JANUARY 2019

making it work

The Norwegian Sustainability Plan

Proposed Sustainability Plan for regular GP Recruitment and Retention in rural municipalities in Norway

Based on the project undertaken in Norway, our working group has developed the following recommendations based on the elements of the Making it Work Framework for Workforce Stability.

The following table describes recommended activities in each framework area. This section is followed by considerations related to the key factors for success.

	Recommended Activities	Responsibility	Anticipated Resource Requirements
Plan	**Assessment of population services needs and service model** It is important that rural municipalities have the capacity to assess the healthcare needs of the population, and especially bring about significant change initiatives when required. Such assessment and change initiatives does not have to originate from a doctor, but could with advantage be performed by a doctor. A chief municipal medical officer with good social medicine expertise and interest will be particularly suitable for the task. We would recommend rural municipalities to prioritize having a chief municipal medical officer. Such position can be created in an inter-municipal cooperation.	Department of Health	The Norwegian Institute of Public Health (NIPH) publish Municipal Health Profiles yearly. These are digital and can be downloaded free of charge. Should be implemented as part of normal activity.
	Review of service model Create a local routine where the local GP service model is reviewed, and questions like “do we need change?” and “how do we make these changes happen?” are raised and answered. We would recommend this done as part of the development of the social element of the legislated municipal master plan work done every fourth year (i.e. every election period) in Norwegian municipalities, and also that a review like this is initiated from the chief municipal executive level. A central agreement (ASA 4310) recommend that municipalities make their own plan for the medical service based on necessary management data, but for the time being, few municipalities follow this up.	Chief municipal executive	Should be implemented as part of normal activity.

Plan	**Review of profile of target recruit** Many municipalities make a lot of effort in recruiting regular GPs. However, to our knowledge, hardly any effort is put into finding out why some regular GPs continue staying while others quit. We would recommend rural municipalities to keep a systematic overview of regular GPs who quit and be interested in why they quit. We recommend systematic exit surveys when regular GPs quit. We would also recommend that a periodic survey of the stable doctors is performed to find out why they stay in their jobs. This could be done every four year as part of the Review of service model mentioned above.		Free digital survey soft-ware can be used. Requires up to 5 days to develop, administer and analyse the surveys every 4 years.
Recruit	**Information sharing** In order to promote the good and positive sides of the service, communication work is needed. Open attitude towards mass media could act as a positive enhancement of what works well and may cause a ripple effect. In addition, information about the local health service should be shared at the education sites, both face-to-face, and with the use of social media. A social information sharing evening during Christmas leave for local students is recommended.	Recruitment Office	Should be implemented as part of normal activity. The annual social Christmas event imply cost (fees for speakers, space rental, catering and other related costs).
	Community engagement The case municipalities in the Norwegian Making It Work project have managed to anchor their change processes in their medical services at the top level in the municipalities. The trick is to hold on to this engagement, both structurally and more personally. The head of the GP service should ensure that they maintain the relationship with the top municipal level and keep them well-informed about developments. A regular meeting point between the GP's and the top level managers could be established. Another possibility is to identify when the local top managers and politicians gather, and ask for some time to give a short presentation. This should be repeated and thus become a routine, minimum once a year.	Head of regular GP service	Should be implemented as part of normal activity.

Retain and Train	**Supporting Team Cohesion** Doctors are in general concerned with their professional development. In order to retain regular GPs, it is of utmost importance to establish an inclusive and educative professional environment for both new and more experienced regular GPs. A possible professional gathering point that also involves other local health professionals may be to conduct emergency medical team training. Norwegian regulations mandates both the municipalities (responsible for primary care) and the health trusts (responsible for secondary care, including ambulance services) to establish such training. Research shows that such training does not happen. However, research also shows that emergency team training outside hospitals creates a good learning culture locally and improves the ability to interact. Local training in collaboration also creates professional safety. We would strongly recommend rural municipalities, especially those far away from hospital, to get started with emergency team training.	Head of regular GP service	Fee/salary for health care personnel to do the training. Costs depends on local conditions.

Retain and Train	**Relevant Professional Development** New regular GP has to be a specialist in family medicine, or under such specialization. This entails requirements on the municipalities to arrange for specialization in family medicine for their regular GPs. Learning objectives that can only be achieved in hospitals, which form part of the specialization in family medicine, represent a challenge in several ways. This is traditionally referred to as “the hospital year”. The hospital year is experienced by many regular GPs as a major obstacle to completing the specialization in family medicine. In many cases it is difficult to get access to a hospital to take this part of the specialization. Many rural GPs remain in hospital positions after this year and do not return to the municipality they left. It would be an advantage if the hospital year could be implemented more flexible than today. The opportunity to split up the year in smaller parts, and to increase the number of services that could host such secondary service training, is currently discussed at the national level. The state owned Regional Health Authorities and the associated local health trusts responsible for the hospitals must however also engage in this issue. They must play a key role in ensuring better access, facilitation and predictability in connection with the implementation of the hospital year (or secondary service training) for regular GPs under specialization to safeguard further retention in their municipalities after having finished their specialization.	Regional health authorities	Should be implemented as part of normal activity. The projects ALIS-Vest and ALIS-Nord will contribute by developing local models that can be spread.
	Training of future professionals Rural municipalities should welcome medical students who need an internship as part of their study or who need a summer job. They should also facilitate good specialization courses in general medicine for their regular GPs. This can be done by creating adapted education positions that involve either fixed salary or tailored private practice with municipal economic subsidies in a start-up phase.	Department of Health	Costs could be comprehensive. Depends on local conditions.

Conditions for Success

	Considerations	Recommendations
Recognition of unique rural and remote issues in our region	It is essential that national and regional leadership come to understand rural municipalities unique challenges and that they accept some responsibility for helping to address them.	The challenges have to be communicated in all settings were they are relevant.
Inclusion of Rural and Remote Perspectives "not about us without us"		
Leadership Commitment	The top leaders in the municipality, both politicians and administrators, must have engagement for GP recruitment and retention.	See recommendations under Community engagement above.
Annual Cycle of Activities	When there are many vacancies, work will often be driven by urgent need.	Develop an annual calendar of activities and adhered to it.
Adequate Investment	This sustainability plan includes some costs that may not already be budgeted for, and requires adequate human resources to administer.	Develop a budget for the municipalitie's regular GP recruitment and retention strategy and build it into your 4-year projections.

Northern Periphery and
Arctic Programme
2014–2020

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