2010

Working in Sweden

Information for doctors from EU/EEA countries

Swedish Medical Association
National Board of Health and Welfare

Contents

Recognition of qualifications

a) Directive 2005/36/EC

In order to facilitate the free provision of services, the Directive on the recognition of professional qualifications – Directive 2005/36/EC – guarantees doctors and other persons in regulated professions having acquired their professional qualifications in a Member State, access to the same profession and pursue it in another Member State with the same rights as nationals. What is said hereinafter about Member States is equally applicable to the EEA States Norway, Iceland and Liechtenstein and also to Switzerland.

The Directive provides for the mutual recognition of medical qualifications on basic training level as well as specialty level.

b) Recommendation 75/367/EEC

Sweden has decided to comply with a recommendation adopted by the Council of the European Union with the objective to make it possible to perform postgraduate medical practice in another Member State than that of undergraduate training. This could be an opportunity for graduated doctors who need some kind of pre-registration service in order to gain the qualification listed in an annex to the directive.

The relevant clinical practice available in Sweden is either the internship programme (”AT-block”) of at least 18 months’ duration or short-time medical appointments as locum tenens in a subordinate position. To practice in Sweden a decision of appointment from The National Board of Health and Welfare, is required. Further, it must be noted that in order to perform this training, sufficient knowledge of the Swedish language is a condition.

Administrative procedure

A condition to offer services in regulated professions in the health care sector in Sweden is a “legitimation”. The National Board of Health and Welfare is the competent authority and responsible for issuing evidence of formal medical qualifications. The Board is also responsible for maintaining the Swedish medical register for all qualifications referred to in the above.

A migrating doctor seeking recognition in Sweden should approach the Board in order to acquire the necessary application form (www.socialstyrelsen.se). In addition to the application form the following documents must be submitted:

1. **Diploma, certificate** or other evidence of formal qualification and registration of licence in the country of education.
2. **Birth certificate/copy of passport**. Applicants residing in Sweden should enclose a “svenskt personbevis” instead (must not be older than three months).
3. **European certificate of current professional status**. This certificate is a statement that the applicant is entitled to practise his/her profession in the country of education without limitation. This certificate has to be issued by the competent authority in the country of education or from the EEA-country where the applicant was last established professionally. The certificate has to be presented in its original form and must be issued within the last three months. The certificate must be written in English or accompanied by a translation into English or Swedish. The translation must be made by an authorized translator. If the applicant is able to submit a certified copy of licence from another Nordic country this certificate is not required.
4. Summary of **formal qualifications and professional experience** must be presented.

   The copies must be certified to be true copies by an authority, professional organisation or an institution. This requirement is not applicable to migrating doctors from a Nordic State since other routines are applied in these cases.

   When the National Board of Health and Welfare has made the formal assessment, the applicant will become fully registered and the licence to practise medicine will be issued. In order to offer services as a doctor in Sweden, national legislation must be followed. This means good knowledge of the Swedish language and the relevant medical legislation. The employer has responsibility as well as the practitioner to ensure these circumstances are fulfilled.

Medical education and training

In Sweden medical education and training are organised in three phases: undergraduate education, pre-registration training and specialist training.

Basic undergraduate medical education takes 5 1/2 years (at least 40 weeks of full time studies per year).

After graduation follows a compulsory training programme (internship) of at least 18 months. This first stage of clinical training comprises surgery (3–6 months), internal medicine (3–6 months), psychiatry (three months) and family medicine (six months). The doctor's knowledge and skills are assessed by the senior colleagues and tested in a written examination under supervision of the universities. After successful completion of this programme the doctor obtains his/her licence to practise (full registration), which is granted by the National Board of Health and Welfare.

Once the doctor has got a licence to practise, the doctor is entitled to apply for a post to start his/her specialist training. The specialist training has a duration of minimum five years and is carried out in a salaried position with medical responsibility.

