

The Sad State of Academic Dermatology in Norway

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Norwegian dermatology has entered a vicious circle from which it is difficult to escape, reports Petter Gjersvik, our country editor in Norway.

Norwegian physicians have made important contributions to dermatology. Armauer Hansen's work on leprosy is well known world-wide, Cæsar Boeck reported very early on sarcoidosis, and Norwegian venereologists described the course of untreated syphilis (1). More recently, Georg Rajka made his name in the field of atopic dermatitis. For more than 100 years, Norway had only one university (in Oslo), but after the Second World War, a university hospital with a department of dermatology was established in Bergen, and subsequently in Trondheim and Tromsø.

The history of academic medicine is longer and the academic traditions are stronger in the other Nordic countries, especially in Sweden, and Norway has always been behind Sweden, Denmark and Finland with respect to dermatological research. This can be regarded partly as a reflection of its short history as a modern state.

Despite the country's wealth from North Sea oil, the performance of academic dermatology in Norway has become even weaker in recent years (2). The latest manifestation of this was the low number of Norwegian papers at the Nordic Congress of Dermatovenereology in Reykjavik in 2008. Of the 84 papers in the official programme, only 6 were presented by Norwegians, 5 of them during a course for nurses (3). Of the 14 posters, only 1 was from Norway.

A quick and unsophisticated search of PubMed shows a similar dire picture: the number of dermatological research publications for each country in 2008 (until 15 December) is as follows: Norway 8, Denmark 82, Sweden 65, and Finland 23. What has happened? What is happening? Is Norwegian dermatology collapsing?

Four departments – one story

The results of an e-mail-based survey to the four academic departments of dermatology are alarming: all departments have great difficulty retaining dermatologists with scientific

qualifications. Research activity is low, and the teaching of medical students is, to a large extent, carried out by dermatologists with little or no research background (see Table I for details).

The reasons for this sad state of Norwegian dermatology are many and complex. The decline has probably been gradual over many years and can be attributed to the following factors, both inside and outside dermatology:

- Incentives for research have been few.
- Funds for research are limited and difficult to obtain.
- Dermatologists with a PhD who stay on at the university hospitals feel that they are not given adequate time, resources and motivation for further research.
- Many specialists with a PhD have left their university hospital department to go into private practice or seek opportunities elsewhere.
- For many years, dermatologists have been able to become consultants at a university hospital department without a PhD, in some instances instead of dermatologists with a PhD.
- Universities and university hospitals are reluctant to adapt their recruitment policies to changing attitudes and career choices among doctors.

The decline of academic dermatology has been noticed by the medical research establishment in Norway, and efforts have been made to establish viable networks with research institutions outside dermatology.

However, all medical research departments in Norway are experiencing difficulties in recruiting and keeping physicians, often due to higher salaries in clinical work inside and outside hospital settings. In addition, the productivity (i.e. number of research publications) is not satisfactory. Presently, the policy of concentrating the resources (money) into fewer research centres, i.e. those with high-quality research and many publications, is gaining momentum. This policy results in even less resources being made available for dermatological research.

Table I. Academic staff at Norwegian departments of dermatology

Oslo

- Two full-time positions for professor and one (out of five) part-time positions for professor or associate professor have been abolished.
- Since 2000 four professors have left the departments at Rikshospitalet and Ullevaal Hospital (now merged), three of them to private practice.
- From 2009 three locum associate professors and two clinical research fellows will be in charge of the teaching of medical students, and one part-time professor will teach venereology.
- Five other dermatologists with a PhD have left the departments, three of them to private practice.
- Since 2000 five dermatologists have completed a PhD thesis.
- Six dermatologists have on-going PhD studies.

Bergen

- At present there is one full-time professor, one part-time professor and one full-time associate professor.
- In addition, two dermatologists and one university lecturer without PhDs teach the medical students on a part-time, temporary basis.
- Two dermatologists have completed a PhD since 2000, both in 2007.
- Two dermatologists have on-going PhD studies.

Trondheim

- All three academic positions are vacant: one part-time professor, one full-time associate professor and one university lecturer.
- Six dermatologists without a PhD teach the medical students on a part-time, locum basis.
- Two dermatologists with a PhD have recently left the department, one to private practice and one abroad.
- Three dermatologists are presently working on a PhD project.

