

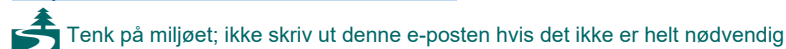
Fra: "Cathrine Lien Jensen" <Cathrine.Lien.Jensen@helsedir.no>
Sendt: onsdag 16. november 2022 11:32:31
Til: "Madoka Isobe (Innleid)" <Madoka.Isobe@helsedir.no>
Emne: VS: Oppdrag 77 - Spørreundersøkelse nr. 2 fra DG GROW om Covid-19 og yrker med harmonisert utdanning etter yrkeskvalifikasjonsdirektivet (direktiv 2005/36/EF)
Vedlegg: Forslag til svar til DG GROW spørreskjema - 200520.docx

Vennlig hilsen

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<https://medium.com/helseaktuelt>



Fra: Cathrine Lien Jensen
Sendt: onsdag 20. mai 2020 10:42
Til: Espelid Jon <Jon.Espelid@hod.dep.no>
Kopi: Anne Farseth <Anne.Farseth@helsedir.no>; Sissel Husøy <Sissel.Husoy@helsedir.no>; Randi Moen Forfang <Randi.Moen.Forfang@helsedir.no>; Karin Straume <Karin.Straume@helsedir.no>; hkkrise <hkkrise@helsedir.no>
Emne: SV: Oppdrag 77 - Spørreundersøkelse nr. 2 fra DG GROW om Covid-19 og yrker med harmonisert utdanning etter yrkeskvalifikasjonsdirektivet (direktiv 2005/36/EF)

Vedlagt følger oppdatert svar til DG GROWN.
Oppdateringen siden sist besvarelse finner dere i teksten markert i rødt.

Vennlig hilsen

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Tenk på miljøet; ikke skriv ut denne e-posten hvis det ikke er helt nødvendig

Fra: Anne Farseth <Anne.Farseth@helsedir.no>

Sendt: fredag 15. mai 2020 10:07

Til: Cathrine Lien Jensen <Cathrine.Lien.Jensen@helsedir.no>; Cathrine Marie Sedeniussen <Cathrine.Marie.Sedeniussen@helsedir.no>; Vigdis Elise Mork <Vigdis.Elise.Mork@helsedir.no>; Jildou Dorenbos <Jildou.Dorenbos@helsedir.no>; Randi Moen Forfang <Randi.Moen.Forfang@helsedir.no>; Heidi Stien <Heidi.Stien@helsedir.no>

Emne: VS: Oppdrag 77 - Spørreundersøkelse nr. 2 fra DG GROW om Covid-19 og yrker med harmonisert utdanning etter yrkeskvalifikasjonsdirektivet (direktiv 2005/36/EF)

Viktighet: Høy

Fra: Espelid Jon <Jon.Espelid@hod.dep.no>

Sendt: fredag 15. mai 2020 09:29

Til: Anne Farseth <Anne.Farseth@helsedir.no>

Emne: VS: Oppdrag 77 - Spørreundersøkelse nr. 2 fra DG GROW om Covid-19 og yrker med harmonisert utdanning etter yrkeskvalifikasjonsdirektivet (direktiv 2005/36/EF)

T.o. – ta kontakt hvis dere har spørsmål

Fra: HOD Krisestab <Vakt-covid19@hod.dep.no>

Sendt: 14. mai 2020 23:04

Til: beredskap@helsedir.no

Kopi: HOD Krisestab <Vakt-covid19@hod.dep.no>; Engelstad Maiken <Maiken.Engelstad@hod.dep.no>; Aasen Espen <Espen.Aasen@hod.dep.no>; Espelid Jon <Jon.Espelid@hod.dep.no>

Emne: Oppdrag 77 - Spørreundersøkelse nr. 2 fra DG GROW om Covid-19 og yrker med harmonisert utdanning etter yrkeskvalifikasjonsdirektivet (direktiv 2005/36/EF)

Hei,

Vedlagt er oppdrag 77, oversendt fra Kunnskapsdepartementet, hvor HOD blir bedt om å svare på en spørreundersøkelse fra EU-kommisjonen om situasjonen i landene knyttet til godkjenning av yrkeskvalifikasjoner under den pågående pandemien.

