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EDITORIAL

Taking a doctorate in family medicine in the Nordic countries

In connection with the 15th Nordic Congress of General Practice in Reykjavik last summer the *Scandinavian Journal of Primary Health Care* celebrated its 25th anniversary [1]. A well-attended symposium was held to mark the occasion. To coincide with the congress an editorial was also published [2], analysing the content of the journal in the last three years.

For the symposium I had prepared a lecture about the procedures for taking a doctorate in family medicine in the five Nordic countries, and this is reproduced here in the form of a large table (see Table I) with brief comments.

In preparation I wrote down in detail our procedures at Lund University, and then asked my Nordic co-editors to do the same thing for their respective universities. In this way I obtained information from the universities of Bergen, Odense, Reykjavik and Tampere. The preliminary table was then distributed for comment and subsequently adjusted. For the publication of this editorial, my co-editors were again given the opportunity to check that the description of the procedures in their respective countries was still correct.

It goes without saying that the data from Reykjavik concern the whole of the country, and this proved to be the case for Bergen and Odense as well. In contrast, procedures for a doctorate proved to differ somewhat between the different universities in Finland, and even more so in Sweden. Naturally, the compression of the data into a table entails a simplification of the reality, with the emphasis on what is common and normal, sometimes at the expense of details concerning the exceptions.

Five countries with many similarities

The table presents data for the five countries in three parts: what is required for registration as a doctoral student; how the actual work for the degree is organized; and the forms of examination, with the oral defence (the disputation where an opponent critically discusses the dissertation with the respondent). Of course, there are great similarities on many points in the regulations in the five Nordic countries, but in the following I shall chiefly comment on the interesting differences. It will be noted that Denmark and Norway often resemble each other, as do Finland and Sweden, while Iceland has hitherto had only seven PhDs in family medicine, four of them obtained in another country.

In Denmark, and to a certain extent in Norway, the doctoral student is often rather young, and still in training to become a general practitioner. He/she is part of an ongoing research project, and after the doctorate has the chance to pursue an academic career. In Finland and Sweden, by contrast, the doctoral student is usually an experienced specialist in family medicine, who comes to the university with his or her own research questions taken from everyday clinical practice. He/she is highly motivated to do the research, but after the disputation, any academic career is of necessity short.

In Denmark and Norway the doctoral student is usually fully financed, and can work full time on the research project, whereas the supervisor in Finland and Sweden has to toil hard to arrange at least some finance for the doctoral student. In the latter countries it is therefore part-time studies that are the rule, and the doctoral student has to be prepared to sacrifice a great deal of his or her spare time for the research.

Naturally, there are older doctoral students with poor financing in Denmark, just as there are younger doctoral students with good financing in Sweden, but the differences as a whole are interesting to note, even though the description above may be slightly exaggerated.

In all five countries the thesis is usually a collection of 3–4 articles, normally published in international journals, framed by a long introduction (known in Swedish as *kappa* or *ramberättelse*) summarizing and integrating the separate studies. Theoretical learning is mostly well regulated, corresponding to half a year's study; the exception here is Sweden. Requirements to take part in teaching are found only in Denmark and Norway, and a special trial lecture before the disputation is required only in Norway.

As regards the extremely important quality control, there are many similarities, but also some differences, between the countries. Initial requirements are well-qualified supervisors and well-thought-out research

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Table I. Procedures for taking a doctorate in family medicine in the five Nordic countries.

	Finland	Sweden	Iceland	Norway	Denmark
Registration					
Entrance qualifications	Medical degree	Medical degree	Medical degree	Medical degree	Medical degree
Doctoral student	Experienced colleague	Experienced colleague	Few hitherto (more abroad)	All ages	Mostly young
Subject	Family medicine	Clinical medicine	Family medicine	Family medicine	Health sciences
Main supervisor	Professor/Docent	At least Docent	Docent/Professor	Mostly Professor	Lecturer/Professor
Assistant supervisor	Yes, sometimes	Yes, mostly	Yes, committee	Yes, mostly	Yes, mostly
Doctoral plan	Research plan; Courses and conferences	Research plan; Courses and conferences; (Finance plan)	Research plan; (Finance plan)	Research plan; (Finance plan)	Research plan; Courses and conferences; Finance plan
Work for the PhD					
Time spent	Part-time	Half-time (4–8 years)	Part-time (5 years)	Full/part-time (3–6 years)	Full-time (3 years)
Finance	Leisure/Employer	County council/ Leisure	Health service/ Leisure	Usually full	Full from start
Articles	4 (inter)national	4 international	3 international	3–4 (inter)national	3 international
Supervision	Regular (Annual report)	Regular (Annual report)	Regular	Regular (Annual report)	Regular
Theory	½ year	1–2 months	½ year	½ year	½ year
Own teaching	Not compulsory	Not compulsory	Not compulsory	Yes	Yes
Controls	Special follow-up group	Half-time control (2 external)	Special committee (meeting at least annually)	Continuous	Continuous
Disputation					
Application	Approx. 5 months before defence	3 months before defence	Approx. 4 months before defence	Approx. 4 months before defence	Approx. 4 months before defence
Scrutiny	Faculty: yes/no 2 external experts: Written statement	Examining committee (3 external): Only yes/no	Faculty: yes/no Examining committee: Written statement	Examining committee (1 internal and 2 external): Written statement	Examining committee (1 internal and 2 external): Written statement
Dissertation	Summary and 4 articles	Summary (*kappa*) and 4 articles	Summary and 3 articles	Summary and 3–4 articles	Summary and 3 articles
Trial lecture	No	No	No	Yes	No
Chairman	Kustos (the supervisor)	Impartial person	Dean	Dean	Internal (from examining committee)
Presentation	Theme lecture	Respondent	Respondent	Respondent	Respondent
Opposition	Opponent (2–6 hours)	Opponent (approx. 2 hours)	Opponents (1 external and 1 internal)	Examining committee (the 2 external members) (3 hours)	Examining committee (max. 2 hours)
Pass or fail	Faculty (as recommended by the opponent)	Examining committee	Examining committee	University (at the suggestion of the examining committee)	Examining committee

plans. During the actual work on the doctoral project there are various ways to ensure that the supervision is functioning, and various types of checks are applied. At the end the thesis is closely scrutinized, both before and during the actual disputation, and there are slightly different procedures for the formal decision regarding pass or fail.

In recent years there has been a certain adaptation of the regulations to conform to what applies in the rest of Europe and in the USA. This is particularly clear in Denmark, where the old doctoral degree (*Dr Med*), which involved writing a large, independent scientific work, without any other education, has mostly been replaced by the PhD described here.

Learning from each other

Although there are great similarities between the five Nordic countries, it is chiefly from the differences that we can learn something. We have done this over the years through our common journal [1], but also through our joint congresses every other year [3]. Sweden and Denmark have also had shared courses to recruit researchers [4]. The good Nordic cooperation is probably a reason why academic family medicine has developed well in our countries. All the four big Nordic countries were thus among the eight best in the world a few years ago when we used bibliometric measures to quantify the production of articles on family medicine [5].

To conclude, I shall repeat the main points of my lecture from the anniversary symposium in Reykjavik:

- Our specialty has shown impressive development during the last 25 years.
- Producing PhDs has been an important part of that development.
- The PhD programmes in our countries show many similarities, but there are some important differences.
- For successful future development, we have to learn from these differences.

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