

# **IMMIGRANT DOCTORS**

## **– a Swedish healthcare resource**

**A summary of the action programme of the Swedish Medical Association and the Swedish Society of Medicine**

**Swedish Medical Association**  
**Swedish Society of Medicine**

**2001**

## **Background**

The managements of the Swedish Society of Medicine and the Swedish Medical Association decided back in 1996 to examine the question of the working conditions of immigrant doctors. The principal reason for doing this was a desire to meet the need for information about the situation faced by foreign doctors. The subject of the enquiry was foreign doctors who had qualified in countries outside the EU/EEA and their road to registration in Sweden. In January 1998 the Swedish Medical Association and the Swedish Society of Medicine decided to carry out further work on what can be done by the doctors' organisations to make it easier for immigrant doctors to achieve full recognition in Sweden, to obtain employment and to become integrated into the Swedish healthcare system. The outcome of this work was a report entitled "Immigrant doctors – a Swedish healthcare resource", which was published in 1999. The need has now arisen for a translation into English of the central planks of the programme.

## **Aim**

The aim of the report is to identify and analyse various problem areas and on this basis propose measures making it easier for immigrant doctors to obtain Swedish registration and to enter and become integrated into the Swedish health services. The action programme is intended to serve as a basis for the future work of the doctors' organisations. In the programme measures are proposed which are at the disposal of the doctors' organisations themselves within the scope of their activities. In those areas in which the doctors' organisations have no authority, the proposed measures entail, inter alia, the submission of requirements and suggestions to the responsible authorities or similar bodies.

The action programme is addressed not only to representatives and officials in the doctors' organisations, but also to the relevant authorities, politicians, heads of hospital departments, employment agencies, the social services etc. The report also contains valuable information for the immigrant doctor and may also apply to some extent to other healthcare professions.

In this summary a chronological description is given of the road taken by the immigrant doctor to the Swedish healthcare labour market. The summary consists of four parts: the first contains an account of the additional training required for Swedish registration, together with views and proposals of the doctors' organisations regarding this training; the second part deals

with the road to the labour market and the suggestions made by the doctors' organisations for improving and expediting it; the third part dealt with professional competence; and finally the report gives a brief description of the various local projects in existence.

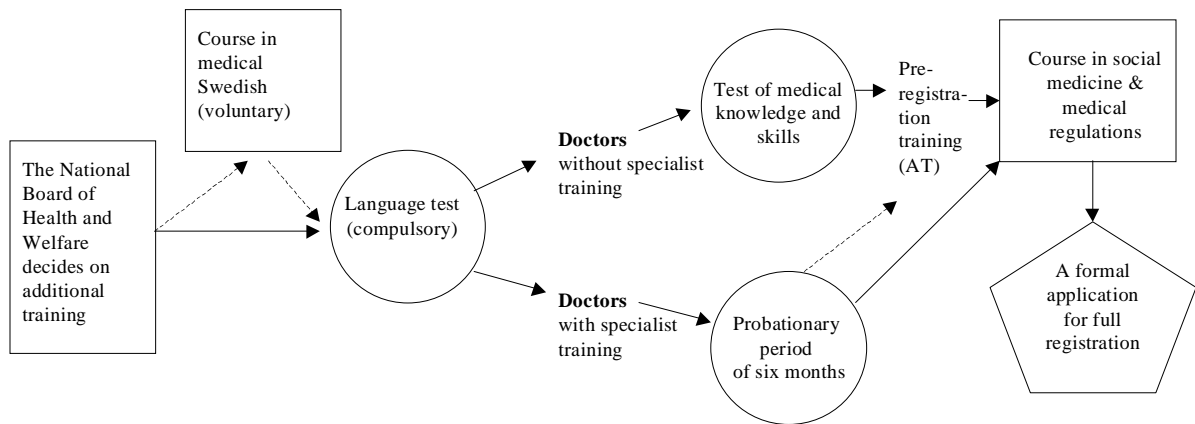
## **The road to Swedish registration**

A doctor who has qualified in a country outside the EU/EEA must undergo additional training in Sweden in order to obtain registration. According to the National Board of Health and Welfare, this additional training cannot be offered to all foreign doctors wishing to work in Sweden, owing to limited resources. At the present time, therefore, only doctors who have been granted a residence permit and a work permit by the Migration Board on political, humanitarian or family-related grounds are accepted.

