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Extract from Rigsrevisionen's report on

hospital physicians' dual practice

submitted to the Public Accounts Committee



1849
147.281
237
1976
114.6
22.480
908

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1. Introduction and conclusion

1.1. PURPOSE AND CONCLUSION

1. This report concerns hospital physicians' dual practice. Like other public-sector employees, hospital physicians may hold more than one job. A number of functions in the Danish health sector depend on physicians' dual practice; physicians are, for instance, teaching medical students and issuing medical certificates for insurance purposes. Thus, the current health system relies on a certain extent of dual practice. However, physicians' dual practice may have inappropriate consequences for their work at the hospitals, including their treatment of the patients. Conflicts of interest between the physician's main job and secondary job may have the effect that the physicians do not always act in the best interests of their patients. Work planning at the hospitals may also be affected by the fact that physicians who deliver services to more than one principal are sometimes less flexible in terms of working hours. Last, physicians' dual practice may have direct consequences for patient safety, if the physicians are not well rested when on call.

2. In recognition of these issues – and at the request of the Danish Regions – the Regions' Board for Wages and Tariffs and two of the Danish medical associations made an agreement concerning duty of notification in connection with dual practice, in 2005. The agreement prescribes that chief medical officers, consultant physicians and staff physicians employed at public hospitals in the regions, shall inform the regions of their dual practice (hospital physicians with duty of notification). The agreement was last updated in April 2015. The duty of notification applies only to physicians holding the above positions; all other physicians – mainly physicians specializing in a specific field of medicine – are exempt from the duty of notification.

3. According to the Danish Health Act, the regions are responsible for running the hospitals, and effective operation of the hospitals very much relies on the physicians' performance. It therefore falls upon the regions and management at the hospitals to ensure that neither the quality of the work provided by the physicians nor patient safety are adversely affected by the physicians' engagement in dual practice.

4. The Danish Medicines Agency is responsible for giving physicians and other health-care professionals permission to enter into relationships with the pharmaceutical industry to avoid potential ethical issues. The agency also checks – on a random sample basis – the nature of these relationships.

5. Rigsrevisionen initiated the study in December 2015.

DUAL PRACTICE

In this report, dual practice refers to physicians, who combine their clinical practice at public hospitals with other health-related activities in either the public or private sector.

HOSPITAL PHYSICIANS

In this report, the term "hospital physicians" refers to physicians employed in the public hospital sector.

THE REGIONS' BOARD FOR WAGES AND TARIFFS

The board enters into agreements concerning wages and other conditions for health professionals employed in the regions and negotiates collective agreements for the practice sector

HOSPITAL PHYSICIANS WITHOUT DUTY OF NOTIFICATION

These include residents, senior residents, teaching physicians and clinical medical assistants.

6. The purpose of the study is to examine whether the regions ensure that hospital physicians' dual practice is compatible with their work at the hospitals and in accordance with the requirements of the agreement on duty of notification and other rules and regulations in the area. The purpose is also to assess whether the Danish Medicines Agency ensures that the hospital physicians' association with the pharmaceutical industry does not violate the rules governing the area. The report answers the following questions:

- Are the regions following current rules and guidelines concerning hospital physicians' dual practice and thereby contributing to ensuring that neither the treatment of patients nor hospital resources are adversely affected by dual practice?
- Is the Danish Medicines Agency checking that hospital physicians' relationships with the pharmaceutical industry comply with applicable rules?

CONCLUSION

Rigsrevisionen's study shows that, in 2014, almost two out of three hospital physicians – with duty of notification – were engaged in dual practice: combined they earned approximately DKK 1 billion.

It is Rigsrevisionen's assessment that two out of the three regions in the study have not appropriately ensured that the dual practice of the hospital physicians with duty of notification is compatible with their work at the hospitals.

Rigsrevisionen finds that neither Region Zealand nor The Region of Southern Denmark have supported the implementation of the agreement's requirements concerning hospital physicians' duty to notify the regions of their engagement in dual practice. Nor have management at the hospitals in the study ensured that the hospitals follow the central agreement and the guidelines issued by the regions. Rigsrevisionen finds it unsatisfactory that the two regions do not have sufficient knowledge of the physicians' engagement in dual practice, and that several of the hospitals in the study, and more than half of the hospital departments, do not assess the nature and extent of physicians' dual practice. This means that no one at the hospitals considers the physicians' engagement in dual practice to ensure that it does not have an adverse effect on the treatment of patients and hospital resources. Nor do the hospitals take steps to prevent potential conflicts of interest between the physicians' work at the hospitals and their secondary jobs.

The Capital Region of Denmark Region is the only region that generally follows the central agreement and has a practice that ensures that the physicians' immediate managers are kept informed of their dual practice activities.

None of the hospitals in the study has defined how the immediate managers should assess physicians' dual practice. It is thus left to the individual immediate managers to decide what they consider acceptable in terms of the nature of the secondary job and how much time the physicians spent on it. Rigsrevisionen's study shows that dual practice is assessed differently both across and within the individual regions and hospitals.

REGIONS EXAMINED IN THE STUDY

- Region Zealand
- The Region of Southern Denmark
- The Capital Region of Denmark.

The guidelines issued by Region Zealand and The Capital Region of Denmark state that consultant physicians are in principle not allowed to engage in dual practice; still, close to half of the consultant physicians at the selected hospitals in the three regions are holding a secondary job, for instance, in a private practice, at a private hospital or in the pharmaceutical industry.

Rigsrevisionen has come across a few examples where the physicians' dual practice affect hospital resources; for instance, physicians using the hospital's facilities for private practice without paying for it, or performing tasks during working hours for which they are being paid by other companies. This practice is considered unsatisfactory by Rigsrevisionen. We have also found evidence that hospital departments, on several occasions, have taken into consideration the physicians' fixed days off to tend to their secondary jobs. However, the hospitals have informed Rigsrevisionen that this practice has not affected the organisation of the work at the hospitals. Rigsrevisionen draws attention to the fact that organizing work can become both a difficult and resource-intensive activity, if many individual factors need to be considered.

Generally, the Danish Medicines Agency supervises that the physicians' relationships with the pharmaceutical industry comply with applicable rules. However, Rigsrevisionen finds it inappropriate that for the past eighteen months, the agency has not provided guidelines to its caseworkers, describing how cases should be processed pursuant to the criteria in the directive in the area. The Danish Medicines Agency should also consider how the agency could document its assessment of the physicians' relationships with the pharmaceutical industry, in a simple manner. This documentation, in combination with the caseworker guideline, would contribute to ensuring that cases are processed by the Danish Medicines Agency in a uniform manner and that all relevant aspects are being assessed.

Rigsrevisionen recommends that:

- The individual regions determine when physicians' dual practice is considered incompatible with their main job at a public hospital. Laying down such criteria is important to avoid that the hospitals in the regions compete for the physicians' services. This will also minimise the risk that the individual consultant physician's competence to assess dual practice activities is questioned, because consultant physicians may also be engaged in dual practice.
- The regions consider how they can monitor the dual practice of hospital physicians that are not subject to the duty of notification, in a simple way. Generally, the hospitals have limited knowledge of the dual practice of the approximately 11,000 hospital physicians that are not required to notify the regions of such activities. According to Rigsrevisionen's study, these physicians are also engaged in dual practice, and management at the hospitals therefore need to have focus on the potential adverse effects of this dual practice on the treatment of patients and hospital resources.