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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
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ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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National report from The Norwegian Association of Senior Hospital Physicians (Of)

We are a member of The Norwegian Medical Association (NMA), which have a total of 23 842 members and 3 970 student members. The member percentage is as high as 97 %.

The Norwegian Association of Senior Hospital Physicians (Of) is the biggest group inside the NMA with more than 8.000 members. 6.535 are working in Norway. The rest are either pensioners or working outside Norway. Around 36 % of the members in Of are women. 1.200 of the members are not Norwegian citizens, of whom 450 comes from the other nordic countries, and 550 from the rest of Europe.

Another big group in the NMA is The Junior Hospital Doctors Association with 7000 members, including those serving internship in the local communities. Approximately 4.500 general practitioners are members of the NMA.

2.800 of the student members are studying in Norway. Countries for medical students outside Norway are dominated by Poland (482) , Hungary (225), Slovacia (95) Check republic (84) and Denmark (82).

Better interaction between hospital services and health services in the municipalities.

We reported last year of a shift in politics towards more preventive medicine, and to move capacity and treatment from the hospital sector to health services in the municipalities to a certain extent. The reform is still at an unfinished stage, even though it is ment to function from 2012. It is, however, decided to move 5 % of the hospital budgets to the local communities/municipalities, of which Norway has 435. The municipalities will have to contribute for the costs of their own patients treated in hospitals, limited to internal medicin patients, but they will also have to pay for patients finally treated in hospitals until they are moved back to the municipalities.

A new hospital structure?

Norway has a socialistic coalition government made up by 3 different political parties. In the government proclamation they promised that no hospital should be closed down during the 4 years election period. The hospitals in Norway are nearly all owned by the state, and they are organised in 4 regional health companies, which in turn own the 23 local health companies with a total of 53 hospitals (reduced from 81 in 2002). Tendencies towards centralisation of treatment are based on volume/quality considerations, advanced and expensive equipment and a difficult financial situation. This development leads to a gradual loss of functions in the small hospitals; especially in maternity ward and acute surgery capacity, but also in the treatment of stroke and acute myocardial infarction. We fear this will lead to recruiting problems of for example anesthesiologists, and then again loss of elective surgery and intensive care departments. Of has asked for a *national hospital plan* where all these aspects are taken into consideration together with a financial plan for investments in new hospitals

required. There seems to be a political agreement that a national hospital plan must be developed.

Oslo University Hospital – OUS.

We reported last year on the merger of three university hospitals in the capital area into one new hospital. The merger is established, but with no additional financial input to cover all the extra costs. The hospital has big problems, both financial with an estimated deficit of 1 billion NOK (5%) (125 000 000 EURO) and operational, since they are still operating from 3 different sites, even if one of the sites is in a closing down process. With no investment capital they are not capable of building the necessary new buildings on the two remaining sites in order to establish a more efficient structure. The success of this merger is vital as the hospital is regional/university hospital for more than 50% of the population. It involves more than 20 % of Ofs members, and we have used a lot of our working capacity on this merger.

New internship organisation

The Norwegian system of a mandatory 1,5 year long internship, with 12 months in hospitals and 6 months in local communities has been under capacity pressure; also since we receive a lot of applicants from other European countries. From a waiting time to start internship for more than 6 months after finishing the medical studies, the waiting time now is getting close to 18 months. The government has proposed different solutions, including increase in total internship period to 2 years, with 12 months in local communities. The Norwegian Medical Association has advocated a solution where drawing lots about the place for internship is replaced with normal applicant routines, and where the time spent in the different medical departments also can be used as time in specialisation. Ofs main concern has been that the internship period in hospital still must give the necessary basic skills in both surgery and internal medicine.

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