There are currently 57 recognized specialties in Sweden. For each of these specialties there is an official description of the training objectives in terms of required knowledge, skills and attitudes (Målbeskrivning). These descriptions have been made by the various specialist societies (within the Swedish Medical Association and the Swedish Society of Medicine) and are authorised by the National Board of Health and Welfare. The junior doctor is entitled to have an individual training programme, specifying the required practical training in various departments together with additional theoretical education. He/she is also entitled to have a personal tutor (a recognised specialist) who will give professional guidance during the specialist training.

The head of the department (clinical medical director) has the ultimate responsibility for the specialist training. He/she also has, together with the personal tutor, the legal responsibility to assess when the doctor has achieved the training objectives set up for the specialist training and thus should be recognised as a specialist. The head of the department states his/her opinion by issuing an official certificate. The National Board of Health and Welfare will then – upon application – grant the doctor the formal qualification as a specialist.

Clinical skill and theoretical knowledge are evaluated continually through the whole period of specialist training. Thus the doctor is not required to take a formal final examination before being granted qualification as a specialist. However, some specialist societies have introduced voluntary examinations.

The Swedish Medical Association, in cooperation with the Swedish Society of Medicine, runs a programme to review and evaluate the quality of training in different departments all over the country.

Continuing medical education and professional development – CME/CPD – is not formalised. There is, however, a variety of courses, seminars etc available, mainly organised by the various specialist societies. IPULS, an institute owned by the Swedish Medical Association, the Swedish Society of Medicine and the Swedish Association of local Authorities and Regions, presents an online educational catalogue on www.ipuls.se.

Working conditions

Sweden has a decentralised health and medical care system. The role of the Government is mainly limited to providing the legal framework and supervising that medical care is safe, of good quality and equitably distributed. The County Councils have the task to offer good health and medical services to the population within its bounderies. To note is that in Sweden the patient doesn´t have the right to a certain healthcare but it is the County Councils that shall offer good health and medical services. Financial and operative responsibility rests almost totally with the county councils. These regional bodies have an independent and powerful position with their own right to levy taxes. They run some 80 hospitals – including all university hospitals – and over 1 000 health centres. Medical care in Sweden has traditionally been hospital-orientated, and the number of hospital beds has been high by international standards. In later years, however, primary care and other kinds of ambulatory care have expanded, and the number of hospital beds has been reduced considerably.

The dominant position of the county councils is also reflected in the employment situation. About 80 per cent of the working population are employed in the county council sector. The remainder work as university teachers, private practitioners, in occupational health and the pharmaceutical industry. The establishment of private practice under the social security scheme is possible only with the consent of the county council concerned.

It should particularly be noted that in Sweden also general practitioners usually are salaried employees, not private entrepreneurs, as is the case in many European countries. They have the qualification as specialist in "allmän medicin" wich can be compared with Family Medicine. All training posts for junior doctors are likewise salaried positions in the county councils' health care.

General terms of employment are negotiated between the Federation of County Councils and the Swedish Medical Association. However, the central collective agreements leave considerable room for local negotiations between the individual county council and the local branch of the Swedish Medical Association. Salaries are negotiated between the individual doctor and his/her employer.

Working hours are partly regulated in law, and partly in collective agreements. The working week is in principle 40 hours. In addition most specialties have night and weekend duty, which is compensated with money, free time or a combination of both. The retirement age is 65 years with an option to stay on until 67.

A large majority – 85-90 per cent – of the Swedish doctors are members of the Swedish Medical Association. As has already been mentioned, the Swedish Medical Association represents its members in collective bargaining about working hours, working conditions etc, but the Association is also deeply involved in a wide range of professional issues, e.g. medical education, medical ethics, health care politics, quality assurance and international relations.

