## Dermatological Merger in Oslo

## PETTER GJERSVIK

*University of Oslo, Department of Dermatology, Rikshospitalet, N-0027 Oslo, Norway E-mail: petjense@online.no* 

The dermatology departments of Rikshospitalet and Ullevål University Hospital in Oslo have joined forces. The new department at Rikshospitalet, with 17 beds, is the only dermatology hospital department for the 2.6 million inhabitants of south-eastern Norway. The merger poses great challenges for Norwegian dermatology.



For over 100 years Oslo has had two academic dermatology departments, at Rikshospitalet and at Ullevål University Hospital. The one at Rikshospitalet was established as early as 1841 (1). Among its professors is Cæsar Boeck, who described sarcoidosis (2). The last three department heads have been Georg Rajka, famous for the Hanifin & Rajka's criteria of atopic dermatitis (3), Ole Fyrand and Jørgen Rønnevig. While Rikshospitalet originally served all Norway and, more recently, parts of eastern Norway, Ullevål University Hospital has mainly served the population of Oslo. Roar Bjørnstad, who described Bjørnstad's syndrome (4), was its department head in the 1970s.

The number of beds at the two departments has been reduced dramatically over the last few decades. This is in line with scientific improvements, allowing for better and more effective treatments to be provided on an out-patient basis. In 2006, the number of beds was 15 and 13, respectively, with the numbers of out-patient consultations, doctors and nurses being about the same (Table I) (5).

The Norwegian hospital system was reorganized in 2002 with the establishment of five regional health authorities, of which Rikshospitalet belonged to *Helse Sør* and Ullevål University Hospital to *Helse Øst*. In 2007, *Helse Sør* and *Helse Øst* were merged into *Helse Sør-Øst* in order to improve the productivity and quality of healthcare services at lower costs.

With two relatively small dermatology departments in one city, it was decided in January 2005 to start a process to merge the two departments into one. A task force recommended that the dermatology department at Ullevål University Hospital should be moved to Rikshospitalet, establishing a larger department there, close to other elective medical and surgical services and research facilities at that hospital. The merger was implemented in late 2007. Jan-Øivind Holm, associate professor at Ullevål, became the head of the new department. In January 2008, the clinic for sexual transmitted diseases, The Olafia Clinic, located in downtown Oslo, joined the new organization.

The clinical services are split into four: out-patient and in-patient services at the main building at Rikshospitalet; ultraviolet (UV)-treatment, photodynamic treatment and leg ulcer treatment at Villa Derma, a house located a few minutes walk from the main building; and The Olafia Clinic located downtown. The number of beds was reduced from 28 to 22, and this number has since been reduced to 17. It remains to be seen if this is sufficient for a population of 2.6 million people with no other in-patient dermatological care services. The staff will also be reduced, initially mainly the nursing staff. However, an on-going "improvement project" at the hospital will probably also lead to a reduction in the number of doctors.

Currently the academic staff consists of five part-time professors or associate professors and two full-time clinical research fellows. With an increasing number of medical students and fewer patients available for clinical teaching, it remains to

Table I. Staff and activity at the dermatology departments of Rikshospitalet (RH) and Ullevål University Hospital (UUS) in 2006 (5).

	RH	UUS
Consultants*	7	7
Residents*	5	6
Nurses	25.5	27
Secretaries	9.3	8.5
Beds	15	13
In-patients	403	403
DRG in-patients	347	290
Consultations	11,703	10,278
Ultraviolet (UV)-treatments	6,148	16,950

\*In 2007.

DRG: Diagnosis-related groups.

be seen how the merger will affect the teaching and research activities. A reduction in clinical services will probably lead to more selected referrals and patients, which could be an advantage. Academic dermatology in Norway is in a very challenging position, with minimal funding and limited interest for scientific research. The merger of the two academic departments in Oslo means that Norwegian dermatology is at a critical point in its history. However, challenges and crises can also provide new opportunities.

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