



**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 ΙΑΤΡΩΝ 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 ZDRAVNIKOV
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

Document :	AEMH 13-037
Title:	National Report Sweden
Author :	The Swedish Senior Hospital Association
Purpose :	Information
Distribution :	AEMH Member Delegations
Date :	15 May 2013

National report Sweden 2013

1. Hospital structure, finance and management

In Sweden, hospitals are financed by county councils with own taxation rights. The Stockholm region is expanding fast and has a strong economy, whereas other regions face lower revenues and in some cases also a decreasing population. At large, Sweden has not been heavily affected by the financial crisis, nevertheless many hospitals are struggling economically and several cutbacks have been made.

Recently, there has been a public debate on New Public Management (NPM) in hospitals, focusing on the (over) use of DRG (Diagnose Related Groups) points as a measure of hospital performance and a base for budget allocations. Many doctors have witnessed that heavy pressure is put on their professional integrity in order to register as many DRG points as possible. New Public Management in hospitals has been criticised for creating a large administrative workload for hospital managers and setting focus on volumes rather than quality in health care.

The number of hospital beds per 1000 inhabitants in Sweden has continued to decrease in spite of general population growth. The quota is the lowest in Europe according to OECD. Today, Sweden has approximately 2.7 hospital beds per 1000 inhabitants, compared to the OECD average of 5.3¹. Overcrowding in hospitals has been a large issue in the media, and relocation of patients to “the wrong wards” has been associated with a number of deaths due to lack of proper competence, misinterpretation of symptoms, misunderstandings etc. Many Swedish acute-care hospitals experience more than 100% bed occupancy on a daily or weekly basis. A large proportion of satellite patients endangers patient safety and leads to a stressful work environment for hospital staff.



Unfortunately, a common sight in Swedish hospitals.

¹ OECD (2012): Health at a glance: Europe 2012. http://www.oecd-ilibrary.org/social-issues-migration-health/health-at-a-glance-europe-2012_9789264183896-en

The National Board of Health and Welfare has given priority to reducing overcrowding in hospitals in order to improve patient safety. During 2011-2012, the Board and the Swedish Association of Local Authorities and Regions has made a joint effort to define and measure overcrowding in hospitals and relocated patients. The first results show that all county councils, to varying extent, have relocated patients and overcrowding in hospitals. The government is planning to set a goal for acceptable bed occupancy rates as a next step and promises economic incentives to county councils that meet the goals. However, there is a concern that this will lead to sub optimisation, e. g. keeping patients in emergency rooms for a very long time without formally admitting them, or adding up hospital departments to very large divisions, thus claiming that no patient is relocated to the wrong ward. The debate on New Public Management has created an increased awareness that economic incentives connected to measuring and counting can have unwanted side-effects.

2. A free choice system for specialised medical care

The Swedish government has decided to provide better opportunities for patients to choose between public and private health care providers. The free choice system allows general practitioners all over the country to establish private practices and health centres, providing publicly financed primary health care.

The government encourages the county councils to extend the free choice system to specialised medical care. Stockholm is leading the way, expanding the free choice system to more medical specialties every year. The free choice system has potential to change both the health sector and the labour market for hospital doctors in Sweden, offering a broader variety of employers and providing better opportunities to start their own clinics. However, very few initiatives have yet been taken by county councils outside of Stockholm.

Key factors for the future is to find a well balanced compensation system, covering costs for continuing professional development and allowing for research, education and development to be carried out in private clinics.

3. Medical education and continuing professional development

The medical education in Sweden is presently 5.5 years, followed by a requirement for doctors to work as interns after the basic training in order to receive authorisation/license to practice medicine. The minimum internship period is currently 18 months. Completed internship is also a prerequisite for specialist medical training in Sweden.

The internship system is appreciated by younger doctors as it offers a tutored introduction to different aspects of medical work. The employers and more experienced colleagues also highly value internship; it gives an assurance that newly licensed doctors not only have theoretical knowledge but also clinical experience. In addition, many young doctors who did their basic training in other European countries welcome the possibility of paid positions as interns as an introduction to the Swedish health care system.

A new government investigation has proposed a new medical education in Sweden. According to the proposal, the education will be six years, leading to a medical license. A stronger focus will be given to clinical experience during these six years. There will be no internship period after the medical exam, however a basic training year might be included in the specialist education. These changes are being made partly due to the Directive 2005/36/EC on the recognition of professional qualifications. The Directive stipulates that the minimum length of basic medical training should be 6 years.

The Swedish Medical Association publishes yearly surveys of doctors' continuing professional development (CPD). The results are not encouraging as they show a slow decline every year with less hours spent on CPD. As a result of an initiative taken by the Swedish Senior Hospital Physician Association, the Swedish Medical Association is developing a new model to improve continuing professional development. The general idea is to incorporate CPD in the existing system of inspections and revisions of specialists' education.

4. Implementation of the Directive on cross-border healthcare

The Directive on cross-border healthcare will be implemented in Swedish law on October 1st, 2013. According to the amendment, the National Social Insurance Board will decide on which medical treatments should be covered. Generally, the patients' home county council will be responsible for covering the costs. There is no requirement for prior authorisation.

The National Insurance Board and the National Board of Health and Welfare will both be national contact points in Sweden. The National Insurance Board will be responsible for information to Swedish patients seeking medical care in another EES country, and the National Board of Health and Welfare will be responsible for information to patients from EES countries seeking care in Sweden.

According to the amendment, medical treatment in EU according to "international medical science and generally recognised good medical practices" should be reimbursed. Another prerequisite is that "the medical care should have been publicly financed if it was offered in Sweden". These statements are open for interpretations, and will most likely be subject to court decisions the coming years.