Final Report Hippokrates exchange Norway – By Katja Andeweg

Undergraduate and General practice training

To become a GP in Norway students first have to finish 6 years of medicine school, which is by the way offered without or a very low tuition fee. After this 6 years you have a medical doctor degree, but you will still need to enroll in a 18-months specialist internship. Most of the time this is a combination of surgery, internal medicine and general practice (each 6 months). You do get paid but have somebody that supervises you. After this internship you can start a specialty of choice, but you do need to find yourself a place where they are able to supervise you and where they have availability for you to work. Its not like in NL that there is a University that is in charge of this study/specialty, although there are now some regional centers who do try to set up something similar. For the GP specialty it takes 5 years before you get your degree. You need to work 1 year as a medical doctor in a hospital setting in which you also do services and after this you work for 4 years in a general practice. The first two years supervised and the last two unsupervised. During these 4 years you also need to do some obligated courses (appr. 2 weeks/year). Every month you have one day of intervision, which seems to be similar to our "terugkomdagen".

The most difficult part in this study path is to get into medical school: They only have limited intake or slots per year to start studying medicine. E.g. in Bergen 185 students/year. And the slots are divided among the best students. If you did not get high marks in high school there is no way you can get into medical school. After finishing your medical school it's also hard to find a place to do your 18 months of specialist internship. Some students have to move far from their homes to find a place where they will be able to fulfill this.

Job content differences N/NL

On the job the most obvious difference between Norwegian and Dutch GP's is that in Norway the GP's also have to take care of the sick leaves of their patients.
Just some rules:

- Everybody needs a proof of the GP when they call in sick too often at work (they have a certain number of days they can call in sick per year or a maximum number of days in a row).
- For high school children they already have to contact their GP on the first day of their sick leave to explain why they can't go to school.
- The GP can also decide whether a person has the right to sick leave for a certain percentage (50/70/100?)
- The GP has to write letters explaining why his/her patient is not able to work and what the prospect is.

Another difference is that GPs in Norway have less support of what we would call nurse practitioners (In Dutch: praktijkondersteuners). They do all the check ups for diabetes, COPD or psychiatric problems themselves. On the other hand it seems like they more easily also refer to a specialist in the hospital. Also GPs see more patient

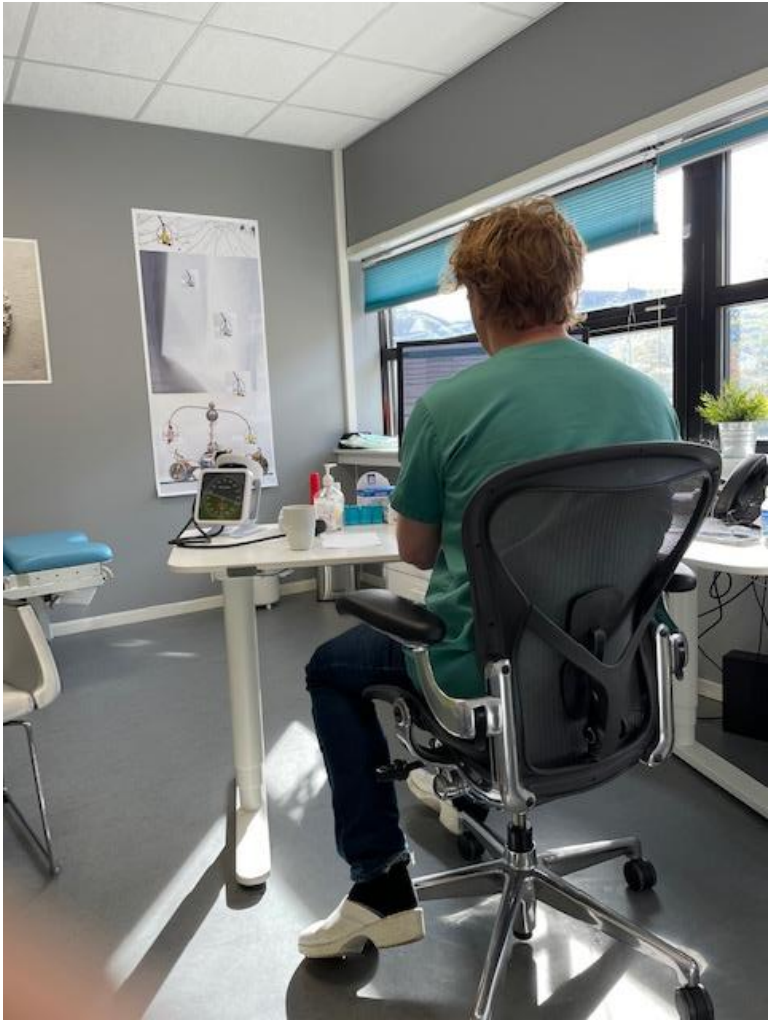
GPs also do drivers license inspections: check vision and a questionnaire about any illnesses that could influence the driving-capability. This inspection is an obligation from 80 years and older and it's necessary for drivers of larger trucks and buses regularly.

