

Recommendations from The Nordic Young GPs on GP specialist training in the Nordic countries

This statement is the product of several meetings in the NYGP Executive Board through 2020 and early 2021 where we have taught each other about the GP training programs in the Nordic countries and the successes and challenges in each country. Based on this knowledge, we have discussed and concluded on what is most important to ensure relevant and high quality training. Our aim is that each of the countries can learn from the positive and negative experiences of the others. We believe the perspective of GP trainees and young GPs is essential in the development of high quality training. We know the current systems from the inside, which elements work well and where there is need for improvement. The training programs in the Nordic countries are different and have developed according to local needs and traditions. We appreciate this variation and it is not our aim that they become identical. However, we believe that all the countries should have the same high standards and some common key requirements. The Nordic countries have a proud tradition of a strong and central role for the general practitioner in our health systems. The way we train our young GPs defines how this tradition is brought into the future.

This statement paper considers only the specialist training. However, it is our opinion that a minimum of six months basic training in general practice should be compulsory for all medical doctors.

Overall features and time requirements

1. Specialist training should be compulsory and a right for all GPs.
2. Specialist GP training should require a minimum of 5 years in total, after basic training. This time frame should include predominantly clinical work, but also a research or quality improvement project. A minimum of 2,5 years clinical work should be completed in general practice.
3. GP trainees should complete part of their training in hospital departments or other relevant medical institutions. This work should involve a two-way interaction, where the GP trainee acquires new skills and knowledge, and in turn contributes with experience and perspectives from primary care.

Essential elements in the GP training

4. Key competences in general practice are continuity of care as well as a responsibility and coordination of the inhabitants' health care needs. Training in the GP clinic should involve experience in continuity of care. At the same time, experience from a minimum of two GP clinics or other primary care institutions is of value to ensure knowledge of the diversity in organisation of primary health care.
5. Emergency medicine is an essential activity in general practice and sufficient training should be included in GP specialist training.
6. GP trainees need time and access to theoretical teaching throughout the training period.

7. Every GP trainee should be required, and provided time and funding, to undertake a research or quality improvement project as a part of their specialist training. This is necessary to learn skills for continual improvement of GP practices and the development of the academic and clinical field of general practice and family medicine.
8. GP trainees should have the possibility to undertake leadership training to ensure that future GPs are well qualified to take appropriate leadership roles in GP clinics and other primary care settings.
9. To secure continued and career-long qualification and updated knowledge, all GP specialists should be expected to take part in and document learning activities throughout their clinical work life.

Supervision, peer groups, mentorship and assessment

10. GP trainees need individual follow-up throughout the training period. This should include continuous access to supervision in the clinical setting, as well as a minimum of one hour per week allocated for reflective guidance separate from immediate clinical work. It is essential that this is a clear obligation for both trainee and supervisor and appropriately documented to ensure its priority in a busy clinical setting.
11. GP trainees need to belong to a guided peer group throughout the training period. This group is important for clinical and ethical reflection, discussion and learning of current and emerging topics in general practice. It is also essential for ongoing peer support and mentorship in a safe environment.
12. Assessment of GP trainees should involve regular formative assessment by an individual supervisor as well as an independent summative assessment.

Financial and institutional structure

13. Every GP trainee should have a plan for the completion of their training from the start. Such a plan should be the responsibility of a teaching institution. It should ensure that all minimum requirements can be met and also accommodate time and opportunity for the trainee to pursue his or her individual interests and learning needs within the training period.
14. All requirements in the specialist training program should be included in the work descriptions of GP trainees and considered a part of their job. Financing of GP training activities should be organised through nationally uniform systems.
15. Permanent employment should be the main rule during GP training. Employment safety is important to ensure recruitment and retainment of GP trainees and a work culture of involvement and improvement.