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## Norway – On the brink of a major change in general practice?

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In spite of the huge incomes from our North Sea Oil, economical calculations show that in the last few years, the Norwegian Government has spent a smaller part of the Gross National Product (GNP) on health services compared with other countries in Western Europe.

Norway is still one of the few countries in Europe where there is a shortage of doctors - at present there are more than 600 vacant posts. This is a huge problem especially in northern and rural parts of our country where many municipalities have only short-term stand-ins as general practitioners. Many of these are from Sweden and Denmark and their language is fairly well understood by Norwegians. However, an increasing number of stand-ins are coming from countries with languages that are difficult for Norwegians to understand.

Many of the recently graduated Norwegian doctors choose to work in hospitals, and we have a problem of recruiting young doctors to general practice.

Thus a major concern is how to make recently graduated doctors become GP's, and how to get enough general practitioners in rural parts of our country to make it a true patient's right to choose their own doctor.

Over a period of several years, four municipalities in Norway have been trying out a model with a personal list system for general practitioners. The Parliament has now approved a proposal for introducing such a model for the whole country, very much the same way as general practice is organised in Denmark. There has been some very difficult negotiations between the Government and the Norwegian Medical Association (NMA) about this issue.

The NMA, which includes the General Practitioners Organisation (Aplf), has been very concerned that not all the duties and obligations are to be put upon the general practitioners without reasonable rights for doctors to organise and rule their own practice. The shortage of GP's also makes it difficult to implement the new model.

Just recently the negotiations have been finished, and in November the NMA will decide in an extraordinary general assembly whether or not to approve the result. If the result is approved, the new model for general practice in Norway will be implemented by June 2001.

One very important reason why it is difficult to recruit young doctors to general practice has been the system that every municipality has one or more GP's on duty every afternoon, night and weekend. This work comes in addition to the work within the regular opening hours of the practice, and both working conditions and payment have been poor. Especially in rural parts of the country where there are few GP's, the frequency of such duties has been unacceptably high. By June this year we reached an agreement with the Government that drastically reduces the frequency of night duties by merging small medical districts into larger ones. Through this agreement we have in many ways succeeded to improve the working conditions for GP's on guard very much, but we are still not satisfied with the fee for this work, and it will have to be a subject of future negotiations.