### **Swedish for Immigrants (sfi)**

Under existing rules, all immigrants who are residents of a municipality and who lack a basic knowledge of Swedish are entitled to take part in sfi. In other words, this entitlement is linked to the municipality where the immigrant is resident and officially registered. Participation in sfi requires a residence permit. In the absence of special reasons, the municipality is obliged to provide sfi within three months of the doctor taking up residence. The course lasts six to twelve months.

## Additional training



### Application for an assessment of competence

Applications to work as a doctor in Sweden are made to the National Board of Health and Welfare, which assesses in each individual case the applicant's clinical competence and decides on the conditions for obtaining Swedish registration.

To enable it to assess clinical competence, the National Board of Health and Welfare lays down that the foreign doctor should either take a test of his or her knowledge of medicine or serve a probationary period. In the case of doctors with specialist qualifications and at least five years of professional experience, the probationary period is set at six months, while doctors with only a foreign medical degree or with limited professional experience are required to take the test of medical knowledge. At present the proportions of those taking this test and those serving the six-month probationary period are approximately equal.

On average, from the time that their application reaches the National Board of Health and Welfare, it takes about four to five years to obtain Swedish registration for those who have to take the medical knowledge test and about two years for those who are required to serve a probationary period.

### Language test – course in medical Swedish

The first stage of the additional training is a compulsory language test in medical Swedish, which is arranged by the educational association Folkuniversitetet on behalf of the National Board of Health and Welfare. The standard required by the test is equivalent to upper secondary school competence in Swedish. As preparation for the test, Folkuniversitetet arranges voluntary language courses, entitled Medical Swedish 1 and 2. Admission to these courses requires completion of sfi and a decision by the National Board of Health and Welfare in respect of additional training. The application must also sit an entrance test. Places on these courses are limited.

The language test and the voluntary language courses are financed by the National Board of Health and Welfare and the County Employment Board and held by Folkuniversitetet in Stockholm, Uppsala, Lund and Umeå and by the Department of Swedish Language at the University of Gothenburg. One of the obstacles faced by many foreign doctors has been the need to support themselves while attending the course in medical Swedish.

### Medical knowledge (“TULE”) test

The aim of the medical knowledge test (also called the TULE test after the organisation for the examination of foreign doctors) is to establish that the doctor possesses a basic medical knowledge equivalent to a Swedish medical degree. The TULE test is held twice a year by the Karolinska Institute in consultation with the National Board of Health and Welfare. Those who take the TULE test are required to have passed the language test in medical Swedish.

The test, which is held over a period of three days, is in two parts. The first day is devoted to a written knowledge test, consisting of about one-hundred questions on surgery, medicine, obstetrics and gynaecology, paediatrics and psychiatry. On the other two days two individual practical tests are given in some of the areas mentioned. The examinees are allocated one or

two patients on whom practical clinical operations such as history-taking, status, referral, treatment proposal etc. are performed.

In 1998 the pass level for the theoretical part of the test was raised from 60% to 65% in surgery and medicine and from 50% to 60% in the other subjects. Since 1998 those who fail the test the first time have been able to re-sit at a later date those *parts* which they failed, i.e. they do not need to take the entire test again. If not all the subjects are passed the second time, there is another opportunity to re-sit the failed parts on a later occasion. In the case of the practical test, re-sitting this requires both parts of it to be completed. If a successful result is not obtained after taking the test three times, there is no opportunity, in principle, to take it again.

### Probationary period

Success in the language test is a requirement for a probationary period of service. The doctor must make his or her own arrangements for a probationary post in the relevant clinical field. The head of the department issues a report at the end of the probationary period, which contains an assessment of the doctor's clinical knowledge in relation to Swedish registration requirements, his or her judgment, relations with patients and staff, general suitability as a physician and actual competence in the speciality in question, preferably in terms relating to the Swedish continuing education system and established description of goals.