Tromsø

- There is one part-time professor (position vacant until 2009) and one full-time associate professor.
- Teaching of medical students is also provided by two dermatologists without a PhD on a part-time basis.
- No PhD has been concluded since 1999.
- Two dermatologists have recently begun PhD-studies.

Why do doctors avoid a research career?

There is no short answer to this question. Low salaries, especially compared with clinical work, time limits of employment, and insecure career options are probably important. Many young researchers report unsatisfactory supervision, and a lack of good role models may play a part (4). Today's doctors want a

normal social life and family life outside medicine; something that may be difficult to combine with a competitive research career. It is more common now for doctors to have a spouse or partner with a career of his or her own. Dermatologists with research experience who have left university hospitals, point to lack of trust, support and autonomy as major reasons for leaving, as documented in a recent master thesis (5).

Just as important, however, is to ask why those doctors who choose research as a career, do so. Good research centres attract good recruits, and research can be both exciting and rewarding and may imply a large degree of autonomy and flexibility. Scientific work is challenging and demanding – and must be so. The status and prestige of science and scientists, however, is not as it used to be, and the expectations of society as a whole have also changed.

These factors are probably relevant for all Nordic countries and do not explain the great differences between Norway and other Nordic countries with respect to dermatological research. Norwegian dermatology seems to have entered a vicious circle from which it is difficult to escape.

The bleak state of academic dermatology has been addressed by the Norwegian Dermatological Society many times, as reported in *Forum* by Claus Lützow-Holm some years ago (2). A long-term plan for improving dermatological research in Norway has been worked out, but has had little impact. The issue has been discussed at annual joint meetings of the Society board and the chairpersons of the main dermatology departments. Recently, a research forum within the Society has been established in order to facilitate research activities through annual conferences and network building. A special prize for best research publication during the last year will be awarded at the annual meetings of the society.

What can be done?

Most importantly, the academic institutions, i.e. the universities and the university hospitals, must work out more attractive working conditions for academic dermatologists, with the right mix of demands, expectations, encouragement and rewards. Individual career planning is essential. Cooperation with research institutions outside dermatology must be strengthened and specific and realistic ambitions for Norwegian academic dermatology set up.

The academic institutions must re-evaluate their present human resources policies. It is especially important to find new and pragmatic ways to keep dermatologists with a PhD from leaving the university hospitals, so that they can pursue and expand their research, partly through supervision of

younger research fellows. The traditional model of full-time clinical consultancy combined with part-time professorship is no longer attractive. Consequently, more flexible models of combining research, clinical practice and/or other relevant work, both inside and outside the university hospitals, must be found. Similar steps will probably also be necessary in other fields of medicine, as the academic decline in Norway is not limited to dermatology.

At Rikshospitalet, for many years the leading university hospital in Norway, all five dermatologists who concluded their doctoral thesis after 2000 (one of them being this author), will have left the dermatology department by 2009. The present six doctoral candidates may do the same when they receive their PhD in a few years time. If no action is taken, the situation for academic dermatology in Norway, including

Rikshospitalet, will become even worse and the bleak state will be long-lasting.

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Snow, Ski Sports and Dermatology

“Norway lies on the edge of a great refrigerator, being the cradle of skiing and the grave of civilisation, a nation in which winter sports became the force of history.” These satirical words are expressed by the Norwegian author and historian Tor Bomann-Larsen, who has written extensively on Norway’s love of snow and ski sports. Ski athletes are the heroes of the nation, from the polar explorers Nansen and Amundsen a hundred years ago, when the small and vulnerable modern state of Norway needed them, to the present top athletes winning gold medals in the Winter Olympics.

Norway used to be a poor country on the periphery of Europe. By luck, Norway has become a very rich country. Some of the wealth from the North Sea oil has been invested in sports, especially winter sports, where Norwegians are among the world top performers. By contrast, Norway is underperforming in medical science, including dermatological research. Talented Norwegian dermatologists are fleeing academic dermatology, and the universities and university hospitals have been reluctant to adapt to changing times, as reported in this issue of *Forum*.

The picture on the front page is from Nordmarka, just one hour’s drive north of Oslo, taken on a cold February morning.

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