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Bring medical studies home to Norway

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Norway only trains a bit more than half of its own doctors. In a global perspective, this is a shameful statistic.

Photo: Einar Nilsen

Almost half of all doctors working in Norway (45.2 %) undertook their medical training abroad (1). In terms of how many doctors each country trains per inhabitant, Norway is ranked 26 out of 29 OECD countries (2). Even at the bottom of the list, Norway stands out with its particularly low proportion of doctors with a foreign background trained abroad. In the spring of 2021, 87 % of foreign-trained applicants seeking junior doctor positions in Norway were Norwegian (3). The number of applicants trained in Norway increased by 5 % from 2013 to 2021, while the number of applicants trained abroad increased by 46 % (3). Thus, unlike most other countries, we are sending young people to other countries in their droves to study medicine, with them returning when they are qualified doctors.

Letting other countries pick up the bill for training the doctors we need represents a financially advantageous education policy for Norway. The average annual cost to the government for one medical student per year in Norway is estimated to be NOK 885 000, while the corresponding figure for a student abroad is NOK 94 500 (4). However, this education policy is not in the spirit of solidarity and is not particularly sustainable.

> ***«Rich countries' wasteful approach to global educational capacity by not training their own doctors is problematic»***

If indicator 3.c.1 (Health worker density and distribution) in the UN's Sustainable Development Goals is to be achieved (5), the world needs more doctors. It is estimated that around 6.4 million doctors are needed to reach this target (5). Rich countries' wasteful approach to global educational capacity by not training their own doctors is therefore problematic. This is partly the reason why the WHO adopted the Global Code of Practice on the International Recruitment of Health Personnel in 2010 (6). In endorsing this, Norway undertakes to work towards using its own resources to meet its demand for health personnel. In reality, developments have gone in exactly the opposite direction. From 2012 to 2018, the number of doctor-years in Norway performed by foreign-trained doctors increased more than twice as much as the number of doctor-years performed by doctors trained in Norway (7).

In 2007, the Norwegian Directorate of Health recommended that Norway train 80–90 % of its doctors, but no plan was ever drawn up (7). On the contrary, the proportion of Norwegian medical students abroad has increased steadily every year since then. Between 2008 and 2017, the growth in the number of students abroad was 33 %, compared to an increase of 1 % in Norway (4). In 2018, the Ministry of Education set up the Grimstad Committee to investigate capacity and the potential for increasing the number of medical students in Norway (7). The committee's recommendation was clear: by 2027, Norway should be training at least 80 % of its doctors, corresponding to an increase from 636 to 1076 study places (7). Since then, the number of study places has increased twice; first with 80 extra places in the revised national budget for 2020, and then with 15 extra places in the budget for 2022. However, even with these increases, the current educational capacity covers only 54 % of the estimated demand for doctors (8).

«Hundreds of newly qualified doctors are left without a job»

If we are to achieve an educational capacity that corresponds to that of comparable countries, a comprehensive plan is needed, both for the entire medical education pathway and to bring Norway's educational capacity more in line with the international level. To learn how to do this, we need look no further than Denmark, which has a stated goal of training its own doctors. In 2019, Denmark had 28.3 medical students per 100 000 inhabitants, while Norway had less than half that figure, with 11.3 (7). The Danish system also entails an annual adjustment of the number of junior doctor positions based on the number of newly qualified doctors (9). There is no such strategy in Norway, which consequently leads to hundreds of newly qualified doctors being without a job and a 'grey market' of non-meritorious positions, coupled with a huge unmet demand for qualified specialists. These therefore need to be imported to Norway, representing yet another failing in our obligations under the WHO's Global Code of Practice (6).

Medicine is an international field, and it will also be desirable in the future for a certain proportion of Norway's doctors to be trained abroad. However, the fact that one of the OECD's richest countries still chooses to only train a bit more than half of its own doctors is shameful in a global perspective. It's time to bring medical study places home to Norway.

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