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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
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DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
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ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
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EUROPEISKA ÖVERLÄKARFÖRENINGEN  
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## **The Norwegian Association of Senior Hospital Physicians (Of).**

### **National report.**

#### **1. The organisation of the medical profession in Norway.**

94% of medical doctors in Norway are members of the Norwegian Medical Association (NMA). Membership is voluntary. NMA was founded in 1886; at that time it had 462 members. Since then, the number of medical doctors has increased till 22500, including medical students (3489) and retired doctors (1726). 15% of all members (3000) are of foreign nationalities. Most of them are from Scandinavia.

The main aims of the Association are to protect the professional, social and financial interests of its members, to promote their interests in matters concerning medical education, professional development, scientific activities and to improve the quality of the Norwegian health care system.

#### **Annual Representative Meeting.**

The Representative Body decides the policy and the annual budget of the NMA. The Body has 120 members, meets once a year, and elects members of the Central Board every second year.

#### **The Central Board.**

The central board consists of 9 members including the President and the Vice-president of the Association. The central board meets once a month.

#### **Occupational branches.**

NMA has seven occupational branches. These branches organise members with shared occupational interests, deal with trade union questions and organise professional courses. The occupational branches work closely with the main association and have great influence on its policy.

The branches are:

- The Norwegian Association of Senior Hospital Physicians (Of).
- The Norwegian Association of Junior Hospital Doctors (Ylf).
- The Norwegian Association of General Practitioners (Aplf).
- The Norwegian Association of Specialists in Private Practice (PSL).
- The Norwegian Association of Occupational Physicians (Namf).
- The Norwegian Association of Physicians in Scientific posts (LVS).
- The Norwegian Association of Public Health (LSA).

### **County divisions.**

All members of the NMA must be members of the local medical County division. There is one for each of Norway's nineteen counties.

### **Speciality branches.**

NMA has 59 speciality branches (associations of physicians with a common speciality or with shared scientific interests) that also consider matters of principle in close collaboration with the speciality committees concerned, and organise continuing medical education within the specialities.

## **2. Hospital Economy.**

The implementation of the new public health enterprises in Norway has led to reorganising of many hospitals. Combined with restricted economy, the main aim for reorganising often turns out to be profitability instead of development based on medical knowledge. The focus on balanced budgets is increasing in the enterprises, and the government expects reductions in public spending on hospital health care.

Of argues that all reorganising should be based on continuous medical development and result in better health care services for the patients. This focus is also important to ensure the competence of the future specialists. The medical activity must be evidence based. Thus education and research need to be close connected to medical treatment of patients.

Long-term planning for public hospitals must include investments in buildings and equipment, but also strategies to develop the best medical solutions for the hospital of the future, and make the hospitals able to practise according to legal duties.

## **3. Hospital management - departments.**

In Of's opinion the quality of department management depends on the manager's medical competence. For a hospitalised patient, the main activities are diagnosis and treatment, and the major decisions in hospital departments are medical.

According to our information, medical specialists manage the majority of hospital departments. The challenge seems to make the working conditions for department manager's attractive for physicians. It is not only a question on wages, but also time for managing and assistance persons. Of arranges 4 seminars on department management every year.

Some managers give signals that they feel quite alone as managers. Of has established a network of experienced managers as partners for those who want to discuss problems with external colleagues. For questions about agreements and legal rights the managers usually will be assisted by the secretariat in the Association, but we know there are challenges in management where specific knowledge and experience are more important.

#### **4. Wage system and working conditions in hospitals.**

Of has been working on a wage system including possibilities of local negotiations; to get paid for medical and managerial competence, responsibility, efficient medical treatment, medical research and continuous medical education.

Some of our members feel uncertainty about local negotiations, and Of agrees that some elements still should be ensured by national minimum levels. Minimum basic wage level and minimum compensation for on guard duties are important. Mandatory working hours in hospitals should be part of national agreements. Minimum levels give the possibility to negotiate better payment or conditions by local agreements, and is definitely better than the old system where improvement of regulations was hardly permitted.

The payment for voluntary extended working time is now agreed in the local enterprises. By the old agreements, every physician in a hospital department had the right to get equal hours of extended time. Now the employers can decide to buy extended time from only a few doctors if they want to.

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