



## **EUROPEAN UNION OF GENERAL PRACTITIONERS**

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# **UEMO 2001/083**

## **NORWEGIAN NATIONAL REPORT**

### **NORWEGIAN GP'S - RIDING ON THE CREST OF A NEW WAVE?**

After very difficult negotiations, both concerning the working conditionings and the economics, the Norwegian Medical Association has reached an agreement with the Government concerning how to implement a personal list system for general practitioners in Norway, very much like the system you have in Denmark.

The general assembly of the Norwegian GP's voted in favour of the agreement presented to them by their organisation in the autumn -00 with a substantial, but not an overwhelming majority.

We believe that this new system has possibilities to create improved working conditionings, and better incomes, for GP's all over our country, but the reality of this is yet to be proved.

We hope to come back with an evaluation of how the system works next year.

The Norwegian Medical Association was of great support to the GP's organisation (Aplf) in the process of reaching an agreement with the authorities.

The new system was implemented the first of June 2001, but the implementation was not without complications. The inhabitants were invited to choose their own doctor by filling in a specific form. Partly due to the public inability to complete this form, and partly due to the inadequacy of the Government to create a functional system for distributing the patients to the doctor chosen by each patient, a lot of "old patient- doctor-relationships" were broken. Most of this damaged has been repaired due to flexibility and extra work made by all parts, still mostly by doctors and patients. Nevertheless, it has been a source to great irritation and frustration by both patients and doctors.

Almost all Norwegian GP's have chosen to be a part of the new system, and if estimated by our own assumed ability to serve our chosen population, the lack of GPs in our country, as stated last year, has vanished "over night".

There is an increasing amount of young, and recently educated doctors wanting to be GP's, and it is our hope and belief, that this is due to improved working conditionings and enhanced salaries more than reflecting an increasing over employment of doctors expected to come to our country in the future.

Until the last years, we have had a system of small medical districts for emergency wards, witch necessitates a high frequency of afternoon- and night guards, especially in the rural parts of our country. We have reached a new agreement that drastically reduces the frequency of night guards, but its implication has been difficult as it implicates an increased expense to each Municipality that the Government has not been willing to cover even though the national expenses are reduced by this new system.

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The last few days, however, we have reason to believe that this problem has been solved due to intelligent lobbying by our people with connections to the Parliament.  
The payment for these night guards are still not satisfactory however, so we still have some important work to do.

The year to come is very exiting as to how these new systems will function. Hopefully, we can bring you good news concerning this next year.

A lot of other issues have also been focused in Norway during the last year, but the above mentioned are by far the most important, and the other issues therefor are reserved to verbal communication among colleagues with special interests about Norwegian conditions.

Dr. Eirik Bø Larsen, Head of the Norwegian delegation

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