### Laying down conditions for registration

After successful completion of the TULE test or the probationary period of service, the National Board of Health and Welfare prescribes the conditions for obtaining Swedish registration. With regard to the probationary period, the Board bases its assessment on the report made by the head of department.

Decisions about the conditions for registration may reflect large individual variations. In the case of doctors without specialist competence who have passed the TULE test, a internship (AT) is normally a condition of registration. Doctors who have been required to complete a probationary period may also be required to undergo AT or parts of AT as a condition of Swedish registration. What is common to all doctors, however, is the requirement for training

in Swedish medical laws and regulations. A course of this kind is currently held two to four times a year by the Department of Communing Medicine at Lund university.

## Registration

Following successful completion of training in medical laws and regulations, those whose only condition of registration has been this course can apply for Swedish registration. Those doctors who have been assigned AT as a condition of registration undergo this training programme, attend the course in medical laws and regulations and then apply for Swedish registration. Specialist competence may be obtained once the doctor has acquired competence according to the target description for a specialist training post.

## The road to Swedish registration – proposals of the doctors' organisations

The Swedish Medical Association and the Swedish Society of Medicine consider that there is a need for immigrant doctors to enter the Swedish healthcare system more quickly. It is unreasonable for persons who are already qualified as doctors when they come to Sweden to get “caught up” in additional training which takes an unreasonable length of time.

The Swedish Medical Association and the Swedish Society of Medicine consider that:

- Better cooperation between the municipality, the Employment Office and the National Board of Health and Welfare is a prerequisite for guiding immigrant doctors more quickly towards obtaining Swedish registration and for the efficient utilisation of society's economic resources.
- The municipalities, in collaboration with the Integration Board and other bodies, must make changes to Swedish for Immigrants (sfi) to enable the teaching to be individualised and made more effective. Greater importance must also be attached to pronunciation training and syntax.
- Collaboration across municipal boundaries can give opportunities of having special groups consisting of immigrant doctors and other healthcare staff.
- Immigrant doctors should be entitled to attend the courses in medical Swedish.
- Immigrant doctors must be given greater opportunities to practise both in connection with their language training and in preparation for the test of medical knowledge (the TULE test) and the probationary period of service.

- The Employment Office, in collaboration with the employer and the local doctors' association, should initiate with the help of labour-market policy funds various forms of training/practical work to an extent which in the long term allows all immigrant doctors, irrespective of which road of additional training they follow, to be offered a place.
- The doctors' organisations should be represented in the TULE organisation.
- Clear criteria and objectives must be drawn up for the probationary period of service.
- Immigrant doctors required by the National Board of Health and Welfare to serve a probationary period shall be appointed assistant physicians during this period.

## **The road to the labour market**

Obtaining employment is of central importance for the opportunities of immigrants to become established in their new country. Besides a sound financial position and economic independence, employment gives rise to contacts and a strengthening of identity, which in turn promotes social integration. However, high qualifications, such as a medical degree and professional experience in one's native country, do not appear to be a guarantee of entry to the labour market.

Difficulties in assessing their qualifications, an inadequate knowledge of Swedish, little practical experience of the Swedish healthcare system and the absence of a network of contacts may explain difficulties in the labour market and unemployment among immigrant doctors. Another explanation (which cannot be ruled out) is prejudice against immigrants. Discrimination is seldom mentioned in connection with the difficulties experienced by immigrants in working life, let alone measures designed to counteract and reduce it.

Many immigrant doctors have specialist training and several years' experience. In such cases only a short period of additional training is required to enable them to practise as a fully qualified physician. In financial terms, relatively small investments are required to provide immigrant doctors with the competence needed for Swedish registration. In return, they bring to the healthcare and medical services valuable skills in the form of a knowledge of languages and the knowledge and experience that another cultural and ethnic background can give. The population mix has changed in Sweden, and apart from the desirability of this being reflected

in the mix of personnel, this makes new demands for knowledge on the part of those working in the healthcare system.

