



The Norwegian College  
of General Practice

THE NORWEGIAN MEDICAL ASSOCIATION

# **Current affairs in Norwegian general practice**

Petter Brelin

# Important issues last year

- Specialist training reform
- Establishment 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

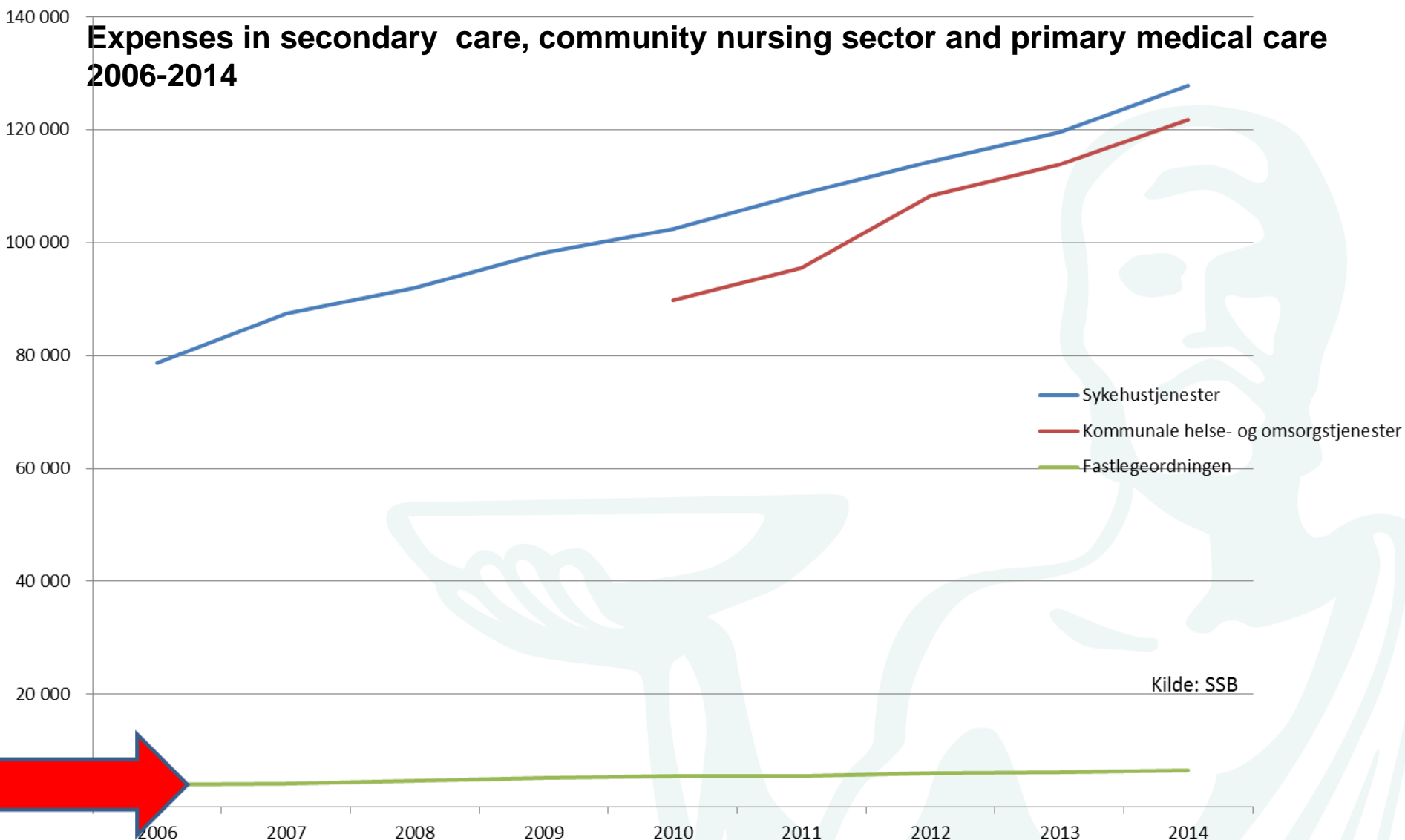


# GP services – Distributed, small and cost efficient

- 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



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# 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