A family doctor in Norway can decide themselves how much time they will spend per patient. In general the family doctor that I shadowed had 20 minutes per patient.

Another part of the job in Norway is that GPs can be "forced" by their municipality to spend up to 1 day/week on community services. Services that have to be done for example are working as a medical doctor for prisoners, drug addicts, work at the consultation bureau or being a supervisor/teacher for GPs in training.

Practice organization differences N/NL

The GP that I've shadowed only had two days/week that were reserved for consultations (8.30am-6pm) in which he saw on average 20 people. His list contained approximately 800 people and he had an agreement with other part-time GPs that his patients could be seen by them in case it seemed urgent on the other three days. He in return also saw 'emergency-patients' for the other GPs on his office-days. Next to his two office days he would have one administration day: On this day he would answer to e-consultations, he would make the necessary sick-leave letters and do other administration that he couldn't finish on the office days.
Patients can choose their own GP in Norway. Online they can see how many available spots a certain GP still has (helsenorge website). There is not a maximum number of patients you are allowed to have on your list: some colleagues did have up to 2000 patients registered on their account, but they would then be working about six days/week. Doing home visits was not a common thing to do, therefore I haven't even seen one during my stay. Most GPs have the possibility to do a direct e-consultation with the doctor, without any triage by a nurse in advance. Also the patients are often able to plan in a consultation with the doctor without any prior triage.



General practice funding
GPs are getting paid by the government a certain amount of money per patient. Extra payments are made per consultation, but also for example for sick leave letters.
A list of possible payments are included in attachment A. The refunds for certain treatments (like e.g. IUD placement, small surgery) are very low, which makes it less attractive for GPs to do so. On the other hand there are also special prices for doing for example psychiatric consultations, which should be a consultation of at least 15 minutes.

The payments you receive during your GP specialty (as a HAIO) depends on the number of patients on your list and the amount of consultations you do (similar to how a GP receives its money). You do have a lower amount of money you get per consultation compared to what a graduated GP earns. When you start and do not have any patients on your list yet a minimum amount of money equivalent to having 600 patients is being paid to you by the government.

All citizens of Norway automatically have a ' health insurance' , they do not have to search for one themselves or pay for it monthly like in Holland, but it is automatically extracted by the government from their tax-payments (8%). There are also no different health insurance companies of which citizens can choose from, but everything is government-owned. All costs are covered after the patient has finished their deductible/ own risk. The deductible is set at a fixed price of 2921 Norwegian crowns per year (appr. 290 euro). Patients also have to pay for their GP-visits in case they haven't reached their maximum deductible yet. Only very poor people can have the right to also not pay their deductible.

Extra funding also comes from universities who pay general practices for using their patient data. They have a certain device that can anonymously send the data to their server. Refunds are also given for supervising medical doctors that are doing their internship or GP-specialization at the practice.

