

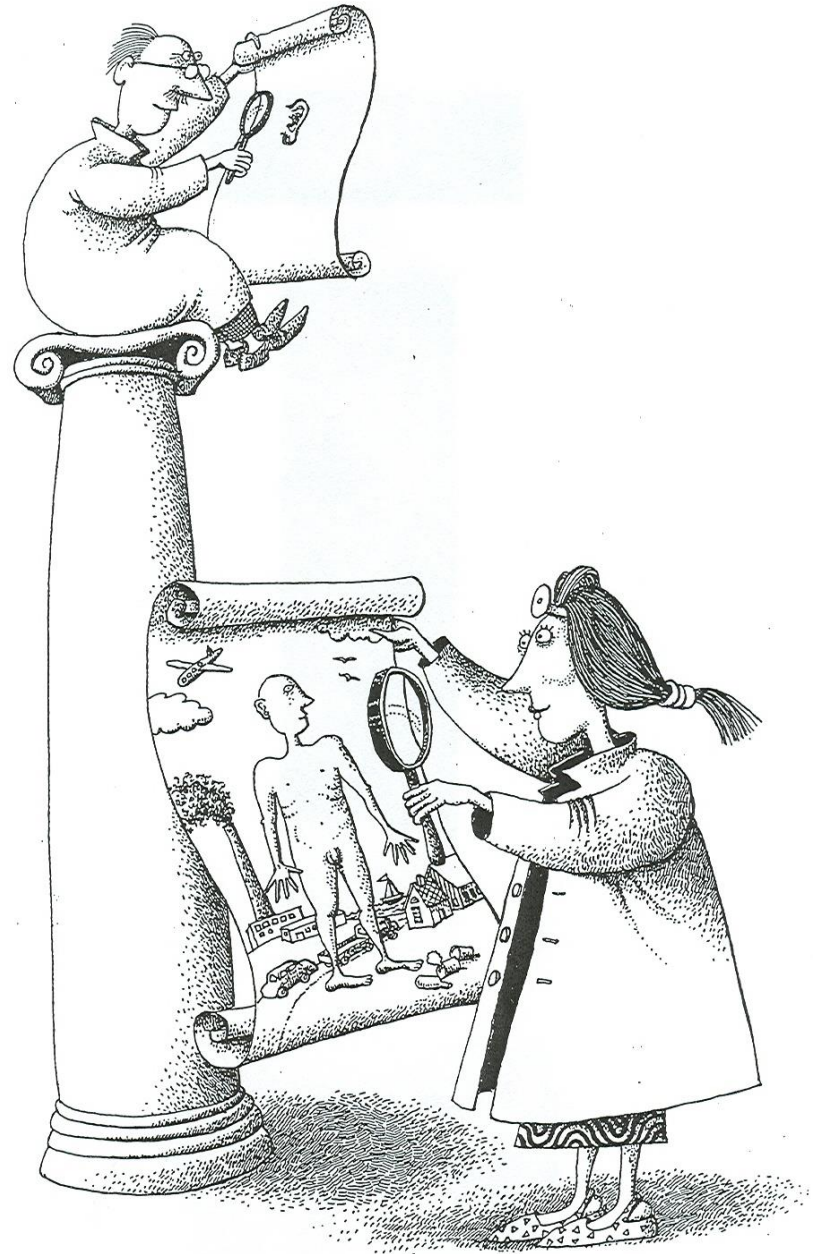


UNIVERSITETET
I OSLO

Department of General Practice: past, present and future

*Meeting with scientific panel for
Helsam,
Jan. 18th 2017*

Jørund Straand,
Professor ph.d; Head of Department.





UNIVERSITETET
I OSLO

The Department of General Practice in Oslo, Norway

- Established in 1968
- 4th. professor (1969) in General Practice in the world.
- First was Edinburgh (Scott), Utrecht second; (van Es), London Ontario third (McWhinney)
- Christian F Borchgrevink, now 92, is still among us and is still working as a GP one day a week !