Vi ber direktoratet oversende forslag til besvarelse på spørsmålene 4 og 6-8 innen kl 12 onsdag 20. mai.

Når det gjelder spørsmål fire skal HOD kun svare for spesialistutdanningen for leger. Situasjonen for øvrige utdanninger besvares av KD.

Med vennlig hilsen

Helse- og
omsorgsdepartementet

Siv Lunde

Seniorrådgiver

HOD krisestab

Vakttelefon HOD 22 24 47 77

Vakt-covid19@hod.dep.no

www.regjeringen.no/hod | [HOD på Facebook](#) | [HOD på Twitter](#)

4. Does/will the education and training in sectorial health professions, including clinical training, continue without interruption and with no need for adaptations in your country?

yes

no

4.1. For which professions must the education be interrupted, accelerated or shortened?

nurse responsible for general care

midwife

doctor, including specialists

dentist, including specialists

pharmacist

4.2. What aspects of training have not, or will not be respected by the end of academic year 2020?

duration of theoretical training

duration of practical/clinical training

content of theoretical training

content of practical/clinical training

4.3. Has your country already implemented any measures to address the interrupted, accelerated or shortened education for students graduating in 2020?

yes

no

4.3.1. Please describe

2000 character(s) maximum

The Norwegian Ministry of Education and Research has laid down temporary regulation under the Act relating to Universities and University Colleges that prohibits any deviations from national regulations that are not strictly necessary and justifiable.

Due to the outbreak of Covid-19, the possibilities for clinical training as part of clinical placements in health institutions are lowered. Due to the ongoing crisis, training institutions are now adopting necessary changes to the training programmes for several of the harmonised professions. The changes can affect the amount and type of clinical training in the training programmes for professions covered by the Directive. Changes are being adopted to prevent a situation where health systems are paralysed by a lack of access to health professionals in the near future.

The Ministry has made it explicitly clear that learning outcome goals can under no circumstance be departed from. No matter which solution is employed by training institutions, learning certificates cannot be issued unless the trainee has acquired the necessary competences and learning outcomes for the training programme in question. To the extent learning outcomes cannot be achieved by use of alternative learning methods, students will be postponed in their training until it is possible to achieve all learning outcomes.

The Ministry has determined that all training institutions has to carry out clinical training in training programmes as far as possible in the current situation. Training institutions are encouraged to be flexible in finding ways to ensure clinical training can take place as planned. Where this is not possible, alternative ways of clinical training that can facilitate the same learning outcomes can be implemented. The Ministry will not waver learning outcome standards, and thereby the Ministry is committed to ensuring that measures undertaken does not compromise patient safety.

4.4. Which solutions for these students would your country consider feasible and most appropriate?

to graduate the students only once they will have had the opportunity to complete training compliant with the minimum training requirements under Directive 2005/36/EC. In the meantime, students can help in hospitals/community with tasks not requiring a diploma

to cut the training short and let students graduate now or at the end of the academic year because, despite the missed training, the minimum training requirements under Directive 2005/36/EC are already met in your country at this stage of the training (for Member States in which training exceeds the minimum requirements under Directive 2005/36/EC)

to cut the training short and let students graduate now or at the end of the academic year although, due to the missed training, the minimum training requirements under Directive 2005/36/EC are/will not be met

other ideas

4.4.1. You ticked the option “to graduate the students only once they will have had the opportunity to complete training compliant with the minimum training requirements under Directive 2005/36/EC”. In such a case would your country consider most appropriate to:

organize a complementary training to fill in the gaps once the COVID-19 emergency is over

offer a possibility to students to have the experience gained working in hospitals/community during the epidemics, taken into account with a view to compensate for the missed clinical training

4.4.2. You ticked the option “to cut the training short and let students graduate now or at the end of the academic year although, due to the missed training, the minimum training requirements under Directive 2005/36/EC are/will not be met”. In such a case would your country consider most appropriate to:

award the standard diploma as listed under Annex V

mark the information about shortcomings of the training in a supplement to the diploma, so that host Member States can easily check it in case of recognition requests

award another type of diploma or a temporary licence

introduce a possibility for graduates who worked in the profession during the epidemics to have their experience taken into account with a view to compensate for the missed clinical training

4.4.3. Please explain:

2000 character(s) maximum

Training institutions are encouraged to find solutions where student emergency work in health services during the outbreak of Covid-19, can be recognized as clinical training as part of the training programmes.