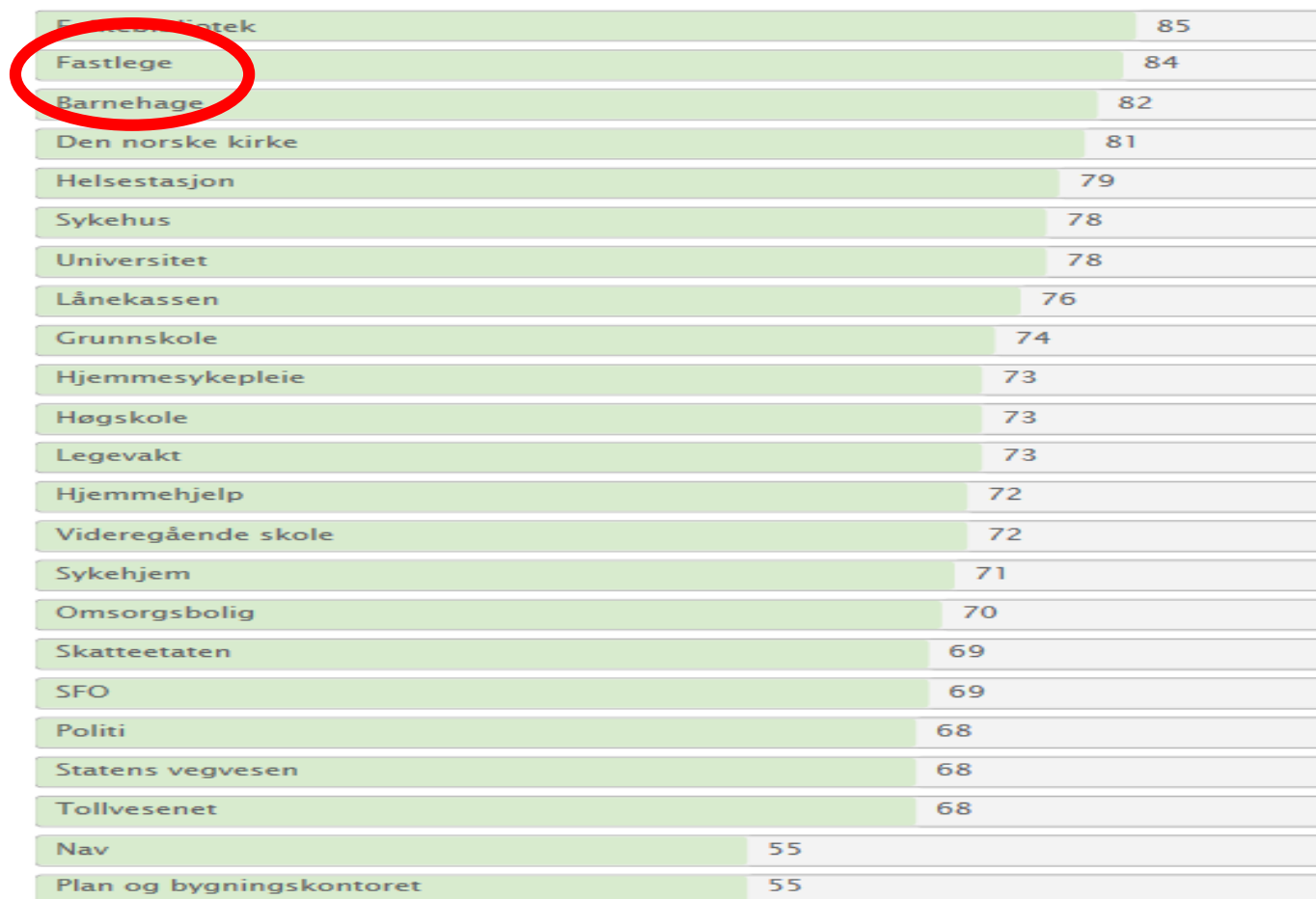


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# The patients are satisfied.