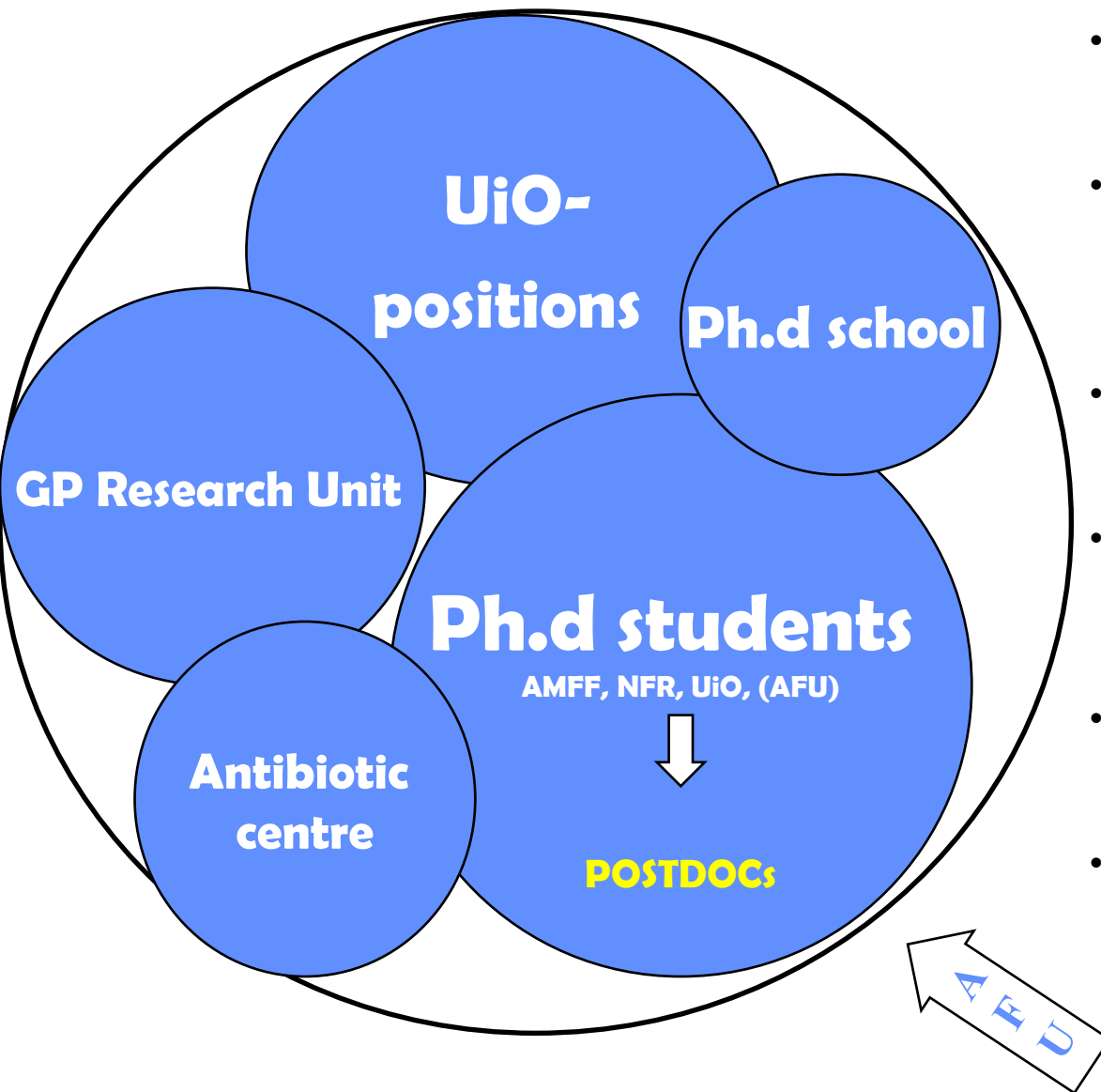




Some important events 1968-2017

- 1968; UiO Institute of General Practice/Family Medicine, UiO
- 1985, UiO General practice becomes part of the Institute of General Practice and Community Medicine
- 1997, Norway Hunskår S, ed. General practice – clinical work. [first textbook]
- 2001, Norway List system, incl. the entire population (List-holding GPs)
- 2006, Norway General Practice Research Units at all four medical faculties; Antibiotic centre for primary care at UiO
- 2007, Norway General Practice Research Fund (AMFF) (Medical association)
- 2010, UiO Institute of Health and Society established with Department of General Practice as one out of six departments
- 2013, Norway National ph.d school in general practice (2012-2); Host: UiO
- 2017, Norway Practice Based Reserach Network in general practice?**

The «anatomy» of our Department



- *The Department has no university owned clinical practice.*
- *Faculty members are typically part time academics/ researchers and part time list-holding GPs (50/50)*
- *Responsibility for teaching clinical general practice for medical students.*
- *In 5th year of medical school, students have a 1:1 six weeks internship with a GP.*
- *We have no formal role in the GP specialist training program*
- *In total, around 60 persons, of which > 50% are ph.d students*



Staff and funding

	UiO funded positions ¹		Externally funded positions ²		Externally funded Ph.d and postdocs at department		Number of ph.d stud.	Number of employees	
	FTP	(n=)	FTP	(n=)	FTP	(n=)	n=	FTP	(n=)
2001	5.5	(9)	0	(0)	2.0	(3)	5	7.5	(12)
2010	9.5	(17)	4.2	(2)	5.7	(9)	16	17.4	(29)
2016 (Jan. '17)	10.1	(23)	7.2	(2)	14.9	(21)	39	30.0	(66)
Growth 2010-2017	6 %		71%		167%		144%	72%	128%

FTP = corresponding to number of full time positions; ¹ Including UiO-funded ph.d /postdoc and (temporary) teaching positions; ² General Practice Research Unit, Antibiotic centre for primary Care, and National Research School for General Practice