Posts for physicians are advertised in the Swedish Medical Journal (Läkartidningen) and official publications. As a main rule physicians are employed in a position for an indefinite period. There are exceptions to this rule, notably the internship period, and at the university hospitals, where a contract period of six years is common. Employment as locum tenens is, of course, for a definite period.

http://jobb.lakartidningen.se

Labour market situation

The number of Swedish physicians has increased steadily and rapidly. During the period 1970-2008 the figure almost fourfold: from slightly over 10 000 to about 35 000. There is now one doctor for every 277 inhabitants. About three quarters are specialists (including specialists in Family Medicine).

The six medical faculties admit about 1200 new students every year. In addition there is an influx every year of some 200 doctors from non-EU countries, who are granted residence permit for political, humanitarian or family reasons.

In 2008 the National Board of Health and Welfare registrated 2 000 new physicians, among whom 50 per cent were graduated from other EU-countries.

In the middle of the 1990's there was a tendency towards a surplus of physicians. Particularly, there was keen competition for posts for specialist training, and many young doctors had to be content with temporary employment as locums.

The picture changed in late 1998, and a shortage of specialists is felt in several specialties, e.g. anaesthesiology, radiology, family medicine and psychiatry. The principal factors behind this change were that the county councils increased their demand for specialists and that physicians from Denmark and Norway working in Sweden returned to their native countries. The demand for junior doctors also increased considerably.

Medical responsibility and professional ethics

A doctor who is practising the medical profession in Sweden – either in an employed position or as a self-employed private practitioner – is subject to the supervision of the National Board of Health and Welfare. The doctor is obliged to exercise the medical profession in accordance with the scientific development and reliable experience. The exact definition of these concepts changes over time and are not regulated in law or other regulation.

It is of utter importance that the migrant doctor becomes well acquainted with current regulations and administrative provisions governing the professional duties. The definition of the concepts "scientific development and reliable experience" must be derived from such provisions, as well as from individual decisions of the Medical Responsibility Board.

If a practising doctor fails in his/her professional duty – intentionally or negligently – and the fault is more than trivial, disciplinary sanctions may be imposed by the Medical Responsibility Board after notification from the National Board of Health and Welfare or the patient concerned. In serious cases the licence to practise may be revoked and the doctor removed from the medical register.

The Swedish Medical Association has adopted a code of medical ethics. The code of ethics states for example that the doctor must act in accordance with the scientific development and reliable experience, and continually strive to expand his/her knowledge. The physician's prime objective is to promote the health of his/her patient. He/she must respect the patient's right to integrity and autonomy as well as the patient's right to information on his/her health and possible alternatives of treatment. The physician must always adhere to the principle of every human beings' equal worth and never expose a patient to discriminatory treatment of any kind. Confidentiality must be upheld regardning all patient information.

Medical indemnity

All patients, in public as well as in private care, are covered by an insurance (”Patient Insurance”) paid by the county councils and other care providers. The insurance may provide the patient with economic compensation for injuries that occur in connection with medical examination, treatment and care. It operates on a no-fault principle, i.e. the patient does not have to prove that the injury is due to negligence on the part of the physician or other personnel. The requirement is that the relation of cause and effect between treatment and damage is established, and that damage is not a ”normal” and acceptable consequence of the medical procedure in question. The doctor responsible for the treatment shall inform the patient, if he/she considers that damage has occurred, and assist the patient in applying for compensation.

It is, however, recommended that doctors also have a private liability insurance as a complement. The premiums for a private liability insurance are low, since the Patient Insurance covers most demands for compensation.

