

## The structure of education and specialization in Norway

Medical education is administered from 4 universities and involving two others. Education varies among the universities, but a proposal is coming up to unify this structure. The study time is 6 years, ending in a certificate as licensed doctor. There are 3000 medical students in Norway and another 3000 Norwegian medical students abroad. This means around 950 new authorized doctors each year, half of them finished in the spring and another half in the autumn. There is no longer a need for the 1, 5 years of practice once needed for this authorization (*turnustjeneste*). Instead this practice is embedded in the new structure of specialization which is as follows:

### Part 1 (LIS 1 – LIS means *lege i spesialisering*)

This is estimated to 1, 5 years duration and resembles the former *turnustjeneste*. The big difference now is that the LIS 1 education is controlled by so called learning targets instead of duration in months. In practice this is a list of several themes and procedures the candidate has to achieve, each of them has to be controlled/ supervised and signed by a senior specialist. This part has to be completed before the candidate may proceed to the next parts of specialization.

Without this LIS 1 service, you cannot proceed with the specialization. Even if you are authorized as a doctor right after the exam, you will *de facto* have to be a specialist if you want to work in the Norwegian public health system. Therefore the waiting list for entering LIS 1 service is long. About 1100 students are waiting for LIS 1 service and this number does not seem to go down.

### Part 2 (LIS 2 Common trunk)

This is a compulsory part for all the *ten surgical specialties* in Norway (plastic surgery, vascular surgery, thoracic surgery, urology, gastroenterological surgery, child surgery, breast- and endocrine surgery, orthopedic surgery, neurosurgery and general surgery). The specialty *general surgery* was once compulsory for all the other formal so called subspecialties. To become specialist in i.e. thoracic surgery, you had to specialize as general surgeon first, then 3 years of sub specialization in thoracic surgery. The total time span was a minimum of 10 years after medical exam (1, 5 years *turnustjeneste*, 6 years general surgery + 3 years thoracic surgery).

The background for the new structure was a wish for shorter pathways to these subspecialties, from now on defined as separate formal specialties, and for a while the specialty general surgery was abandoned. The health politicians seemed to think that this two years common trunk was enough to make the surgeons able to handle acute surgical patients in smaller hospitals. This is of course not the case, and we have been able to get *general surgery* back as a separate entity requiring a full part 3 like the other specialties.

Many surgeons in Norway will want to have two specialties, both general surgery and another (former sub-) specialty, dependent of where they want to work.

### Part 3, final specialization

This last part consists of 3 years (estimated) trainee service in a special division (urology, vascular surgery etc.) Again the time span is not important, the learning targets are the essential. The good side of this is that you can achieve two specialties at about the same time as long as the courses and the learning targets are fulfilled. For all three parts there are courses that have to be taken, some compulsory and some you can choose.

In this new system, it is theoretically possible to reach a specialty in 6 ½ years after the medical exam. However, the list of learning targets is enormous, and no one believes that this aim is realistic. Both part 2 and part 3 will take longer than the estimated time.

### Comments

This is a short version of a complicated new system of education and specialization that will have to be evaluated after a few years. All will be dependent of a well-functioning digital registration of the candidates and all 4800 learning targets (this is the total number for all specialties). This system is still not in place.

What further complicates this is the fact that many of the trainee service positions will be transformed from time limited to permanent positions, thus reducing the number of available positions in use for education. And there is by legislation a reduction in hours per week allowed to work for the trainees who will have shorter hours in the hospital and less time to be actively operating.

As you will understand, this new system has a lot of shortcomings as compared to the former system, and the expected time gain really uncertain. We will have to evaluate after not to long.