2024-10-28

From:
Nordiska rådet för Yngre Läkare (NRYL)

To:
Utskottet för Välfärd i Norden

Question on the committee's position on mutual recognition of medical competencies

Dear committee members,

We are writing as five organisations representing 50,000 pre-specialist doctors in the Nordic region. We are writing to draw your attention to a situation that is a significant barrier to the mobility of junior doctors.

Under the Professional Qualifications Directive 2005/36/EC, doctors with a recognised qualification from another Member State can work as a doctor in another EU country. We all aim for well-functioning European and Nordic labor markets, and the tool applied is primarily the mutual recognition under the directive to facilitate mobility and to ensure adequate competencies among authorised healthcare professionals.

The need for specialists is great in all the Nordic countries, and therefore, specialist training is significant to the Nordic healthcare systems. National changes in medical postgraduate and specialist training in several Nordic countries have had consequences for free movement and contributed to a de facto extension of postgraduate and specialist training for doctors moving between the Nordic countries.

Doctors trained in Iceland have, for many years, been an integral part of the medical labor markets in the Nordics. The shared Nordic culture and traditions have made it relatively easy for Icelandic-trained doctors to complete their specialist training in the Nordic countries. For many doctors in Iceland, it is an absolute necessity to seek opportunities abroad because the training options in Iceland are limited to relatively few specialties compared to the other Nordic countries.

The Swedish health authorities have changed access to specialist training so that all doctors trained outside Sweden must now complete one year of basic training. This is a training that Icelandic doctors have already completed in the form of Sérnámsgrunnur (SG) i.e. basic medical training. The consequence is that Icelandic specialist training is extended accordingly, which is not beneficial in terms of patient treatment and provisioning of specialists in Iceland.

Norwegian authorities have also made changes to postgraduate medical training to align it with regulations in EU's Professional Qualifications Directive (Directive 2005/36/EC), and now issue full medical licenses immediately after obtaining a medical degree, allowing specialist training to begin. Because of this change, doctors who have completed basic training in another country where basic training is required to obtain authorization and, by that, full permission to practice, do not get the competencies acquired through the basic training assessed against the competence requirements of the basic training in the Norwegian specialist training program. This happens even

though the aim of the training is the same, and the content is largely overlapping. Now these competencies are acquired before or after full authorization to practice as a doctor and therefore do not get recognized by Norwegian authorities. The consequence is that the doctors have to repeat the same basic training when they return /move to Norway, thereby loosing progress in their specialist training. This is another unfortunate situation and a barrier to the development of well-functioning common Nordic and European labor markets.

The latter challenge may be on its way to a solution, partly because the Danish authorities are currently considering changing the status of the clinical basic training under the directive for mutual recognition.

We would like to ask the committee:

How can we ensure smoother recognition of medical competencies obtained in postgraduate and specialist medical training between the Nordic countries?

Yours sincerely

Nordiska rådet för yngre läkare

- Félag almennra lækna (FAL) – Iceland
- Sveriges yngre läkares förening (SYLF) – Sweden
- Nuorten Lääkärien Yhdistys (NLY) - Finland
- Yngre legers forening (YLF) - Norway
- Yngre Læger (YL) - Denmark