

THE REGIONAL PROJECT FOR TRAINING AND RECRUITMENT OF CHILD PSYCHIATRISTS IN NORTHERN NORWAY.

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This project is an example of how to organise a rural training program, in particular for doctors who want to train as child psychiatrists in Northern Norway. The project is the first of its kind in Norway, and is unusual as it integrates political, administrative and clinical levels.

The child and adolescent psychiatric services in Northern Norway have had to manage without child psychiatrists at many day clinics and hospital wards because of problems in recruiting and retaining doctors. There had been many attempts to solve this problem, but without any progress. In the northern region there are a total of 22 positions for consultant child and adolescent psychiatrists, 8 positions for trainees and one professor. At the onset of this project there were 8 consultants and 3 trainees.

A meeting was held in the spring of 1998 between the then 8 child psychiatrist in the region and the health administration in the three northern counties and the university of Tromsø. It was decided to jointly find a solution to this problem. This meeting paved the way for innovative and as yet unheard of collaborative work between county administrations, clinicians and the university.

The Project

The aim of the Project is to recruit and train fifteen child psychiatrists by 2006, to create a professional network and to encourage the doctors to remain in the area after they have finished their training. Local political approval was seen as essential for its viability even though the project itself received government funding.

After the project had been given political approval, the Regional Board for Health and Social Issues instructed the three county health administrations to initiate the project, and employ a manager. The Project Manager was supported by a board and a training committee. Representatives of the health administration, University of Tromsø, consultant child and adolescent psychiatrists and trainee doctors sit on both the board and the training committees. The Project Manager initiated and is now the co-ordinator for the program in collaboration with the board and the senior consultants in the region.

Training Institutions

" Nordland Psychiatric Hospital has two day clinics, an adolescent unit, an acute ward, family unit, neuro-psychology section and a unit for autism. The hospital has two consultant child psychiatrists.

" Lofoten Hospital has a day clinic, an adolescent unit and a family unit under construction. The

hospital has one consultant child psychiatrist.

" Tromsø has a day clinic and an adolescent unit. The clinic has one consultant.

" Silsand has a day clinic and one consultant.

" Karasjok has a day clinic and there are plans for a family unit. The clinic has three consultants. Within the first year the project had recruited 11 new doctors and unfortunately had to turn 4 down for various reasons. They are local young women and men, with ties to the community they serve. The project covers a large geographical area, and 6 towns/villages with approved clinics and wards have been chosen as training places. To become an approved place for training the requirements include a senior consultant with the speciality in child and adolescent psychiatry, a multidisciplinary team and a wide variety of cases. The relationship between the consultant and the junior doctor should be equivalent to that of a master and apprentice.

The Training

It takes five and a half-year to train as a child and adolescent psychiatrist in Norway. This involves clinical practice in approved clinics and wards. Besides two years practice at a child and adolescent day clinic and one year practice at a child and adolescent unit, they also need one year practice in adult psychiatry and 6 months practice at the children's ward in a general hospital.

Obligatory courses are also required. These are 4-5 week programmes of seminars over two years, 140 hours in all. The child and adolescent psychiatry branch of Norwegian Medical Association oversees these seminars. There are 6 half-year terms in all, covering 6 main topics, one for each term. The National Association of child psychiatrists selects the topics. Each term has 8-10 sessions every other week, lasting 2 hours. The senior consultants are responsible for one semester each, and it is expected that the junior doctors take an active part in the planning and teaching. The Project has initiated video conferences and all junior doctors are required to participate. Each centre takes turns to lead the tuition session and this technology allows training to overcome the geographical barriers.

Clinics are obliged to provide in-service training for all the staff and there is multidisciplinary tuition two hours every other week. The junior doctors also receive two hours studying time a week and two hours per week supervision by a senior consultant. There are opportunities for the junior doctors to spend some time at each other's places of work. The senior consultants in the project have created their own group, and meet several times a year to discuss issues concerning the project. Part of this time has been used for supervision by a senior consultant outside the project. Twice a year everybody involved in the project gather for an annual meeting for seminars and discussions.

Conclusion

The Project has thus far successfully recruited 70% of its target number of doctors into the scheme and there has been widespread enthusiasm among the participants. There are some issues we wish to investigate further. It is an important project as it is the first of its kind in Norway, and if we succeed, others might like to copy it. There was some scepticism as to our aim to recruit and train 15 child and adolescent psychiatrists in six years, so the following issues will need to be clarified. What factors have persuaded junior doctors to participate now in the project, whereas in the past they have been so difficult to recruit? Will they stay in the area after they have qualified? Staff turnover in some clinics is very high and we hope this will have a stabilising effect on other staff. We are interested in the short and long term effects on the psychiatric service for children and adolescents in the region. The collaboration between the county administration and the clinicians is innovative and we believe an important factor in the project success so far. It would be interesting to examine this further to see if it can be replicated in other

training programmes. We hope to obtain further funds to evaluate the project to answers some of these issues.