

Discourse in regionalisation of medical education

Social obligations vs. professional environment

introduction

- Is the mission of the medical education in Tromsø to fulfill the needs for healthsystem in the region or to educate the most highly skilled and advanced health professionals that they possibly can?
- Changes in the way we organise the medical education can come as a result of development in medicine, changes in the way we organise our health services, different needs in the population, changed priorities by politicians, migration and population patterns among others.

The Finnmark model

- Will be fully implemented from 2019.
- When the model is fully implemented 12 students will be located in Finnmark during their whole 5th and 6th year. They will have all their classes, educational practice and finishing exams in Finnmark.
- The main base for the students will be in Hammerfest but the students will have modules in both Alta and Karasjok.
- The background for the model is the aim to improve the medical services in the region, which has been a guiding idea for the medical studies in Tromsø since the start in the early 1970s.
- The geography in Finnmark is challenging, the county is the same size as Denmark and can experience challenging climate conditions in wintertime.

Discourse analysis and categories

- I have analyzed the arguments and the counter arguments about the Finnmark model as they have appeared in different policy documents, strategy plans, educational plans, evaluations, meetings documents and media articles.
- My hypothesis was that there was one discourse that was positive and one discourse that was negative to further decentralisation of the medical education in Tromsø.
- Social obligation vs. professional environment

«What is the problem represented to be» by Carol Bacchi

- Problems are social constructions.
- When governments react to pre-existing problems they are active in creating or producing those 'problems'.
- Different discourses will define problems differently.
- They will define and prioritize demands according to the way they experience reality.

Why use discourse analysis?

- The point of the analysis is not to find the real meaning of the argument, but to categorize them in to the groups that they «belong to» for the sake of using the discourse framework for analysis.
- The aim is to be able to use texts and statements to find out how our reality is constructed. Not to find out «what is going on» but «why its going on».
- How do the different actors understand reality and how are the power relations between them?

Categorization of actors

Actors	Arguments	Basic assumptions
Professionals: Surgeons and consultants at UNN. The medical associations (Legeforeningen, overlegeforeningen)	Decentralisation will diminish the academic quality of the medical education. There are neither resources or a professional environment in place to establish the decentralised program.	There is no problem with the way the education is organised today. By changing the organisation you will create a problem.
Administration and political actors The Arctic University of Tromsø, Faculty of health, the UNN administration, politicians in Finnmark, The educational department, Political reforms (Samhandlingsreformen)	Further decentralisation is a part of the revision of the medical education in Tromsø based on new demands from politicians, students and professional environment. Decentralised education will increase recruitment of medical personell in Finnmark. There is a need for competent professionals in the Finnmark region.	The change is needed to meet the new needs in the public health system. It is a social obligation of the University to educate professionals that can meet the needs of the region.

The WPR framework

1. What is the problem represented to be in a specific policy?
2. What presuppositions or assumptions underlie this representation of the problem
3. How has this representation of the problem come about
4. What is left unproblematic in this problem representation? Where are the silences? Can the problem be thought about differently?
5. What effects are produced by this representation of the problem?
6. How/where has this representation of the problem been produced, disseminated and defended?
How could it be questioned, disrupted and replaced?