Dermato-Venereology in the Nordic Countries

Prospects for Dermatologists in Finland

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Finland has currently 5.2 million inhabitants and 18,925 medical doctors. Of the latter, 214 (1.1%) are trained dermato-venereologists, which equals with about one dermatologist per 24,000 inhabitants. Up until 1999, the speciality was based on a six-year training programme comprised of 4 years of dermato-venereology and a compulsory written specialist examination. Since Finland joined the European Community, however, the Ministry of Education set up a specialist working group to bring the number of the 92 existing specialities and subspecialities in closer harmony with the number of specialities in other European countries. As a result, several subspecialities were discontinued, like that of allergology, and we now have 49 (main) specialities left. Allergology had previously been a subspeciality of dermatology, pulmonary diseases, ENT-diseases, paediatrics and internal medicine. Since allergology is a crucial part of dermatology, we fought for the maintenance of the knowledge level within our speciality and as a result, the Ministry of Education approved a new training programme called "Skin and allergic diseases." Similarly, the new speciality of Lung and Allergic Diseases was created. One more year of allergology was added to the previous training programme, so that we currently have a six-year training programme of dermatology and allergic diseases. Of course, we still continue to teach the venereal diseases but none of us was able to invent a reasonable new name for a speciality including dermatology, allergology and venereal diseases. The structure of this programme is described in Table I.

The Finnish Dermatological Association (*Finska Dermatologföreningen*) was founded in 1916, and it has since been very active in the field of postgraduate training and quality control of e.g. skin testing and photodermatology, and it has also tried to guard the interests of dermatologists. Our society currently has 290 members. In order to foresee the need of dermatologists in the country, the society conducted a survey among its members during the autumn 2001, and the results are presented here. +Before going into the exact results, I would like to briefly present the health care system of Finland. The country is divided into 21 hospital districts, five of which are university hospital districts. There are currently 23 hospitals in the country (including the Occupational Health Institute) that offer dermatology service, and most of these also train residents according to our new specialist training programme. The municipalities pay for and arrange their health care in-

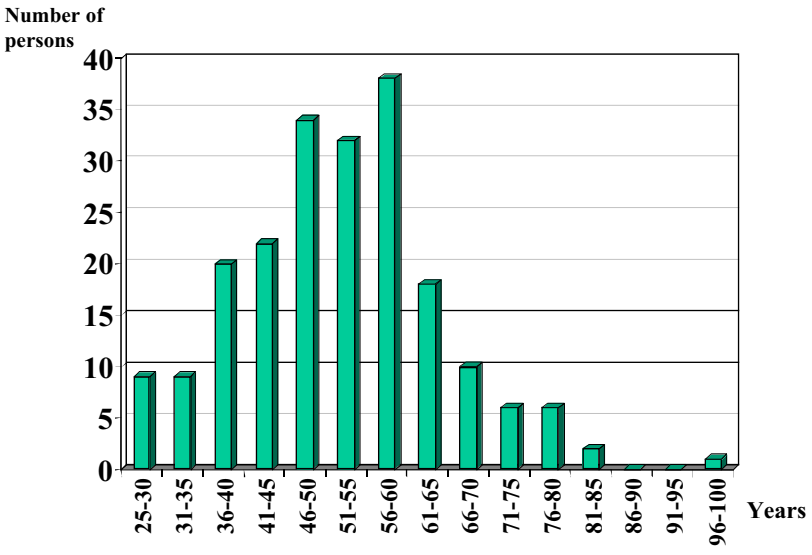

Fig. 1. The age distribution of Finnish dermatologists (includes residents).

Table I. Description and structure of the Finnish training programme in the Skin and Allergic Diseases speciality (launched January 1st, 1999).

A. Previous training programme.

Dermatology and venereal diseases as a main speciality (6 years = 2 years general training + 4 years dermatology/venereology) and allergology (2 years) or occupational dermatology (2 years) as subspecialties.

B. New training programme.

Skin and Allergic Diseases as a main speciality, training 6 years**,** which includes the following:

-6 months service in a health centre

-6 months service in internal medicine

-4 years dermatology/venereology/allergology service in a university clinic

-1 year dermatology/venereology/allergology service in a central hospital under the supervision of a qualified specialist (Assistant Professor); qualification approved by the medical faculty

In the 5-year dermatology programme, the following areas must be covered:

-general dermatology 3 years (includes dermatosurgery and phototherapy)

-allergology 1 year (includes all types of skin testing, paediatric allergology etc.)

-venereal diseases 3-6 months

-a final training of 6 months in one of the following: allergology, occupational dermatology, dermatological surgery, dermatopathology, venereal diseases.

In addition, theoretical training and *a qualifying written examination* (2-3 examiners). The training is structured and is being followed with the help of *a personal tutor and a logbook*.