Input (€) and output

Year	External funding Mill NOK	Ph.d dissertations N=	Scientific publ. (level 1-2) Cristin N=	Comment
2001	0	1	19	
2010	13	0	19	DEPARTMENT
2016	26	2	51	
2010-16	123	17	264	
Growth 2010-16	100% ↑		168% ↑	
2017		8?		PBRN?



Areas of research

1. Pharmacoepidemiology; drugs for the elderly
2. Antibiotics/infections/AB-resistance
3. Ethnicity; diabetes II; pregnancy; vitamin D deficiency
4. Musculoskeletal problems; symptom reporting, pain
5. Adolescent health; substance abuse; cognitive therapy
6. Acupuncture; «research on research»; headache; ultrasound; sick leave; insomnia; health services research; etc

Our priority: increased share of clinical research



Our research groups are informally organised

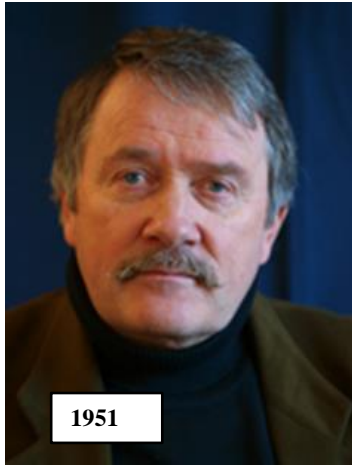
- One does not have to «marry» a particular research group to stay there for ever.
- Separate funding for each project, however not for research groups.
- Many of us do research within several different areas – mostly as directed by (co-)supervising ph.d.-students
- We have scientific staff meetings for all Mon- and Thursdays
- Projects meetings as needed for those involved



Department strengths

- A strong, identity by all for medicine in general and for clinical general practice in particular (many of us work as parttime GPs)
- A mutual responsibility for teaching clinical general practice for medical students
- A friendly and supporting environment: *one for all – all for one*
- Success in obtaining external funding and in recruitment of young researchers (much thanks to the Norw. medical association)
- Extensive collaboration with the other Norwegian GP-academic units (Policy work on infrastructure for clinical research, textbook, sharing teaching experiences, research collaboration)
- Increasing research-collaboration both within and outside institute.

