

Residency in Denmark – A time of transition

European Tour of Residencies



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Much has changed in the Danish health care system over the past few years. Just over 3 years ago Urology became its own specialty from being a subspecialty under General Surgery. This was done in order to recognize the specialty and to target the education as such.

As a result, two years ago a new residency programme system was implemented. The education is now a single, continuous, residency as opposed to the previous system which was set up as a series of shorter contracts with urological and surgical departments. For a surgical subspecialty like Urology, the old system would often take more than 12 years and rarely less than 10!

In Denmark, Medical School is a continuous 6.5 year university education encompassing everything from basic sciences to clinical education. This also includes various clinical rotations in the final years. Most students are now accepted into Medical School just after finishing high school. Admission is based on final grades but a number of places are reserved for “older” students, and admission for those spaces is based on their curricula, previous work experience, and personal interviews. After Medical School, students do an 18-month internship after which they receive a general licence to practice. The internship consists of 6-months at each surgical specialty, a medical specialty, and as a GP assistant. In the future, it is proposed that this internship be reduced to only 12 months.

As an “appetizer” to the various medical specialties, a student may then apply for a 12 month “introduction” position. This is designed to provide the basics in the field and to allow the student to opt out if it does not fulfil expectations. This position will in any case give credit towards another, but related, specialty that may have higher entrance requirements. On average, one is expected to complete 2 of these introductory periods but there is considerable variation between specialties. A new proposal has just been accepted that will limit the time from finishing med school to entry into a main residency position to 4 years. This was done in order to prevent too much “shopping around” but foremost to speed up the education for some of the most popular specialties. Any time spent on a PhD or other academic degree will not be counted within the 4 year limit.

The main residency in Urology is now a 5-year programme. Admission is based on an application and a scoring system – the higher your score, the better your chances for your favourite spot. You can improve your score by obtaining credits from a number of activities: publications; academic degree; surgical experience; teaching experience; relevant coursework etc. Applications are accepted twice annually with a total of 11 residents accepted per year. This is expected to increase to 14 in the future. All programmes are combined between 2 hospitals, usually one university affiliated and one non-academic hospital. Of the 5 years, only 6 months are spent in general surgery and this is within the first 2 years. Shorter stays of 1-2 weeks are planned in nephrology, gynaecology, oncology, radiology and nuclear medicine.

Over the entire period (including the internship and introduction year) you are expected to participate in:

- 20 days of general courses such as communication, teaching, and management.
- 10 days of general surgery coursework such as surgical techniques, and traumatology.
- 30 days of urological coursework; 9 theoretical courses (uro-microbiology, uro-radiology, uro-oncology, uro-pathology, andrology, urolithiasis, urodynamics, nephrology, and paediatric urology) and 3 practical courses (endoscopy, ultrasound,

and laparoscopy).

To monitor the residents and stimulate theoretical study, semi-annual in-service assessments, one of them the EBU in-service test, are conducted. There are no formal research obligations or dedicated time for this, but research projects and presentations are encouraged and if you present at any larger professional meeting, participation and time off will usually be granted. It is expected that about 25% of residents within all specialties will also obtain a PhD. With the implementation of the new residency programme a different evaluation system is used. This is based on the CanMEDS 2000 model also used in other European countries, where the resident - at defined steps - must meet a minimum level within 7 core competencies for medical education and practice. There are no longer a required number of procedures that the resident has to perform. Instead, a mentor will interview the resident and review his or her status twice annually and decide competencies.

At the end of the residency, there is not a national board examination to obtain an official accreditation to practice urology but it is strongly advised and encouraged to take the EBU exam (expenses and time off will be granted). After being accredited as a urologist you must work 2 years and complete additional coursework (primarily in management) to qualify for a position as consultant or attending. This two-year period often includes the responsibility for a subspecialty. There are no formal fellowships or subspecialty certification but the 2 years after the residency are often spent partly on subspecialising. There are currently no plans to include subspecialisation in the residency or to set up a system of fellowships but there is much debate ongoing about this.

Virtually all MD's in Denmark are organized in a national Danish medical union. The young doctors have their own section negotiating working conditions with employers. Because of the high level of organisation there are generally very pleasant working conditions such as a 37-hour work week (calls included), a decent salary, 6 weeks of vacation per year, excellent child- and sick leave benefits, and a pension plan. In urology the residents are organised in the DUSC (Danish Urology Science Club) which is represented within the ESRU as well as in the DUS (Danish Urological Society).

In summary, the Danish residency in urology has recently undergone structural changes but still remains a long process to complete. The Danish residency system is probably the most family friendly you will find. Currently there is a shortage of Urologists in Denmark and nothing points to this changing in the near future. With regard to working conditions and salary there are at present no strong incentives to finish a residency as fast as possible. The future may show a need for subspecialisation residency programmes, perhaps as office urologists or as a fellowship programme.