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Retention of health workers in remote areas – experiences from Northern Norway

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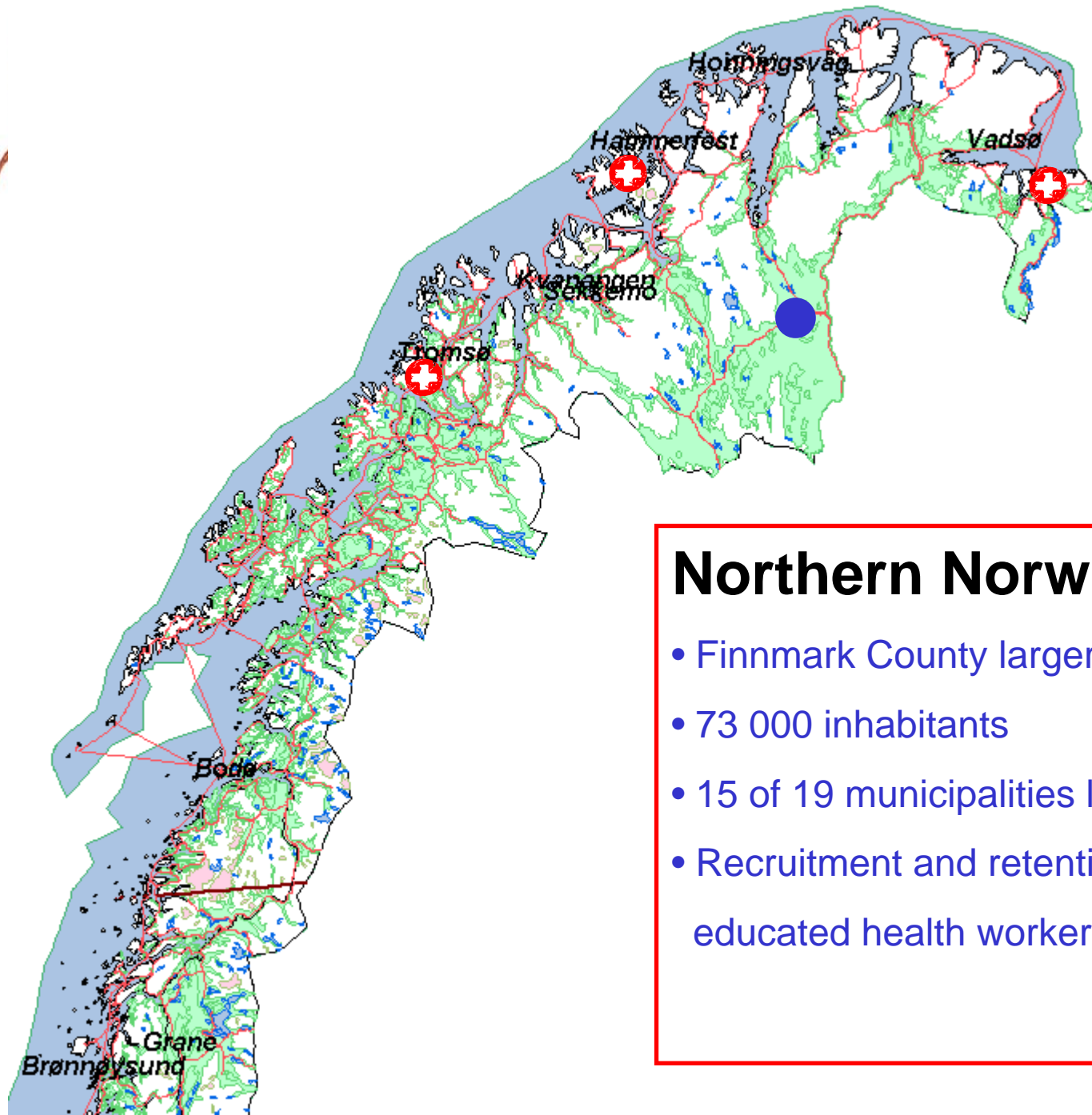




NORWAY

- One of the richest countries in the world
- Public health services and universal coverage
- One doctor per 270 inhabitants
- Well equipped and staffed PHC
- Strong policies for rural development
- Different demography in rural areas
- Different climate





Northern Norway

- Finnmark County larger than Switzerland
- 73 000 inhabitants
- 15 of 19 municipalities less than 5 000
- Recruitment and retention of highly educated health workers always difficult



Retention policies

- Different interventions have been tried
 - Loan pay back schemes
 - Allowances
 - Tax reduction
- Sustainable mechanisms that have proved effective
 - Educating local students in rural areas
 - **Internship**
 - On site postgraduate training and continuous professional support



Internship

- Established in 1954 for pedagogical purposes
 - Mandatory for full licence as a doctor
 - 1 year in hospital + 6 months in PHC
 - Randomization
- Soon turned out to be the best tool for the government to ease the HR (doctors) crisis
- Effects:
 - Direct effect for 1 ½ years (weighting of positions in rural areas)
 - **Exposing** the graduates to rural life and rural practice, so they can stay on voluntarily



Intervention

- Making the rural internship an agreeable exposure to rural practice and rural life
- Tutorial groups (during PHC service)
 - Discussing (rural) challenges and their solutions
 - Facilitating good learning environment
 - Networking
- Providing professional support (ordinary postgraduate training) for those who volunteer to stay in PHC in Finnmark



Internship

- Results:
 - 43% of the interns in PHC in Northern Norway 1999-2002 took up their first (voluntary) position as a fully licensed doctor in the region
 - More detailed results for Finnmark are in the process



- "Recruiting rural doctors:
ending a
Sisyphean task"



Joshua D. Pepper and
James T.B. Rourke

CMAJ Apr.20, 1999



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