### The road to the labour market – proposals of the doctors' organisations

The Swedish Medical Association and the Swedish Society of Medicine consider that unemployment among immigrant doctors represents an inefficient use of resources. Immigrant doctors are an important asset to the Swedish healthcare system. To make it easier for them to enter the labour market, the doctors' organisations should:

- Encourage employers to take on immigrant doctors for practical training.
- Cooperate with the Employment Office and promote the establishment of specialised employment offices.
- Argue in favour of improved statistics relating to immigrant doctors as a group.
- Disseminate information about the additional training process.
- Provide support and advice to new employees, e.g. in matters relating to salary.
- Influence attitudes and lay stress on the need for diversity in the labour force.

## **Development of professional competence and knowledge of the Swedish healthcare system**

### *Support for foreign doctors*

To enable immigrant doctors to work and function effectively in the Swedish health system, however, it is not enough for them to meet the formal requirements. They must also be given help in integrating into the organisation and in understanding the Swedish culture and tradition of healthcare. In addition to support from colleagues involved, this also requires the employer to organise a well-thought-out induction programme. An attempt should also be made, in collaboration with the local unions, to create a network and a mentorship programme for immigrant doctors.

## Development of professional competence and knowledge of the Swedish healthcare system – proposals of the doctors' organisations

The Swedish Medical Association and the Swedish Society of Medicine consider that it is important that all immigrant doctors should at an early stage receive the support of the colleagues with whom they come into contact. This requires, among other things:

- A mentorship programme, arranged both by the employer in collaboration with the local union organisation and within various sections/specialist associations.
- A network for immigrant doctors and mentors.
- Encouragement for the employer to draw up an induction programme for newly employed doctors.
- Individual skills-development plans.
- Research and development relating to immigrant doctors' opportunities and difficulties in the labour market and also in their contacts with different groups of patients.
- Follow-up and development of the various efforts made.

### **Local models**

Models have come into existence locally to make it easier for immigrant doctors to obtain Swedish registration. Three models are described below: the Malmö, Gothenburg and Stockholm models.

#### **The Malmö model**

At Malmö University Hospital (UMAS) a course has been started in association with the Employment Office which is aimed at doctors who have qualified outside Sweden. Many fruitless attempts had been made by the Employment Office to arrange trainee posts, while at the same time UMAS had established that it was difficult for immigrant doctors to gain a foothold in the labour market. Together, they therefore took the initiative in creating a structured course designed to give immigrant doctors better opportunities of entering the Swedish healthcare system.

The course is aimed at doctors who have been required by the National Board of Health and Welfare to take the TULE test and who have passed the language test. Those who satisfy these criteria have an opportunity to attend the course via the Employment Office. The main aim is to give participants the knowledge required to enable them to pass the TULE test.

The course lasts six months and is held at the Department of Internal Medicine. Consisting of theory and practice, it is divided into three blocks each of two months. During the first period each delegate follows the work of a junior and a senior nurse and a charge nurse, among others. The second period consists of independent study. A list of Swedish references, which is partly been drawn up along the lines of the TULE test, has been produced. This period is devoted, among others, to a review of earlier TULE tests, including the theoretical and the practical sections. A joint discussion is held once a week of the clinical literature, case descriptions etc. During the third and final period participants are given an opportunity to undergo a more practically oriented period of service. The course concludes with a written test.

Financing is provided from labour-market policy funds, which are made available within the scope of what are referred to as non-traditional contributions in the area of labour-market policy, i.e. contributions which can be justified on labour market grounds, but are not included in the ordinary labour-market policy measures. The Employment Office “purchases” the course from the Department of Medicine, which admits three doctors at a time. The doctors receive a “training allowance” which is based on their unemployment benefit. Those who do not qualify for unemployment benefit are paid a daily amount of SEK 104, which in turn probably involves the payment of income support. The total cost (excluding any income support) per participant is about SEK 75,000 – 80,000.

### The Gothenburg model

The project Foreign Doctors is a project involving winners only and is a joint project involving the City of Gothenburg, the Integration Board, the County Employment Board, the University of Gothenburg Medical Faculty, the National Board of Health and Welfare and the Western Götaland region, aimed at shortening the road to Swedish registration for doctors who have qualified in a country outside the EU.

