

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 ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIATIA EUROPEANĂ A MEDICILOR DIN SPITALE

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## National Report from the Norwegian Association of Senior Hospital Physicians 2023

## Election of new chairman of the board

Ståle Clementsen was elected new chairman of the board of the Norwegian association of senior hospital physicians (OF) on the 25.th of August 2022. Lindy Jarosch-von Schweder was elected deputy chairman at the same date.

## Financial challenges in the specialist health service in Norway

The specialist health service in Norway is organized into four regions. Most public hospitals in Norway struggled with underfinanced budgets before the pandemic. During the pandemic the hospitals had to increase the number of healthcare personnel, three times cost then the permanent employees.

The finance model in the specialist health service requires that hospitals in Norway have 30% equity to build new hospitals. The hospitals have to run ordinary day to day patient treatment at the same time as new hospitals are planned and built. The 30% equity has to be financed from the ordinary daily budget. In the ordinary day to day patient practice in hospitals the clinicians meet reduced budgets that have consequences both for patients and doctors.

The Minister of Health asked the regional health authorities to look at structural and organizational changes to meet financial deficit. The health authorities in the four regions are working on strategies to implement this. The changes will primarly come as a result of financial needs, not medical needs.

## Recruitment challenges in Public Hospitals

Norway is experiencing the same health care personal shortage as the rest of Europe. Recruitment difficulties are seen across most specialties. Due to this lack of doctors, the work load of the remaining staff has increased. Patients have to wait longer to get elective treatment, and the poor work environment leads to further difficulties keeping doctors in the hospitals. It's a challenging time where traditionally measures do not have the attempted effect. Many consultants and young doctors choose to work in the private health service. The results of these changes are that are heading towards a divided health care system in Norway.