

Working In Sweden

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In the summer of 2007 I took the unusual step of deciding to work in Sweden. My only previous experiences of working abroad were two short elective periods in Ghana and Jamaica, neither of which involved working in a foreign language!

Prior to my emigration I exchanged correspondence with a number of hospitals in the Stockholm area and discovered that the major stumbling block to starting work would be the language barrier. Although most Swedish people speak excellent English, it was apparent that most institutions only consider applicants with a reasonable standard of conversational Swedish. There are some exceptions to this rule; for instance in northern Sweden, where it is traditionally hard to attract applicants. In this area, Swedish courses are frequently offered as a sweetener to foreign doctors in exchange for a given period of service.

After arriving in Sweden without any formal language training, I spent the first month finding my feet and researching local language schools, the best of which was Stockholm's Folkuniversitetet. Their programs comprise of monthly

courses that start at any level between beginner and advanced. If numbers permit, they also run medical Swedish courses.

Their classes are relatively intense and cover relevant subjects at a brisk pace, and although expensive are excellent for highly motivated students. Additionally the classes I attended were relatively small which meant personal learning objectives could be realised at the same time as studying the standard curriculum. An alternative to Folkuniversitetet is the government run SFI courses (Swedish for Immigrants), which although free, do not cater for people needing to learn Swedish quickly. Classes are large and because of the massive range of abilities within each group it is difficult to progress quickly. Overall, it took me approximately six months of university teaching and private study before I was in a position where I was ready to start work.

Starting work

There are a number of bureaucratic obstacles which must be negotiated before working in Sweden. Firstly, prior to entering the country an application must be made to the Swedish embassy in London. In order to work a citizen must obtain a residency permit and a personal number, affording the holder access to health-

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care and education for their family, as well as the freedom to live and work within the country. Once this process is completed, a request for registration to practice medicine must be

sent to the Swedish Medical Association (Socialstyrelsen), this requires the applicant to submit a copy of their current GMC certificate and a complete the appropriate application form. The whole process takes around 2-3 weeks and if applying as a citizen from an EU country there are rarely difficulties.

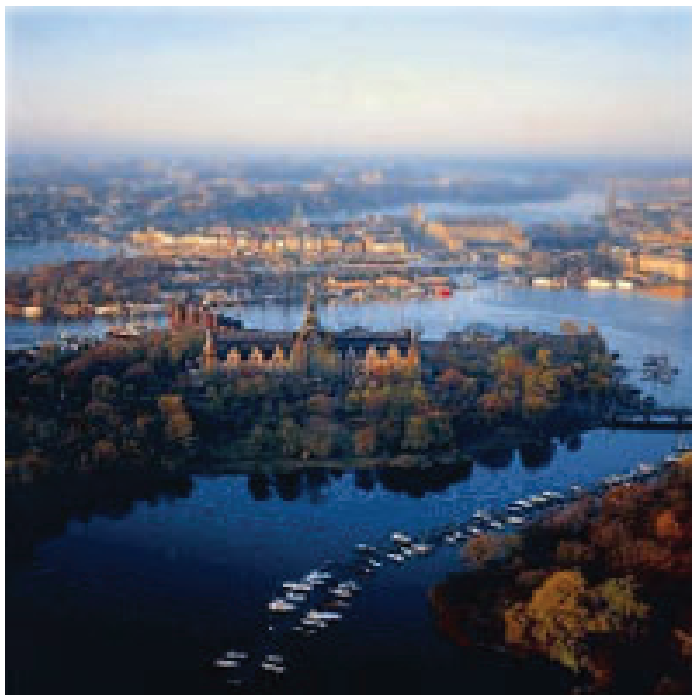


Figure 1: Panoramic of the Karolinska University Hospital

The Swedish Health System

The structure and management of Swedish health care has many similarities to the UK system. Sweden is run as a National Health Service with the provision of funds coming from governmental income taxes, with an additional levy

of up to £200 dependent upon whether an individual accesses medical services during a given fiscal year. Services are divided much like the UK into primary care, local hospitals and tertiary referral centres. Although unlike the UK the level of communication between these centres is excellent due to all records being held electronically.

The main differences relate particularly to the grading of doctors and the wage structure. Sweden simplifies training grades into three levels; AT doctor/underläkare (Foundation/ST1/ST2), ST Läkare (ST3-7) and överläkare (Consultant), and after applying at a suitable level, a doctor has the right to negotiate a salary directly with hospital administrators based on their experience and worth to the department.

Applications themselves are relatively informal, and should consist of a CV and a covering letter directed to the appropriate departmental head. The major exception to this system occurs when applying for a foundation program equivalent - these posts are advertised annually in a publication from the Swedish Medical Council.

Learning on the job

I was fortunate enough to be accepted for an underläkare post in Anaesthetics at Karolinska University Hospital in Stockholm. Karolinska is a large teaching hospital which provides both under and post graduate training and is renowned as a centre of excellence for many different specialities. I was warmly welcomed within the department and despite my reasonable grasp of Swedish they paid for extra private tuition in medical Swedish during my first month, something I was extremely grateful for.

For anaesthetic trainees, working practices differ

in certain ways but retain some of the important components which ensure safe clinical practice; this includes the customary three month introductory period during which new skills are learnt and perfected under supervision. After this phase, training programs become increasingly flexible.

Although a core curriculum must be covered by all trainees, each individual has responsibility for organising placements and facilitating the development of a specialist interest within a given speciality. My specific experiences of Sweden revealed further differences in the day to day role of an anaesthetist. Sweden employs anaesthetic nurses who remain present throughout the whole operation. Their clinical skills in simple induction and extubation techniques are almost equivalent to that of anaesthetists, which means a couple of anaesthetists can be responsible for the induction, extubation and emergency management of a number of theatre patients any one time. This system greatly benefits trainees - exposing them to a greater number of emergency and clinical procedures in a shorter time period, a process which helps to build confidence and gain competencies quickly.

Looking back

I can wholeheartedly recommend working in Sweden. Socially everyone I worked with was friendly and this was something I found throughout the country. Everyone was willing to help whether the problem was related to a language or clinical situation. The clinical experience I had was also exceptional. The quality of the supervision and focus of the senior clinicians to actively seek out learning opportunities was fantastic. This is something I feel can be overlooked in the UK, especially in large teaching hospitals where there are more trainees. I was also highly impressed with the standard of the

in-hospital and regional teaching programs. Finally, the last bonus to working in Sweden is the ten week a year holiday allowance, which leaves plenty of time for visiting a chalet in the mountains or taking a boat out around Stockholm's stunning archipelago!!

Following my experiences and adventures in Sweden I have decided to pursue a career in anaesthetics. I am currently working in A&E medicine, prior to commencing an anaesthetic ST in August. That brings me to my last point. Remember that if you are returning to the UK, don't forget how rigid the British system remains and remember to apply the January before you plan to come back. Otherwise, like me you may have to work in A&E for ten months instead of doing what you really wanted to do!

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