



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
Union Européenne des Médecins Omnipraticiens – UEMO
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NORWEGIAN NATIONAL REPORT 2005 - 2006

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Many of the items reported last year are still the matters of most concern for The Norwegian Medical Association and The Norwegian Association of General Practitioners.

The personal list system, introduced in June 2001, still seems to function well. Scientific evaluation is still ongoing, and the reports are generally very positive.

We still need more GP's in some parts of the country, especially in the rural areas. Although there has been an increased number of medical students educated over the last years, and a certain increased interest among doctors to work in the field of general practise, so far the positive effect of this largely has been limited to the cities and urban areas.

The trend of changing small medical districts for emergency wards into larger ones, is slowly, but steadily gaining terrain, thereby reducing the amount of night duties for the individual doctor.

However, in some parts of the country, especially in rural regions, the process still is slow, and frequent night duties is a very negative factor for recruiting GP's to these areas.

Another problem for recruiting GP's to rural areas is that the communities, because of bad economy, tend to remove some of the stimulating factors that were introduced some years ago to tempt doctors to come to work there.

GP's income in Norway is partly a grant from the community depending on the number of patients on the list (30% of the income), partly a sum paid by the patient and partly a reimbursement from the Government depending on what medical procedures the doctor carries out. Over the last 5 years there has been a tendency for the Government to increase the amount of money paid by the patient, and reduce the reimbursement accordingly. GP's very strongly oppose this because it makes seeing a doctor more expensive for the patient and reduces the intended economical stimulation for the GP's to carry out certain procedures that should take place in general practise. Last year there was no increase of the economic burden for the patient, probably due to massive protests from patients, patient organisations, and the Norwegian Medical Association. It is important for us to keep up the pressure on the Government to secure the economical burdens for our patients are not too high.

In 2003-2004 we have experienced a large reform in that the ownership of hospitals has been moved from the counties to the state. As a consequence of this, there has been a tendency to centralize hospital wards into larger units and remove several medical services from smaller hospitals. Although there are several good, both professional and economical reasons for this, many GPs, especially in rural parts of the country, feel uneasy about the increased responsibility for emergency treatment and transport over longer distances, hereby placed on them. This new organisation of secondary health care still strives to find its optimal functioning form.

An internet based communication systems between GP's, hospitals, information systems and other actors within the field of medical care has been introduced. The discussion of how to share the costs of this has found a solution accepted by all parts, but the implementation of the system is a slow matter.

There has been considerable concern among doctors, especially GP's, that the extended control system, intended to control the expenses of the National Health Insurance, as well as the amount of medical information requested by private health insurance companies could violate the professional secrecy of doctors. It is an important task for our medical organisation to secure that confident medical information about our patients is not spread unnecessarily.

There is still considerable concern among GP's about the growing amount of GP tasks being left to other health workers with shorter education like nurses, physiotherapists, chiropractors, etc. Many GP's feel that our medical field is being fragmented and partly taken away from us, thereby reducing the GP's ability to know, and coordinate all medical services to our patients. This seems to be in great contrast to the idea behind the personal list system recently introduced and so strongly advocated both by the public and our politicians.

Through cooperation between the Government and the Norwegian Medical Association there has been a substantial rise of recourses for research in general practice.

Over the last years a substantial work has been done to improve the quality of GP's specialization program.

After some years of planning and discussions, there has been a large change of structure within The Norwegian Medical Association. Most important is the formalisation of two different sections within the association. One section deals with economical factors, working conditions, health policy strategies etc, and the other section deals with medical skills, education, researched and similar items. The structure has been made in a way we hope will enable the two sections to cooperate closely, but still have the necessary autonomy to act within their own field of interest.

The Norwegian Association of General Practitioners has kept its function as before, but the name has changed from “Alment praktiserende lægers forening” (made short: “Aplf”) to “Allmennelegeforening”. All GP’s are now members of both this organisation, and “The Norwegian College of General Practise”; the GP organisation that primarily deals with medical skills, education, research etc. The balance between cooperation and autonomy between the two bodies are secured by bilateral agreements.

Last year The Norwegian Medical Association has helped our Government specifically to set focus on providing help to patients suffering from psychological illnesses.

The last month there has been considerable debate about the amount of sickness benefit paid by the state. The Government wants to save money by reducing the states part and leave a greater part of the economical responsibilities for this to the employers. This could mean an increased expense to GP’s as most are employers, and it could also lead to increased difficulties for young women, people with health problems etc to find a job. The debate is still ongoing, and a committee has been appointed to find a solution.