



## How could Norwegian specialization help retain GPs in rural areas?

- Trond Egil Hansen, chair, committee for specialization in general practice in Norway
- Seminar: Recruitment and retention
- Bergen, Oct 25th 2017

# General medicine is learned in general practice

- To become a specialist in general medicine, 4 years are required in general practice and 1 year in hospital.
- Municipal out-of-hours services at least 40 times
- Two-year mandatory tutorial group
- Courses, practice visits, practical skills
- New regulation:
  - The municipality must ensure that doctors who join a clinical position in the municipality have specialist approval in general medicine or are under specialization



# Recruitment and retention of qualified doctors

- A major challenge in health service delivery in the municipalities.
- First and foremost in remote areas, now also in central parts of Norway
- Is the obligation to be a specialist or to be under specialization a challenge or a solution?
- Certainly not the only solution



# List patient system

- Introduced in 2001
- National scheme - without significant local variations in the management of resources
- 30% capitation fee, 70% fee for service
- Regular GPs to all who want it
- Thus, greater continuity in the doctor-patient relationship
- Overall responsibility for the diagnosis and treatment
- An agency that coordinates health services around the individual patient, and refer to other health services when needed
- More rational utilization of health resources



# GPs get new assignments

- More patients with complex and serious diseases
- Enhanced responsibility for patients with mental disorders
- Greater responsibility for addicts
- certificate epidemic
- *Nursing home, health center, school, prison*
- **At the same time the doctor must be available for acute illness for everyone on the list**
- **Coordination Reform**
  - Assumes increase in capacity in primary care
  - Currently, insufficient government plan how to get more GPs



# Municipal out-of-hours services

- Demanding especially in rural areas
- Long working hours, lack of leisure time
- Many GPs want to escape from the out-of-hours services
- Making greater districts for out-of-hours services has not solved this challenge
  - The major problem seems to be the long working hours and lack of leisure time
  - Out-of-hours services is in addition to all other tasks



# What do we need?

- Arrangements for quality development in GP practices
- Review of population and government expectations for new tasks and availability. The number of primary care physicians must be determined according to these expectations.
- Out-of-hours services must be counted in GP working hours, not come in addition
- We need a National Programme
  - A National Programme should not only focus on increasing capacity in GP scheme, but also the expertise and quality of GP scheme.
  - **More GPs**
  - **Requirements for the specialty of general practice**



# Specialization is an important part of the solution

- municipalities must take responsibility
  - The municipality must ensure that doctors who join a clinical position in the municipality have specialist approval in general medicine or are under specialization
- General medicine is learned in general practice
  - A way to avoid centralization of the primary care doctors while in training.





# Two-year mandatory tutorial group

- The most important part of the specialization programme
- The groups are facilitated by a senior primary care physician, specially trained in group tutorage.
- The doctor becomes part of a professional environment



# The hospital year is often critical for retention

- when doctors leave the county for this practice, some never return.
- The value of the hospital year is questioned
- General medicine is learned in general practice



# Does Norwegian specialization help retain GPs in rural areas?

- The question has been studied:

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PROJECT REPORT

Postgraduate training at the ends of the Earth - a way to retain physicians?

K Straume<sup>1</sup>, MS Søndena<sup>2</sup>, P Prydz<sup>3</sup>

<sup>1</sup>County Governor's Office, County Medical Office of Finnmark, Finnmark, Norway



# Norwegian specialization does help retain GPs in rural areas!

- Results: In total, 65-67% of the physicians from the programs are still working in the county 5 years after completion of the group tutorial. Rural practice provides good learning conditions when accompanied by appropriate tutelage, and in-service training allows the trainees and their families to 'grow roots' in the remote area while in training. The group tutorial develops peer support and professional networks to alleviate professional isolation.



# Specialization is an important part of the solution of recruitment and retention of qualified doctors

- But we also need:
  - Arrangements for quality development in GP practices
  - Review of population and government expectations for new tasks and availability. The number of primary care physicians must be determined according to these expectations.
  - Out-of-hours services must be counted in GP working hours, not come in addition

- **We need more GPs!**