GP-professors in Oslo: many, active but not far away from retirement





Some challenges

- «Greying» of faculty: we are 8 professors out of which:
 - 4 will be retired within the next 5 years, 3 more within 10 years.
 - Only 2 associate professors (b. 1949 and 1963)
- We have recruited several bright young persons who are about to complete their ph.d.'s. But most of them still have a way to go to become qualified as professors. It is a priority for us to bring them up!
- Too little time for many of us to do more advanced research, to establish international research collaboration or to have sabbaticals
 - Most of faculty members' research capacity is spent on supervising young researchers, undergraduate teaching, teaching administration etc. Responsibility for own clinical practice
- **Space within building: too few offices/work stations to meet probable expected expansion in near future**



UNIVERSITETET
I OSLO

Needed: a practice based research network (PBRN)

Report to the Directorate of Health

Research networks in general
practices and dental health services

From the Steering Committee for the project:

Leader Guri Rørtveit, AFE Bergen and University of Bergen

Ivar Espelid, TkNN and University of Oslo

Jørund Straand, AFE Oslo, University of Oslo

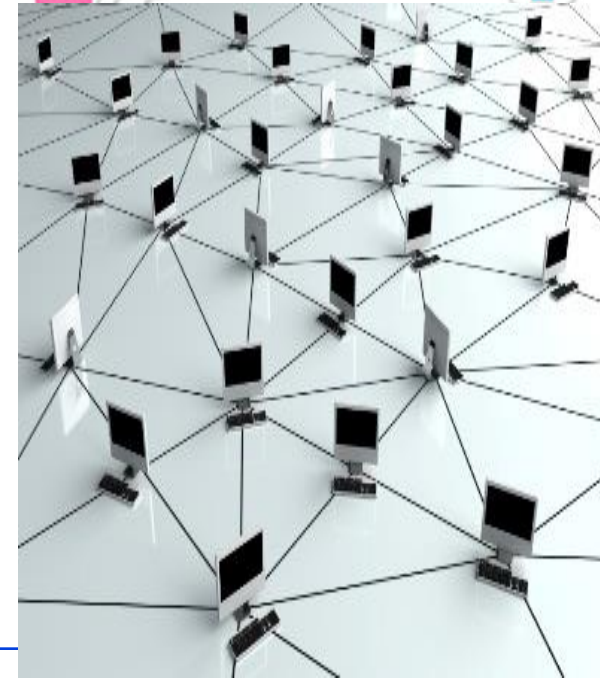
Kristin Klock, University of Bergen





PCRN – objectives for the proposed national infrastructure

1. **Recruit clinicians** to participate in clinical research by joining the network
2. System for identification of eligible patients and for supporting **inclusion of patients** in primary care for clinical research
3. Support **data obtainment** from patients during on-going clinical research
4. Systematically support and promote the **implementation of research findings** into practice and policy
5. **Retrieve and validate routine data** from clinical practice, for use in research, quality improvement and patient safety work



