heads of department or clinic : 600

   d) Hospital Directors: 160

   Are there groups of senior physicians in your country not represented: **The senior specialists are orgnized in the Danish Association of Junior Doctors. They have no leading and no management responsisbility**
4. **Will there be a special education in management/ leadership for:**

   a) Senior specialists? Yes, included in the specialist training

   b) Chief physicians? Yes, specialist courses arranged by the Danish association of Medical Specialists and the hospital owners

   c) Clinical Directors? Yes, same as above

   d) Hospital Directors? Yes, several special courses, not only for medical doctors.
5. **Number and size of hospitals:**

   a) Private: 10-15 (small surgical)

   b) Public: 65 somatic, 13 psychiatric

   c) University: There are 3 public medical schools in DK. The hospitals in these cities are public and called university hospitals. Some other wards in other hospitals arrange clinical

courses for medical students.

6. Financing Hospitals:

- Taxes (county or state): County
- Health insurance fee:
- Patient fee:
- Other: In private - primarily surgical hospitals - an insurance patient pay themselves.

7. Will there be re-distribution of resources for:

- Special groups of patients? in the 90'ies resources were allocated to heart surgery, and in the last years for cancer treatment. Since 1990 there has been allocated money to renovation and rebuilding of psychiatric departments
- Special regions?
- Taxation by Diagnosis Related Groups = DRG points Is only related to patients. The plan is to increase the budget to be related to DTG points earned by the hospital
- Are patients free to choose hospital, and then get it paid? Yes
- Will a hospital have fixed budget (%) for:

  a) Diagnosing, treatment and care? Yes, sometimes the budget is fixed by the hospital, sometimes by the county. Ideally, money follows the patient.

  b) Education of doctors and other hospital staff? No special budget

  c) Research? No special budget

8. National plans for budget for different specialties:

There are yearly budgets negotiated between state and counties for the entire health sector. Apart from this, there are special plans with accredited means for cancer, heart disease and and allotted sum for bringing down waiting lists.

- Surgery and anaesthesiology?

- Medicine?
- Psychiatry?
- Pathology, radiology, clinical chemistry and others?
- ENT, eye, dermatology?
- Governmental and Regional plans to allocate resources?
  a) To some specialties? Heart, cancer, Psychiatry

  b) To acute short-term care?

  c) To private specialists practitioners?

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law? It isn't, but it is decided that all Danish hospitals should be accredited by the Danish model of quality in 2006
- Has the accreditation been implemented? All hospitals in the Copenhagen Hospital Corporation has been accredited in 2002. In other counties a decision of accreditation has been made
- How many hospitals in your state have been accredited? 6
- Which institutions performed the accreditation?

  a) One or several national institutions?

  b) International institutions? Joint Commission of Chicago
- Will a hospital only receive payment from an insurer/state if accredited? No

Risk management:

- Will there be a system for registration of Adverse Events? Yes, in the 6 hospitals in Copenhagen

Complaint:

- Will there be a procedure and system for registration of complaints?

Doctors:	Yes, the national Patient Compliaint Board
• Will CME/CPD be compulsory for continuing employment in hospital?	No
• Who pays the CME/CPD?	Employer (County/hospital) the specialist doctors themselves, courses paid by the industry and other foundations.

10 Working conditions:

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• What are the working hours?	37
• Does the result of the European Court of Justice decision on working hour lead to manpower problems?	No
• Are there manpower problems?	Yes
a) Which specialty?	All, but primarily psychiatry, ENT, neurology, and radiology
b) Which region?	mostly outer regions
• What is the salary for different groups of senior physicians?	
• Staff specialists	550.000 DKK/Year
• Consultants	600.000 DKK/year
• Clinical Directors	6-700.000 DKK/year
• Hospital Directors	Specific negotiations
• Is it considered adequate?	Very little difference between the above mentioned groups. Local possibilities for negotiating salary for specific competences was introduced in 2002
• Is salary comparable to specialist doctors working outside hospital?	The private sector is small but better paid

11. Current problems/ Issues for discussion in your country?

1. Lack of medical specialists in the next 10 years
2. Huge amount of newly educated MD's who need specialist training
3. New structure of organising hospital systems in DK. A commission wil present a final report 1. january 2004
4. A national model for quality development (The Danish Model for Quality)
5. Increased taxation by DRG-points as base for hospital budgets.

