



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA**

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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.

The situation is quite dramatic at the time. On March 24th 2006 the directors of two of the biggest regional hospitals in Norway (Bergen and Trondheim) left their positions immediately. They have both been regarded as skilled directors from the physician's point of view. We do not know the real reasons why they left, but we are afraid that they may have political signals about non-improving economy and increased focus on reduced activity even within areas where the different hospitals have developed certain competence.

Of is worried about the possibility to get politicians as directors instead of experienced and professional leaders

Management – hospital departments.

One of Of's main activities is to ensure medical management in hospital departments; due to the fact that 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 seminars on medical department management every year. We find it important to continue this in the future as well. There are lots of seminars about management arranged by other companies, but they are mainly based on general principles in management, not with a focus on medical management.

As told in the last report, Of has established a network of experienced managers as partners for those who want to discuss certain 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 medical knowledge and experience are more important than legal advices. The experience is that the network is used; not by many of the leaders, but it is important for ones who really need it. The costs are very low, so there are no reasons not to continue.

Of has made a questioning to the members in positions as hospital managers to work out how to be a good association for this important group of members. We are working on the results at the time.

Long lasting negotiations – 18 months.

The frustrations have been big since we last met. The negotiations about wage and working conditions for hospital physicians turned out to go on at least 18 months until they were finished by arbitration.

One of the main challenges was that our counterpart NAVO insisted on social rights to be negotiated in each health enterprise, not as part of a central negotiation with The Association of Professionals (Akademikerne) and The Norwegian Association of Senior Hospital physicians (NMA). That was unacceptable, caused by the fear of losing rights when representatives in each enterprise should be responsible for these negotiations.

Then there were internal problems in NMA, caused by the fact the former president and the head of the department of negotiation had made some secret protocols with NAVO giving signals of acceptance on certain results, without political support from the central board in the NMA.

The final result was that social rights are still in the central level, but the economy turned out to be quite bad. Even worse to deal with is that the long lasting process was very hard on our local representatives, who find it difficult to continue in these important positions.

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. In many enterprises local negotiations have worked out quite well. Some of our members, however, have felt uncertain about local negotiations, and the last long lasting negotiations have not made them more eager.

Of finds it necessary that some elements still must 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.

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