Current affairs in Norwegian general practice

Petter Brelin
Important issues last year

- Specialist training reform
- Establishement of patient register
- Overdiagnosis and overtreatment
- Tobacco
- EMR
- Pakkeforløp for psychiatric disorders
Norway- a short reminder..

- 428 municipalities
- Mostly small communities, some larger cities.
- Health care is provided by the government
- 3 levels of health care.
  - *Primary health care. Municipalities are responsible*
  - *Specialist care in hospitals is state financed.*
  - *National centers*
Large and strong primary health care sector

• The municipality is responsible for all services
• All medical services provided by GPs
• Large community care sector
  • Home based services
  • Institutions for elderly sick people
  • Institutions for psychiatric patients and developmentally challenged people.
• Preventive care for children
• Midwives doing parts of maternity care
• Poorly organized sector.
• Every GP has a personal responsibility in a list system.
• Companies/organizations cannot take responsibility for the list.
• Predominantly self employed GPs
• Contract with the municipality
• General practitioners are coordinators of care
• Financed by
  • The municipality - fixed sum / person on the list.
  • The patient - fixed sum per consultation.
  • The state – fee for service
GP services – Distributed, small and cost efficient

- We have 4600 General practitioners in Norway
- Every GP has on average approximately 1100 patients on her list.
- We work in 1600 offices – distributed where people live
- Approximately 2,35 GPs per office
- Every GP has 0.8 personel employed
Expenses in secondary care, community nursing sector and primary medical care 2006-2014

Kilde: SSB
The Norwegian list-patient system - Relation based

- The system promotes relations between doctor and patient.
- Relation promotes continuity and vice versa.
- The GP workforce has been relatively stable.
- A patient has known her doctor for 7 years – on average.
- Continuity of care and relation are important for patients.
The patients are satisfied.
Den norske legeforening
organisasjonsplan

Legemedlemmer

- Lokalforeninger: 19
- Yrkesforeninger: 7
- Fagmedisinske foreninger: 44

Legemedlemmer

- Spesialforeninger: 21 (inkl. Eldre lægers forening)

Regionsutvalg: 4

Landsstyret

- 141 representanter

Faste styrer, råd og utvalg
- Pt. ca 35 + 44 spesialitetskomiteer

Sentralstyret

- 9 medlemmer

Styret for SOP

Rådet for legeetikk

Ad hoc-utvalg

- Variabelt antall

Sekretariatet

- ca 140 årsverk
Current affairs in Norwegian general practice

Tom Ole Øren
Vice president union/AF
The union-AF 
Work program 2015-2017

• Continue the work program from the earlier board 2013-2015

• Work shop/discussion with colleagues

• Priorities in the board (union-AF)
The main tasks for the union (AF)

- Improve the conditions for the general practitioners
- Wages (payment) and working conditions
- Negotiations and labor (working) agreements
- Health policy (local and national)
Are we ready for the working program 2015-2017?

Yessssssss !
Work program 2015-2017 (union)

• 1: Cooperation with the health care in our 428 municipalities (primary health care)

• 2: Cooperation with the specialist health care in the hospitals

• 3: Specialist training/education in general practice
• 4: Cooperation with the politicians in the local and national level. Importance of good relations with the authorities.

• 5: General practitioners in management and administration (Master program in the university) How to lead an office with employees and other colleagues.
• 6: EMR systems in the future

• 7: Further development of the Norwegian list-patient system

Thank you for listening!😊
The college - NFA

- A College within the medical association
- 6200 members, 4200 are GPs
- Good relations with the union – AF
- Good relations with authorities.
  - 3-4 meetings with the ministry /year
  - 3-4 meetings with the directorate / year
  - 2-4 meetings with the association of local communities/year
Too much medicine – overdiagnosis and overtreatment

• NFA established a special interest group 3 years ago.
• The group and the board of the college has produced a white paper.
• The medical association is working on a similar document.
• Broad support in the Norwegian medical community
Specialist training

• Educating doctors has been done by the medical association.
• The authorities proposed to move all education to hospitals – including training of GPs.
• We refused this model.
• The authorities are now accepting our role in specialist training.
• Formal approval of specialist is made by the directorate.
Tobacco

- NFA is working to ban tobacco altogether
- We have proposed to forbid sale of all tobacco products to people born after 1 of January 2000
- Government has implemented plain packaging
- We will work with other organisations to ban tobacco
Clinical pathways for psychiatric diseases

- Pakkeforløp for cancer has been a success
- The government wishes to implement pakkeforløp in psychiatry.
- We are not sure…
- Any experiences? Thoughts??