The Norwegian Ministry of Education and Research has laid down temporary regulation under the Act relating to Universities and University Colleges that prohibits any deviations from national regulations that are not strictly necessary and justifiable. Maintaining educational capacity to secure future access to health professionals is vital to solving the situation Norway finds itself in.

The Ministry has made it explicitly clear that learning outcome goals can under no circumstance be departed from. No matter which solution is employed by training institutions, learning certificates cannot be issued unless the trainee has acquired the necessary competences and learning outcomes for the training programme in question. To the extent learning outcomes cannot be achieved by use of alternative learning methods, students will be postponed in their training until it is possible to achieve all learning outcomes.

The Ministry has determined that all training institutions has to carry out clinical training in training programmes as far as possible in the current situation. Training institutions are encouraged to be flexible in finding ways to ensure clinical training can take place as planned. Where this is not possible, alternative ways of clinical training that can facilitate the same learning outcomes can be implemented. The Ministry will not waver learning outcome standards, and thereby the Ministry is committed to ensuring that measures undertaken does not compromise patient safety.

There have been disruptions in the specialist training for doctors as a result of the COVID-19 outbreak. In a new scheme, especially for LIS1, courses have been cancelled or postponed and it has been difficult to achieve all learning objectives in the specialist training. Measures have been taken to prevent LIS from not being able to fulfil all learning objectives due to absence, and measures are also being considered for whether LIS1 can complete learning objectives in LIS2 or LIS3 (only a small proportion of the learning objectives). No changes have been made to the requirement for minimum educational time or in the requirement that all learning objectives must be completed.

For the old schemes, adjustments have been made to make it easier for doctors in specialization to apply for specialist approval, without compromising on the quality of education. There is no set end date for doctors to complete their specialist training, and we do not currently intend to grant specialist approval to applicants unless all requirements are documented. This may lead to that some doctors unfortunately end up with a longer training period than they had planned and anticipated.

6. Has the crisis already caused medical staff shortages in your country?

yes

no

6.1. What measures do you currently apply to counter such shortages:

Mobilisation of retired medical staff

Recruiting foreign medical staff from EU/EFTA countries

Recruiting foreign medical staff from third countries

Graduating medical students in their last academic year 2019/2020 before they complete the training

Temporarily employing non-graduated students or trainees (comment: Health science students who are in their final year of study, are granted a student license)

Sharing reserved activities with neighbouring professions

Other

6.1.1. Please explain

Other: In addition to mobilisation of students and retired medical staff, Norwegian health authorities at local, regional and national level is also actively encouraging medical staff currently unemployed or employed in other sectors to volunteer for employment in the health sector. For example almost 3 000 medical staff currently not working in the health and care services have volunteered to be listed in the national registry at www.nasjonalthelsepersonell.no.

7. What measures do you envisage applying in the future to counter such shortages:

Mobilisation of retired medical staff

Recruiting foreign medical staff from EU/EFTA countries

Recruiting foreign medical staff from third countries

Graduating medical students in their last academic year 2019/2020 before they complete the training

Temporarily employ non-graduated students or trainees

Sharing reserved activities with neighbouring professions

Other

7.1. Please explain

Currently, Norway intend to continue to mobilise staff on a voluntary basis. Forced mobilisation is an option if there is shortages when the potential of voluntary mobilisation is exhausted.

The measures taken to counter shortages is continually evaluated and can change at short notice.

8. Has the recognition process for foreign healthcare workers been adapted (e.g. shorter deadlines, no certified translations required) due to the COVID-19 crisis or are there any plans to do so?

yes, already done

yes, envisaged

no