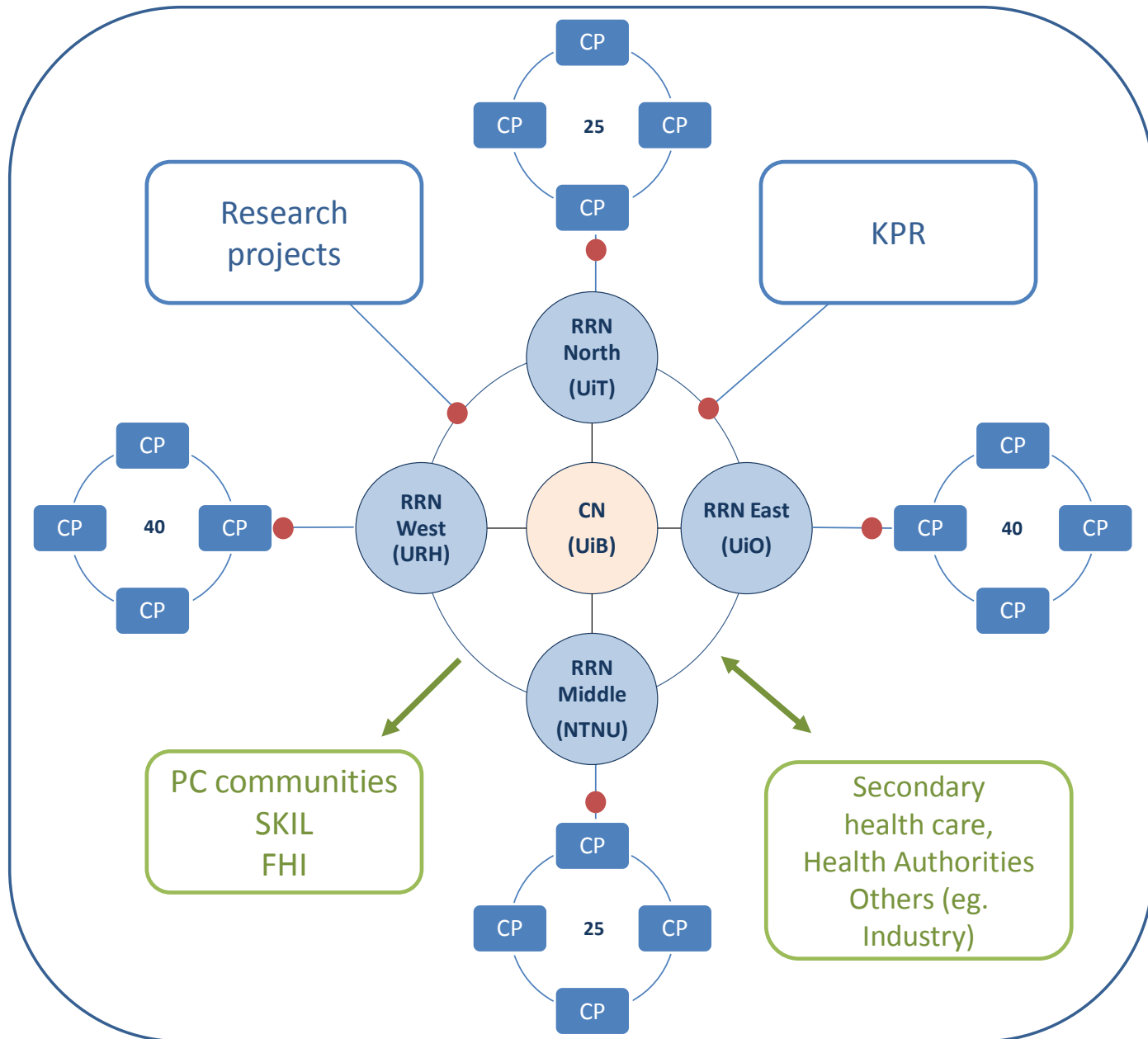
THE MACKENZIE BUILDING





Application submitted Oct. 2016...

- Funding for setting up a national PBRN (5 years of support)
- Infrastructure program in The Norwegian Research Council
- Human- and electronic infrastructures
- We have piloted data-extraction tools (data fra EPRs) and the electronic infrastructure: they do work!



CN= coordinating node; RRN= regional research network; CP= clinical practice; KPR= kommunalt pasientregister; PC= primary care



UNIVERSITETET
I OSLO

Good news from our parliament

comments to the proposed state budget 2016-17

- K o m i t e e n støtter fagmiljøenes forslag om et felles praksisnært forskningsnettverk for primærhelsefeltet som knytter sammen allmennpraksis og relevante forskningsmiljø. Det vises til den skotske modellen.
- We support establishing a Primary Care Practice Based Research Network linking together General Practice and the relevant research environments. We here refer to the model in Scotland.
- This is in fact an instruction to the Ministry of Health

Thank you, for your attention!

