

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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Proposal for format

NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1.	Country:	Luxembourg
 3. 	Name of the AEMH National M Groups of Senior Physicians we association:	Tember: AMMD (Assocation des medicines et médecins dentistes) Has 3 sections: specialists, GP, dentists orking in hospitals represented by the national
	Number of physicians in each group: a) Senior Specialists:	778 (a + b together)
	b) Consultants = chief physicians:	Most of the specialists (80%) are working in hospitals under a so-called "liberal system" which is more and more organized in a teamwork
	c) Clinical Directors = heads of department or clinic :d) Hospital Directors:	12 6
,	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?	Actually it is not mandatory but there are more
b) Chief physicians?	and more Conferences and courses organized by the Hospitals and the education is on voluntary
c) Clinical Directors?	basis in the context of EFQM

d) Hospital Directors?

5. Number and size of hospitals:

a) Private:	3 (125 – 405 acute beds)
b) Public:	7 (80- 400 acute beds)

c) University: -

Luxembourg's medical students are studying abroad especially in France, Germany, Belgium, Switzerland and Austria

6. Financing Hospitals:

• Taxes (county or state):state 80 %

• Health insurance fee: 20 %

For investments, the participation in Financing Hospitals is 80%. 20% are produced by the Council who runs the Hospital but the Health Insurance Company takes this over in the budget ("amortissement"-depreciation)

• Patient fee:

For 1st class hospitalisation

• Other:

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

• Special groups of patients?

New projects must be adopted in the "Hospital Plan", which is adapted every 5 years.

• Special regions?

• Taxation by Diagnosis Related Groups = DRG points

NO

• Are patients free to choose hospital, and then get it paid?

YES

• Will a hospital have fixed budget (%) for:

Every budget is negotiated between the hospital and the health Insurance Company. It is linked to the activity of the hospital. So far for AMMD there is no problem, but for the education of doctors there is nothing foreseen in opposition to the nursery department. Research is funded by the Ministry of Research.

a) Diagnosing, treatment and care?

YES

b) Education of doctors and other hospital staff?

Doctors - NO Hosp.staff - YES

c) Research?

YES

8. National plans for budget for different specialties:

No, the budgets are negotiated separately by the AMMD AND THE EHL (Entente des Hôpitaux) with the National Health Insurance Company

- 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? YES for the GP and the Emergency

Doctors

b) To acute short-term care?

c) To private specialists practitioners?

9. Quality improvement:

There is actually no accreditation but the certification EFQM is probably introduced in the next years. Actually the hospitals have a system of "Inciting Quality"

Hospitals:

- When was accreditation decided by government/law?
- 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?

YES

Risk management:

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

NO.

Complaint:

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

There is no system but by law, the complaints might be addressed to the National Health Directory.

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital?

 Actually NOT
- Who pays the CME/CPD? Actually not yet voluntary basis of the doctors who can deduct the costs from the taxes.

10. Working conditions:

• What are the working hours?

Not limited in the liberal system

• Does the result of the European Court of Justice decision on working hour lead to manpower problems?

Not vet

• Are there manpower problems?

Sometimes

a) Which specialty?

Paediatrics...

b) Which region?

• What is the salary for different groups of senior physicians? Gross profit: average

180,000 €/ year

• Is it considered adequate?

• Is salary comparable to specialist doctors working outside hospital?

YES

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

In 2003, the hospital projects of Kirchberg and Ettelbruck have been achieved in 3,5 respectively 5 years realisation. In October 2003, the ministry will fix the agreement for new departments. The main discussion is actually the increasing participation of doctors in managing and organisational problems without being paid for. It is urgent that in this field, a solution is found between the ministry, the National Health Insurance Company and the trade unions of the doctors and the hospitals.

Other issues:

- 1) lack of medical specialists is increasing
- 2) new structures of hospitals
- 3) EFQM
- 4) Lack of financing means if the contribution fees of the patients are not increased

Dr Raymond Lies **AEMH-Delegate of the AMMD**