

Permanent Positions for Dermatology Residents in Norway?

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A recent agreement on permanent training positions in Norwegian hospitals will lead to an accumulation of dermatologists in university hospitals and fewer positions that can be used to train more dermatologists. Something must be done, but what?



The Norwegian Medical Association and the hospital employer organization Spekter has agreed that all positions for hospital doctors in Norwegian hospitals, including positions for residents, shall be without time limit (1). Exceptions could be made for doctors at smaller hospitals needing time at larger hospitals for their specialist training and for doctors in training in general medicine, occupational medicine and community medicine.

The Norwegian Medical Association has with this agreement received approval for the view that all doctors' positions at hospitals in principle shall be without time limit. The agreement is largely the result of targeted work from The Norwegian Junior Doctors Association (Yngre legers forening) and the current president of the Norwegian Medical Association, Hege Gjessing. We are amazed that the principle of permanent training positions in hospitals apparently has gone so smoothly through. Counter-arguments from a small specialty like dermatology and venereology have not gained acceptance (2–5).

Among Norwegian dermatologists there is now disbelief and astonishment that the decision has become a reality. As leaders of the Norwegian Society of Dermatology and Venereology and the Norwegian Specialty Committee for Dermatology and Venereology we are very concerned about how the agreement will affect our specialty.

Dermatology in Norway

Almost all training of specialists in dermatology and venereology in Norway are located at the university hospitals in Oslo, Bergen, Trondheim, Tromsø, and in Stavanger. In addition, there are a few positions with limited duration in Haugesund and Førde. The Department of Dermatology at Oslo University Hospital is the only dermatological department in the south-east region of Norway (population appr. 2,500,000). The number of outpatient consultations outside the hospital, that is in private practice with or without reimbursement rights, is significantly higher than in the hospitals (6).

Many senior consultant posts at the university departments are currently possessed by relatively young dermatologists. Many of the dermatologists that are educated each year are now choosing to go into it fully private practice (that is without reimbursement rights) in Oslo and other major cities. In recent years, there have hardly been any Norwegian applicants for posts as senior hospital consultants and private practice with reimbursement rights outside Oslo, Stavanger, Bergen, Trondheim and Tromsø, and many of these positions are now possessed by foreign citizens with specialist training from abroad, such as Germany, Denmark and Sweden. Happily, research activity is on the rise (7).

Training posts will be blocked

According to the agreements, all resident positions announced after July 1st, 2015 will be without time limit. When the resident has completed the requirements for board-certified specialist, he or she will get a new title (physician specialist), higher wages, and rights close to those of senior consultants (1). Apparently, it would be possible to establish partnerships between hospitals so that a resident at a small hospital needing training at a larger hospital must change working location when specialist training is completed. Such an arrangement is, however, of little relevance for dermatology and venereology, due to the very low number of local hospital consultant posts.

We are in no doubt that many young dermatologists will choose to continue in their position at the university hospital department after being approved as a specialist. Experiences from recent years indicates that this will be the case – young doctors have often settled down with a house, a spouse and children in the town where they have received most of their specialist training. Because the number of senior consultant posts at the university hospitals is limited, these doctors will thus occupy positions that are supposed to be used to train more specialists. The number of available training positions

will in a few years be reduced, and training of new dermatologists will stop almost completely.

What can be done?

In our opinion, dermatology and venereology should be included in the list of specialties that are excepted for the clause in the agreement on permanent training positions – in line with general practice, occupational medicine and community medicine. Another solution may be to link resident positions to one or preferably several private practices with reimbursement rights. This would imply that when a resident has finished his or her specialist training, he or she could take over (or start) a private practice in the health region. Such co-ordination between university and regional health authorities has been little used until now. There will be many practical and legal difficulties in such schemes, and many may have fundamental objections.

Together with employers association, the Norwegian Medical Association has a great responsibility to train enough dermatologists for all parts of Norway, and to ensure that the few

research centers become stronger. We are currently working with the Norwegian Medical Association, administrators at the university hospitals, the regional health authorities and the hospital employer organization Spekter to achieve these goals. Something must be done.

References

1. Legeforeningen / Nyheter / 2014. Faste stillinger på plass. <http://legeforeningen.no/Nyheter/2014/Faste-stillinger-pa-plass/> (Oct 28, 2014).
2. Gjersvik P. Underordnet lege så lenge man selv vil. Tidsskr Nor Legeforen 2012; 132: 934.
3. Torgersen J. Faste stillinger for leger i spesialisering – fremtidsrettet og nødvendig. Tidsskr Nor Legeforen 2012; 132: 1210–1211.
4. Gjersvik P. Utdanningsstillinger uten tidsbegrensning på gruppe I-sykehus er en dårlig idé. Tidsskr Nor Legeforen 2012; 132: 1318.
5. Torgersen J. Tilsvar. Tidsskr Nor Legeforen 2012; 132: 1319.
6. Aktivitetsdata for avtalespesialister 2013. Oslo: Helsedirektoratet, 2014. <http://www.helsedirektoratet.no/publikasjoner/aktivitetsdata-for-avtalespesialister-2013/Publikasjoner/is-2189-aktivitetsdata-for-avtalespesialister-2013.pdf> (Nov 19, 2014).
7. Gjersvik P, Holm J-Ø, Olsen AO, Bachmann IM, Kroon S, Ryggen K, et al. Dermatological research in Norway: Getting better. Forum Nordic Derm Venereol 2012; 17: 3–5.

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