
Many young people want to be a doctor

PETTER GJERSVIK

petter.gjersvik@medisin.uio.no

Petter Gjersvik, senior associate editor of the Journal of the Norwegian Medical Association and professor at the Institute of Clinical Medicine, University of Oslo.

The number of students in Norwegian medical schools will soon increase considerably. Will the number of young Norwegians who study medicine abroad, decrease to the same extent?



Photo: Sturlason

Medicine is a popular. Approximately 3 200 students study medicine in Oslo, Bergen, Trondheim and Tromsø, and nearly as many young Norwegians study at medical schools abroad, most of which are in Eastern Europe [\(1\)](#). In almost no other country is the proportion of foreign-trained doctors as high as in Norway [\(1\)](#).

Medical training and education in a foreign county has many advantages and positive features, and Norwegian medicine needs inspiration and ideas from other countries [\(1, 2\)](#). However, the fact that such a high proportion of doctors who will work in Norway receive their education and training abroad is problematic. It is contrary to Norway's international obligation to train its own health personnel [\(3\)](#), and those who study abroad have very limited or no contact with the realities of Norwegian health care [\(1, 2\)](#).

In the autumn of 2019, a government-appointed committee – the Grimstad Committee – submitted its assessment of how Norway can increase its capacity to educate and train medical doctors [\(1\)](#). The committee recommends that Norway should educate and train about 80 % of its own doctors, and that the number of students in Norwegian medical schools should be increased by 440, i.e. from the current 636 to 1 076, by 2027. This can be achieved if a larger proportion of the clinical training takes place in hospitals other than the traditional university hospitals, and in the primary healthcare service.

Nearly two years have passed since the Grimstad Committee submitted its report, but the ensuing debate on the committee's proposals has been relatively modest. The medical community in Stavanger has argued in favour of a complete six-year medical study programme in the oil town, while others believe that the education and training provided in Stavanger should continue to be part of the course of study at the University of Bergen. Medical communities in the rural districts argue that more of the basic training should be undertaken there. The medical faculty at the University of Oslo (UiO) has signalled that under certain conditions it could add up to 210 further students to those they already have.

The four medical faculties are well into the preparations for increasing their number of admissions. The work involved is extensive, because study programmes in medicine are complex and the logistics are demanding. The faculty in Oslo wishes to establish UiO campuses linked to Sørlandet Hospital and Innlandet Hospital, with significant parts of clinical practice training in local hospitals and in the primary healthcare service in the region, similar to what the universities in Bergen, Trondheim and Tromsø have done for many years. Larger premises and far more teachers are needed, despite growing use of online teaching and new e-learning methods. Teaching must not come at the cost of the specialty registrars' right to supervision in their specialisation programme. Also, doctors who are engaged in teaching and supervision of students cannot treat as many patients as before. More students must not come at the expense of the quality of teaching. In short: nobody should underestimate what will be required and what it will cost.

«If support from the State Educational Loan Fund is maintained at its present level, the number of young Norwegians who study medicine abroad is likely to remain high»

There is ample reason to believe that the labour market for doctors in Norway will be able to 'absorb' many new medical graduates. Positions for doctors are vacant in many regions, and some specialties report recruitment problems. To ensure a job for their partner, many young doctors apply for positions in the cities and the fully private labour market for doctors there. Many young doctors wish to have shorter working days and a better work-life balance, which means that more positions for doctors will be needed. Both women and men are entitled to parental leave, and women currently account for well over 70 % of all medical students (4).

The Grimstad Committee suggests that approximately 20 % of the doctors who will work in Norway can be educated and trained abroad, and propose that the support from the Norwegian State Educational Loan Fund be significantly reduced (1). Many young people may probably still be able to finance their overseas studies without support from this fund, since the motivation to become a doctor is often strong. This may lead to an even greater bias in the social and geographical recruitment to the medical profession than exists today.

The question is, however, whether it will be legally or politically possible to treat those who wish to study medicine abroad differently from those who wish to study other subjects, for example architecture or engineering. The Grimstad Committee's report leaves this question unanswered. If such differential treatment is *not* legal and support from the State Educational Loan Fund is maintained at its present level, the number of young Norwegians who study medicine abroad is likely to remain high.

Warnings about a 'glut of doctors' have been issued for decades, and they have been consistently wrong. Currently, Norway has the second highest doctor density in Europe (1), and with a marked increase in the number of medical students in Norway, more doctors than needed may graduate. Such a glut of doctors may sound like a luxury problem, but may undoubtedly also lead to more overdiagnosis and overtreatment, which already represent considerable problems in clinical practice (5). With the emerging 'grey tsunami', we primarily need more nursing and basic care workers, and we need a lot of them.

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