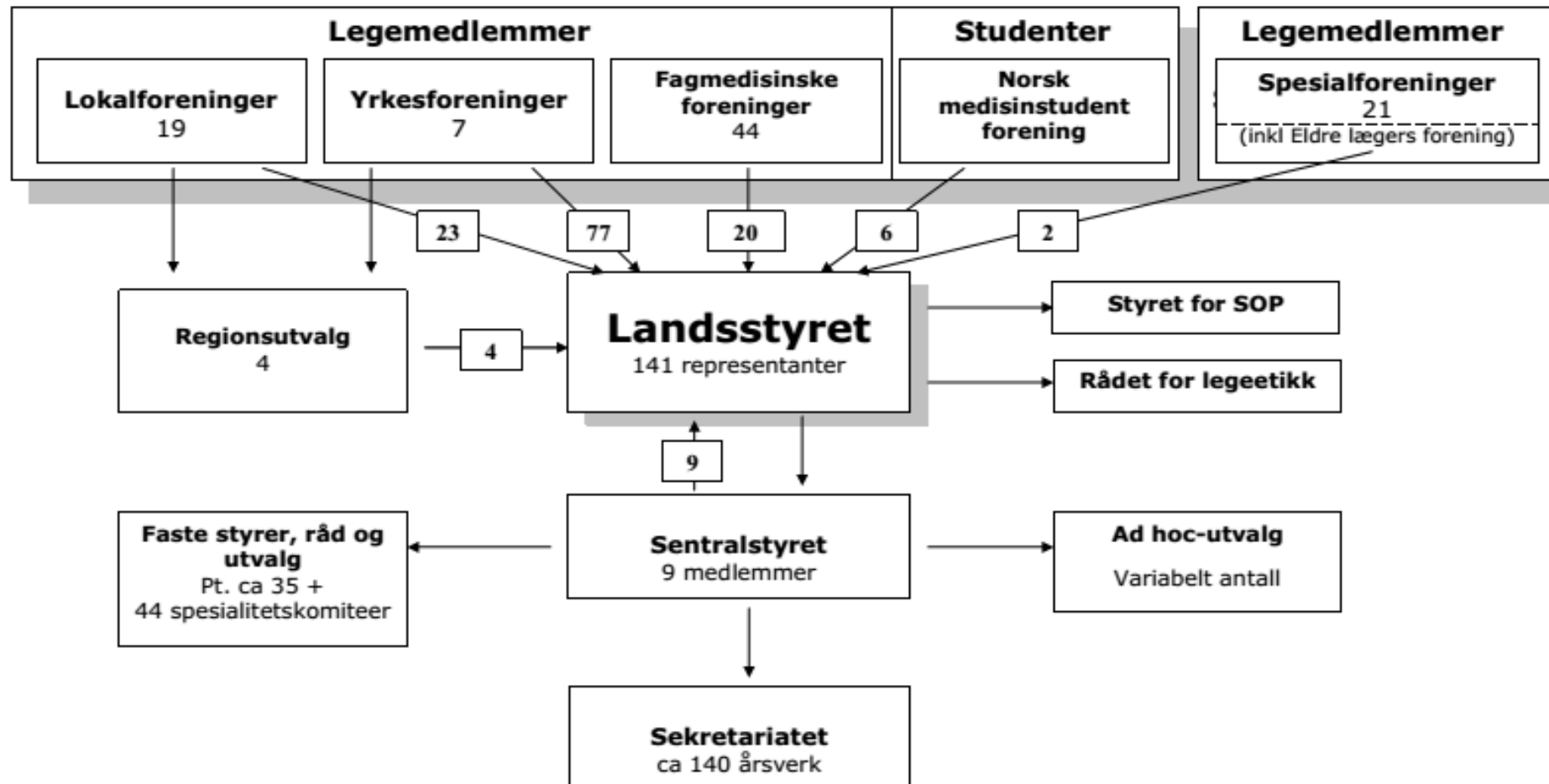


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# Den norske legeforening

## organisasjonsplan



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# 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 ?



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Forfatter

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# 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



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# 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 wish to implement pakkeforløp in psychiatry.
- We are not sure...
- Any experiences? Thoughts??