The model entails seeing the road taken by the immigrant doctor as a process in which various principals have a joint responsibility and collaborate on this basis. The project takes an all-round view of this process and seeks not only to smooth the way for the ninety doctors taking part in the pilot project, but also to devise a model of how the process can be made easier and faster for immigrant doctors.

Those who have not taken the test in medical Swedish initially take a language test to enable the training to be planned on an individual basis. Specifically, the target group was divided into four groups, in which those with the least knowledge received maximum training support – i.e. 45 weeks' instruction, after which they were judged to be sufficiently qualified to take the medical Swedish test.

Support in preparation for the test of medical knowledge was organised by the Faculty of Medicine at the University of Gothenburg. This support extends over sixteen weeks and comprises lectures as well as group discussions and demonstrations. In addition, the project has purchased the relevant literature to form a “course library”. Support is coordinated and organised through the part-time employment of a director of studies and a course secretary.

For those who are to undertake a probationary period of service, an internal organisation within the region has been created to improve this period. A contract is drawn up between the head of department, director of studies, supervisor and the individual doctor which specifies targets, lays down follow-up requirements and sets out the terms of the probationary period of service. The units to which a doctor is assigned qualify, for example, for a financial grant (SEK 2000 per week) to strengthen their resources or their own skills development. An attempt is also made to encourage participants to make applications outside Gothenburg to those parts of the region where future work is available.

Some brief facts about the project:

- The pilot group consists of ninety-one foreign doctors
- The pilot group receives a monthly salary during the project of SEK 12,300, which goes up to SEK 15,600 during the probationary period of service
- The project started in May 2000 and concludes in December 2001

## The Stockholm model

Building on the example of the Malmö project, the Stockholm County Council and the Stockholm County Employment Board have started a joint project aimed at enabling doctors resident in the Stockholm region who qualified in countries outside the EU/EEA to obtain Swedish registration. The project, which has been funded by the Government, consists of preparatory courses for the knowledge test and placements either in a regular pre-registration training programme (AT) or in probationary service, depending on the level of qualifications obtained by the doctor in his or her home country. Altogether, funds are available to enable about 150 doctors to obtain registration.

### Looking for work

Available posts are mainly advertised in the Swedish Medical Journal (*Läkartidningen*), which is published weekly. Advertisements for medical posts are also found in *Moderna Läkare*, *Landstingsvärlden* and the official publication *Post & Inrikes Tidningar*.

Medical vacancies are also advertised at the Employment Office (*Arbetsförmedlingen*). Some regions have specialised branches of the Employment Office for different professions, e.g. healthcare professions. In areas where specialised branches do not exist, applicants must contact their local branch, which is determined by their home address. When registering with the Employment Office, it is important to make sure that all information about one's skills and competence is registered in the organisation's databank, e.g. specialist training certificates. This will ensure the best possible match between applicants and vacancies.

### Become a Member of the Swedish Medical Association (SMA)

It is very important that you become a member of the Swedish Medical Association. We can help you with questions concerning your education and the profession. Every new member makes the medical profession even stronger and enables us to drive through the concerns of the medical profession in Sweden more forcefully and to target the right priorities.

The SMA membership entitles you to a number of benefits including:

- Counselling and support in questions relating to your education, professional role and work situation;
- Help in advance of salary negotiations through access to up-to-date salary statistics, and guidance in employment matters;
- Advice and support in questions relating to contract, insurance and pension;
- Legal advice in discipline matters, labour law and medical law;
- Access to relevant official reports and policy documents;
- The right to apply for loans and access to holiday apartments/houses.

As an active member you also have the opportunity to influence:

- your own working environment;
- centrally and locally held salary negotiations;
- priorities of the SMA,
- the political agenda of the SMA.

The membership application form can be accessed through the SMA website [www.slf.se](http://www.slf.se).

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The Integration Board [www.integrationsverket.se](http://www.integrationsverket.se)  
The Migration Board [www.migrationsverket.se](http://www.migrationsverket.se)