02 September 2003

AEMH meeting in Copenhagen 04 – 06 September 2003.

Supplement to National Report from Denmark.

Current Problems/Issues for Discussion in Denmark?

1. **Lack of medical specialists in the next 10 years.**
2. **Huge amount of newly educated MD`s who need specialist training.**

From the eighties to the nineties around 500 MD were produced from Danish universities each year. The intake of students at medical schools has doubled through the last 10 years, and the production of doctors in Denmark will reach around 1000 per year in some years.
The young doctors have to pass a common education trunck comprising ½ year internal medicine, ½ year surgery and ½ year in general practise. Thereafter they start specialisation.

A new way of being specialist will be implemented in year 2004.

The education to be a specialist will be much more intensified after new pedagogical principals.
The problem is, that there exist no budgets for the departments, who will have to produce these specialists, and only partly budget for all the courses that will be changed and intensified.
The new way of producing specialists has been discussed in a commission and in the National Board of Health.
All the scientific societies – together with the National Board of Health and the university clinics and the clinics at the county hospitals – have been engaged in the work.
Lack of budget and of senior physicians to educate and perform all the supervision gives a lot of problems, which not yet have been solved.

It will be difficult in the next 10-15 years to fill in all posts as senior physician in especially rural areas.

3. New Structure of Organising the Hospital System in DK.
A commission will present a final report 1. January 2004.

In the last 15 years several small hospitals in both urban and rural areas has been closed.
In the late nineties the 14 counties and (H:S) Hospital Corporation of Copenhagen each made their individual system of how to organise the hospitals in their county. (Catchment's area for a county between 250.000 and 600.000).
Those 15 different models for organising hospital-systems still exist.
In several counties departments in the hospitals were joined to one administrative department with f. inst. operations performed in several addresses (100 km`s apart from each other).
The implication of this has been, that a senior physician some times works on several addresses during a week.
There are some discussions whether this is good or bad, and it has resulted in a commission producing a report primo 2003.
The report describes the hospital systems in the Nordic countries.
For the time being the discussion in Denmark is realising, that 15 different hospital-systems will not be able to produce sufficient size of catchments areas for some of the specialties.

A new commission will in the end of this year work out the government's wishes concerning how to arrange the hospital system in the near future.

Mostly people think that 3-6 regions will be suitable. The expected change will also include a change of structure of counties in Denmark.

4. A national model for quality development (The Danish Model for Quality)

Only the Hospital Corporation of Copenhagen (H: S) has been accredited by Joint Commission of Chicago (year 2002).

The hospitals in the Copenhagen area expect to be re-accredited in year 2005.
Some other counties are also in the process of being accredited by other firms (institutions).

The government has decided that there should be a national model for accreditation, and that this model should be implemented year 2006.
This will mean an extra workload for the senior physicians working in the hospitals, but hopefully also to a better quality of patient-care and treatment.

5. Increased taxation by DRG-points as base for hospital budgets.

A commission has described the use of DRG- points as taxation model for treatment of patients (seeking treatment outside there home county).
In DK a patient can choose treatment where he/se wishes.
This has been increased also to cover 10% of the budget for the hospitals in a county.
In the year 2002 the government raised 1,5 billion extra DKK (0,2 billion Euro) to cut down the waiting lists for patients waiting for surgery.
For the next year (2004) there will be an extra 1,1 billion DKK (0.15 billion Euro) to extra activity including surgery and other treatments, there will be used DRG taxation.

It is expected that taxation will be used for payment of the hospitals.
Each hospital will only get money, if they can produce operations, treatments etc.
The part of the hospitals (departments) budget, which will be taxated, will be 20% for year 2004.
Psychiatry is not yet implemented in this project, but is expected to be included later.
The whole budget for the hospital system in Denmark is 46.4 billion DKK (6,2 billions Euro), and for the private sector – including medicine– 15,9 billion DKK (2,9 billion Euro) in 2003.
In 2004 there will be a general increasing in ½ billion DKK (66,6 million Euro).

Of course the physicians find that this is not enough for the expected activity, because it is expected by the hospital owners (14 counties an hospital corporation of Copenhagen) that there will be a 2% increase in activity each year, but the doctors do not find that this is possible.

Helle Aggernæs,