Medical doctor shortage
All talks that I had with patients about the Norwegian health system had to do with the shortage of doctors. Stories about how people had from one day to the other no family doctor anymore. The government has tried to solve the problem of having not enough family doctors in different ways:

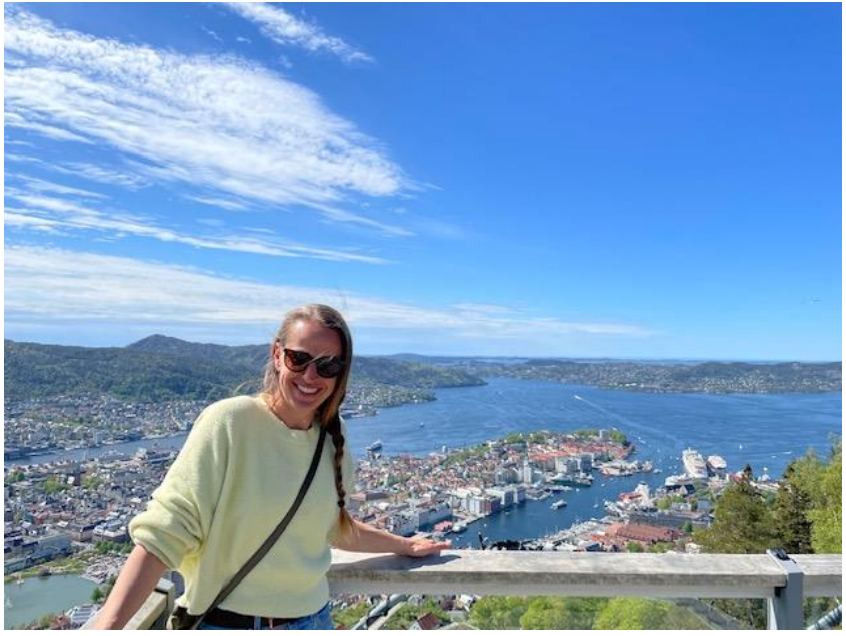
1) Promotion of buying a family practice by young family doctors by giving them the opportunity to get a refund of 95% on the price they have paid for the practice in case they quit within 4 years.
2) Patients who end up for any reason without a family doctor can go to certain health centers to still have their family doctor visits. In these health centers a lot of family doctors work that are still in training.

Referrals
Referrals to specialists in the hospital are made by GPs, very regularly specialists do send back an advice by letter to the GP to for example do a certain treatment first before they see them. Or they ask to first do certain blood tests or radiology before sending them to them.
Referrals to physiotherapists are not necessary: patients can make their own appointment and can have as many treatments there as seems to be necessary according to the therapist. Here also the maximum they pay is their deductible.

Information technology
The electronic systems used in general practices are almost everywhere the same around Bergen. Also the ones in the hospital are almost everywhere the same. Patients have the possibility by logging into their account to see all letters sent by specialists to their GPs (admission/resignation/consultation). Patients do not have the possibility to look into their GPs file online. They do have the right to ask for a print out.

Prevention

Concerning prevention I do believe that Norway is ahead of the Netherlands. They have made a large change in the amount of alcoholics and smokers, by increasing the prices significantly. Also the rules that people can not just buy at supermarkets liquors and wines, reduces the likelihood of buying alcohol. And binge drinking in the evening hours is reduced by making it impossible to buy alcohol in the evening hours (Mon-Fri after 8pm and on weekends after 6pm it's impossible to buy alcohol). Another positive thing is the introduction of the sugar tax to reduce obesity and diabetes. And I have also heard about the Norwegian salt action plan, which is a good action to reduce salt.



Lessons learned

There are a lot of differences in the work and financing of Dutch and Norwegian GP's. One is not necessarily better than the other, but it's certainly worth learning from each other.
I think the Norwegian system is more ahead when it comes to finding solutions for the shortage of family doctors. I do think that it is good that we in NL have the sick leave judgment not as one of the tasks for G.P.s

Concerning prevention I think that Norway could be a good example for us as well.

In the future I will certainly try to be more active in organizing primary health care in NL better. And will try to also use some examples from Norway to show examples on how to attract more family doctors in the Netherlands.

I would certainly recommend doing an exchange anywhere in the world. It broadens your vision on how things are organized and you will get a more critical look at your own system.