

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

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#### NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

- 1. Country: Norway.
- 2. Name of the AEMH National Member:

The Norwegian Association of Senior Hospital Physicians.

3. Groups of Senior Physicians working in hospitals represented by the national association:

Number of physicians in each group:

- a) Senior Specialists: Not relevant.
- b) Consultants = chief physicians: **Norway: Senior hospital physicians: 5.188**
- c) Clinical Directors = heads of department or clinic: 848
- d) Hospital Directors: Medical directors/hospital directors: 48

Are there groups of senior physicians in your country not represented: **No** 

# 4. Will there be a special education in management/ leadership for:

- a) Senior specialists?
- b) Chief physicians? Mandatory.
- c) Clinical Directors? Not mandatory.
- d) Hospital Directors? Not mandatory.

# 5. Number and size of hospitals:

- a) Private:
- b) Public: 41 Public health enterprises + 11 other hospitals.

### c) University: 9-10 hospitals (of the 41 public health enterprises)

# 6. Financing Hospitals:

- Taxes (county or state): 99%
- Health insurance fee:
- Patient fee: 1%
- Other:

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

- Special groups of patients? Yes
- Special regions? Yes
- Taxation by Diagnosis Related Groups = DRG points **Yes**
- Are patients free to choose hospital, and then get it paid? Yes
- Will a hospital have fixed budget (%) for:
  - a) Diagnosing, treatment and care?

The budget is partly a fixed frame (40 %), partly incentive financed (60 %)

- b) Education of doctors and other hospital staff? **No, but in planning.**
- c) Research?
  No, but in planning.

# 8. National plans for budget for different specialties:

- $\bullet$  Surgery and anaesthesiology? No
- Medicine? No
- Psychiatry? yes?
- Pathology, radiology, clinical chemistry and others? No
- ENT, eye, dermatology? No

**Comments: Additional reimbursement for outpatient services.** 

- Governmental and Regional plans to allocate resources?
  - a) To some specialties? In planning.
  - b) To acute short-term care? In planning.
  - c) To private specialists practitioners? In planning.

### 9. Quality improvement:

### **Hospitals:**

- When was accreditation decided by government/law?
- No accreditation of hospitals in Norway.
- Has the accreditation been implemented?
- How many hospitals in your state have been accredited?
- Which institutions performed the accreditation?
- a) One or several national institutions?
- b) International institutions?
- Will a hospital only receive payment from an insurer/state if accredited?

# Risk management:

• Will there be a system for registration of Adverse Events? Yes

### **Complaint**:

• Will there be a procedure and system for registration of complaints? **Yes** 

#### Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? **No**
- Who pays the CME/CPD? Employer, employee, funds.

# 10. Working conditions:

• What are the working hours?

Mandatory: 37,5+2,5 or 35,5+2,5 (mainly if on duty services by

presence in hospital).

Voluntary agreements of extended working time, mostly from 5 to 10 hours a week.

- Does the result of the European Court of Justice decision on working hour lead to manpower problems?
   Not yet implemented in Norway.
- Are there manpower problems? In some rural areas.
- a) Which specialty? **Psychiatry.**
- b) Which region? In northern parts of Norway.
- What is the salary for different groups of senior physicians?

There is a system based upon certain elements:

- 1. Minimum wage level working 38/40 hours a week: NOK 470.000 (EUR 58.750).
- 2. PhD: minimum NOK 20.000 (EUR 2.500).
- 3. Additional compensation on an individual basis (if achieved in negotiations).

The summary of the elements above make the basic wage level.

- 4. On guard duty: minimum 0,025% based on basic wage level and paid per working hour.
- 5. Agreed payment for extended time.
- Is it considered adequate?

The basic wage level has improved in the new system, but still not considered adequate.

• Is salary comparable to specialist doctors working outside hospital? **No** 

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

Since the Plenary meeting in Berlin 2002 the great challenge for hospital doctors in Norway has been negotiations about wage level and working conditions after the implementation of the new public health enterprise system.

As earlier told, 5 regional public health enterprises (RHE) are established. The enterprises are entirely owned by the Norwegian state. In each region there are public health enterprises (HE) subordinated the RHE. Each of the HE consists of either one or more hospitals. The total amount of HE is at the time 41.

The wage-system and working conditions for hospital physicians were planned to be renegotiated in spring 2002. On behalf of the senior hospital physicians, Of wanted agreements ensuring flexibility and possibilities for local freedom in order to obtain responsibility, successful management, efficient medical treatment and focus on medical research and continuous medical education.

After some meetings the distance turned out too far to get an acceptable result before the summer holiday. A decision was made to continue in August.

Early September 2002 a new negotiation *system* was finally agreed between NMA and NAVO (the new association for employers).

- 1. National level (A1) General agreements concerning regulations like sickness benefit, leave of absence and pension negotiated between NAVO and the Association of professionals, Akademikerne. (NMA is a member of this association).
- 2. National level (A2) Agreements about the wage-system and working conditions for members of the NMA. Negotiated between NAVO and NMA.
- 3. Local level (B). Agreements negotiated between the public health enterprises and the local members of the NMA.

There were extensive discussions whether different elements had to be ensured by national minimum standards in A2. Especially for junior hospital physicians such standards were considered of great importance.

It was a great step forward when it was agreed that the wage level for physicians should not be *reduced* according to the new agreement system; other things being equal...

The negotiations on local level (B) turned out to be very complicated, concerning both new local agreements and demands for higher wages. The local representatives met

complicated challenges, and at least 2/3 of them needed assistance from the central organisation. Days and nights passed, but finally the agreement was signed January 31th, 2003.

An important result is a considerable improvement in basic wage level, a step forward to estimate the value of competence and better compensation for on guard duty. Some physicians now want to reduce the number of extended working hours.