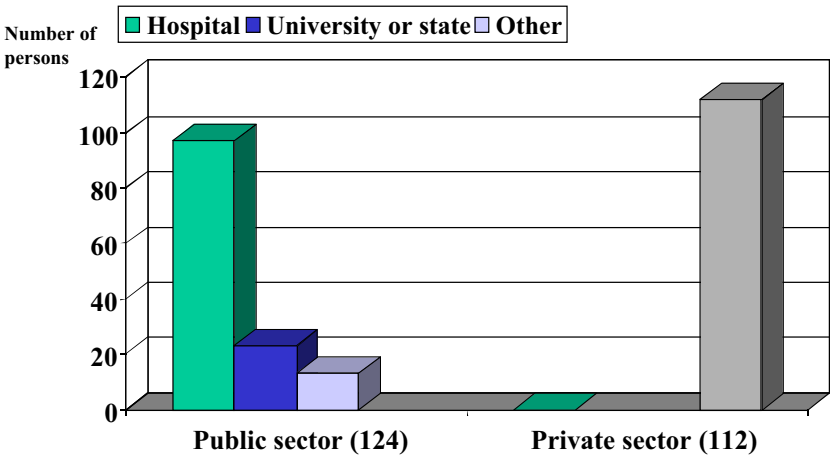

Fig. 2. Sector of employment as reported by Finnish dermatologists.

dependently, while the university hospital co-ordinates the specialist-level health care within their area (i.e. a coalition of hospital districts). In addition to the annual budgets negotiated with the municipalities, the university hospitals receive a state subsidiary for teaching and research from the Ministry of Social Affairs and Health. This earmarked money, called EVO money, is budgeted separately. During recent years, also other health care units receive this benefit, based on research and medical student training quantity. The average share of EVO funding from the total budget of a university hospital has continuously decreased in the past years and is currently only about 5%. In Finland, every licensed medical doctor is allowed to set up a private practise and patients seeing private doctors get a part of the fee reimbursed from the Social Insurance Institution (*Folkpensionsanstalten*). Thus, a doctor employed by a hospital in the day can have private practise in the evenings or at weekends.

According to our survey, a great majority (72%) of the members of our association are female. This also reflects the current trend among young doctors specialising in our field. As can be seen in Fig. 1, the vast majority of dermatologists are now between 46–60 years of age. Of the 208 dermatologists who replied, 70% reported being currently actively working and 13% were retired. In addition, 17% were retired part-time. We asked about retirement plans and 33% answered that they would quit working completely when they reached the retirement age (63–65 years), while

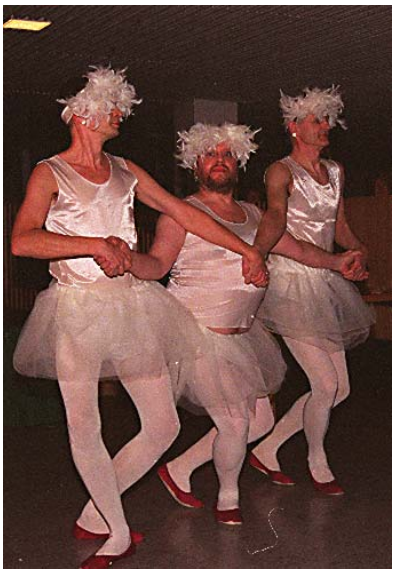

Fig. 3. Some dermatologists wanted to change their field; these senior dermatologists, at least, from the Department of Dermatology in Helsinki University Hospital would be qualified for a more artistic profession, too!

27% reported that they would continue to work even after retirement. Only 7% reported that they will retire before the official retirement age and 10% had planned to start part-time retirement between the ages of 55–63. Thus, within the next five year period, the total number of dermatologists will diminish by only 9 individuals, but after 15 to 20 years a clear shortage is foreseen.

Of the currently working dermatologists, 60% are employed in the public sector: of these, 47% work in the hospitals, 11% are employed by the state and 6% by some other organization (Fig. 2). Remarkably, 50% dermatologists are private practitioners. This shows that there is a clear need for dermatology services outside the municipal health care system. Apparently dermatologists are quite satisfied with their jobs since 72% reported that they intend to continue in their current jobs. However, 9% of the individuals reported that they would like to change to private practise. Only 3% expressed a desire to change in the opposite direction, from private to public-sector work. It has often been discussed in Finland whether many medical doctors move abroad due to the current high income taxation, but this does not seem to be true for dermatologists, as only 2 of the 208 individuals mentioned an intention to move abroad. The industrial sector does not appear to be attractive for dermatologists, since only one individual was planning on taking a job within industry. Interestingly, in reply to the last question, which was whether anyone had plans to switch fields completely, 4 respondents gave a positive answer (Fig. 3).

Fig. 4 depicts the age distribution of those dermatologists who plan to continue in their current jobs. From this we can also deduce that within 15–20 years, there will be a clear deficit of dermatologists in the country. Employment prospects for dermatologists seem to be currently very good, since 68% reported working full-time. Of these, the majority (75%) are in the clinical field (Fig. 5). Of the 24% working part-time, 13 individuals worked 2–15 hours per week and 20 individuals 16–30 hours per week. Our next question was whether the dermatologists were satisfied with their current work and 81% reported being so. Of these, 72% were women. A total of 6% of those currently working said they would like to have more work, while 13% wanted just the opposite, to reduce their working load.