Appendix A

Medical specialties in Sweden

(In the process of beeing updated)

The official designations in Council Directive 93/16/EEC are used.
Specialties not listed in Council Directive 93/16/EEC are referred to in italics and marked with *

Surgical Specialties

General surgery
Orthopaedics
Urology
Paediatric surgery
Hand surgery*
Plastic surgery
Neurological surgery
Thoracic surgery
Anaesthetics
Obstetrics and gynaecology
Gynaecological oncology*
Oto rhino laryngology
Phoniatrics*
Audiology*
Ophthalmology

Internal Medicine Specialties

General (internal) medicine
Cardiology
Gastro-enterology
Endocrinology
Renal diseases
Respiratory medicine
General haematology
Allergology
Rheumatology
Occupational medicine
Geriatrics

Paediatric Specialties

Paediatrics
Child & adolescent allergology*
Child & adolescent neurology*
Child & adolescent cardiology*
Neonatology*

Family Medicine*

Psychiatric Specialties

Psychiatry
Forensic psychiatry*
Child Psychiatry

Radiological Specialties

Diagnostic radiology
Neuroradiology*
Child & adolescent radiology*

Clinical Laboratory Specialties

Transfusion medicine*
Coagulation & bleeding disorders*
Immunology
Microbiology-bacteriology
Clinical virology*
Clinical physiology*
Clinical neurophysiology
Biological chemistry
Pharmacology
Clinical genetics *
Pathological anatomy
Clinical cytology*
Forensic medicine*

Community Medicine

Industrial Health *
Student Health*
Dermatology-venereology
Neurology
Communicable diseases
Physiotherapy (Rehabilitation)
Radiotherapy
Nutrition*
Pain management*
Nuclear Medicine

Appendix B

Addresses

National Board of Health and Welfare
Socialstyrelsen
SE-106 30 STOCKHOLM
Tel +46-70-524 730 00
email: socialstyrelsen@sos.se
www.socialstyrelsen.se

Swedish Association of Local Authorities and Regions
Sveriges kommuner och landsting
Hornsgatan 20
SE-118 82 STOCKHOLM
Tel +46-8-452 72 00
e-mail: info@skl.se
www.skl.se

Swedish Medical Association
Sveriges läkarförbund
Box 5610
SE-114 86 STOCKHOLM
Tel +46-8-790 33 00
Fax +46-8-20 57 18
email: info@slf.se
www.slf.se

The Swedish Medical Journal
Läkartidningen
Box 5603
SE-114 86 STOCKHOLM
Tel +46-8-790 33 00
Fax +46-8-20 76 19
email: redaktionen@lakartidningen.se
www.lakartidningen.se

Swedish Society of Medicine
Svenska Läkaresällskapet
Box 738
SE-101 35 STOCKHOLM
Tel +46-8-440 88 60
Fax +46-8-440 88 99
email: sls@svls.se
www.svls.se

Medical faculties

Medicinska Fakulteten
Karolinska institutet
SE-171 77 STOCKHOLM
Tel +46-8-524 800 00
email: info@ki.se
www.ki.se

Medicinska Fakulteten
Uppsala Universitet
Box 256
SE-751 05 UPPSALA
Tel +46-18-471 00 00
www.medfarm.uu.se

Hälsouniversitetet
Linköpings Universitetet
SE-581 83 LINKÖPING
Tel +46-13-28 10 00
www.hu.liu.se

Medicinska Fakulteten
Lunds Universitet
Box 117
SE-221 00 LUND
Tel +46-46-222 00 00
www.med.lu.se

Sahlgrenska akademin
Göteborgs Universitet
Box 400
SE-405 30 GÖTE BORG
Tel +46-31-786 00 00
www.sahlgrenska.gu.se

Medicinska Fakulteten
Umeå Universitet
SE-901 87 UMEÅ
Tel +46-90-786 50 00
www.medfak.umu.se

Sveriges läkarförbund
Den medicinska professionens organisation

Swedish Medical Association • Sveriges läkarförbund
Box 5610, SE-114 86 STOCKHOLM
Tel +46-8-790 33 00 • Fax +46-8-20 57 18
info@slf.se • www.slf.se

Socialstyrelsen

National Board of Health and Welfare • Socialstyrelsen
SE-106 30 STOCKHOLM
Tel +46-70-524 730 00
socialstyrelsen@sos.se • www.socialstyrelsen.se