The distribution of dermatologists is quite satisfactory in southern Finland, but in some parts of the country, like north-eastern and northern Finland, clearly too few dermatologists are available. At the hospitals and university hospitals, practically no new jobs

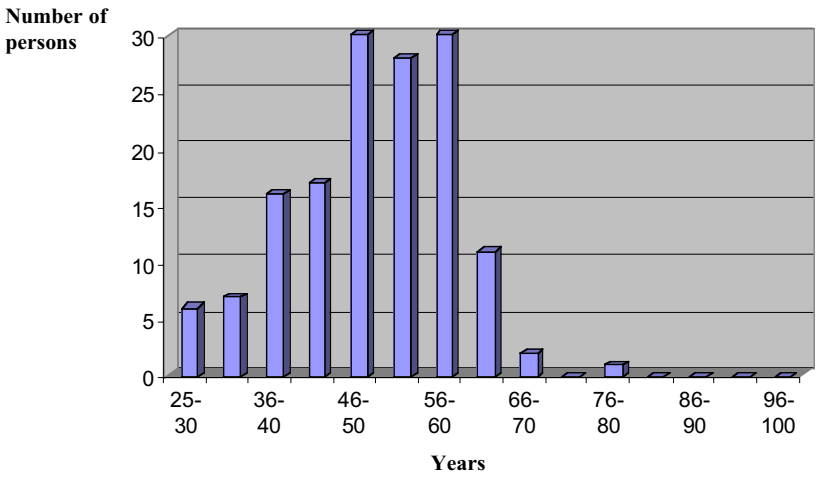

Fig. 4. The age distribution of those dermatologists who plan to continue working at their present jobs.

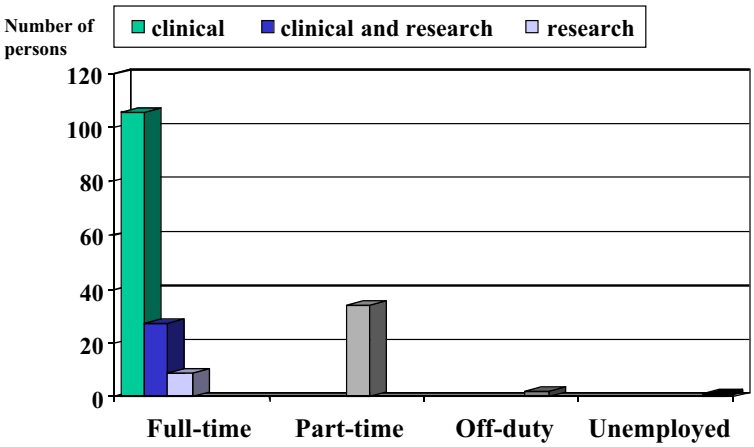

Fig. 5. The type of employment of Finnish dermatologists.

have been available in the past years due to the financial situation of the municipalities. According to our new training programme (Table I), the residents are encouraged to spend at least one year in the dermatology ward of a central hospital where an experienced tutor is available. This new system has started to work well, except among trainees at Helsinki University Hospital, who only seldom want to spend their time outside the metropolitan area. This is a pity, because the patient material outside Helsinki would be very educational and exciting.

Since the municipalities may currently buy their health services freely from whatever source they wish, it is possible for the municipality to make an agreement with a private dermatologist based on competitive prices. Clearly, the municipal sector cannot handle all of cosmetic dermatology, except for the laser treatment of children's port-wine stains. The development of laser technology thus warrants services at the private sector. We are currently discussing whether it would be possible to shorten patients' waiting times by creating a system of private patients seen at the hospitals during evenings and weekends. Since this would mean partial privatisation of the municipal sector, the political resistance up to now has been considerable. In some university hospitals, however, parts of the services have been made private. E.g. at Tampere University Hospital, the laboratory services have been privatised though still municipally-owned, and a new hospital for orthopaedic surgery (artificial joint operations only) has been built as a share-holders' limited company.

In conclusion, about half of the Finnish dermatologists work solely in the private sector and another half in municipal or state jobs. This must be kept in mind when training new dermatologists. The current lack of dermatologists in eastern and northern parts of Finland seems not to be based on the lack of dermatologists but due to other reasons. One such reason is probably the fact that the spouses of the female dermatologists are not willing to "follow" their wives to "remote" places. I bet the male dermatologists previously never even asked their wives whether they would follow or not!

For help in obtaining the survey results presented above, I would like to express a warm thanks to my colleagues and board members of the Finnish Dermatological Society: Aarne Oikarinen, Elina Varjonen, Tapio Rantanen, Anna-Maija Vuorela (draft of the questionnaire) and Johanna Höök-Nikanne.