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An unconditional success

EDITORIAL

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The medical student research programme has lived up to expectations, but provides no formal and warranted credit in the new specialisation training programme. This is highly questionable.

In 2018, twenty years had passed since we were last reminded of the concern over the declining number of medical students who engage in biomedical research (1). The decline affected all disciplines, but the basic medical sciences were hardest hit. Had we reached the nadir? That was the question at the time (2).

This dismal situation led to a joint initiative by the four medical faculties, and an expanded research training programme was established as part of the degree (MD). The Research Council of Norway provided the basic funding on behalf of the Ministry of Education, while the administration was decentralised to each faculty. The collaboration between the faculties was formalised. The admission of students took place at the start of the third year of study at the earliest, but provisions were made for local adaptation (3). This applied to, for example, the criteria for a obtaining a passing grade. The payoff obtained by the students is equivalent to two years of study (120 ECTS), often referred to as 'half a PhD'. The solidarity among the participants finds its clearest expression in *Frampeik*, the students' own annual research conference that circulates among the various campuses.

The research training programme has attracted only modest attention in the Journal of the Norwegian Medical Association (4–6). All the better then that the journal is now publishing two articles from a study of former students at the Medical Student Research Programme at the University of Bergen. The study includes all those from the earliest intake (2002) to those who graduated in 2017 (7, 8).

With a response rate of 70 %, the main findings in the first article are unequivocal (7): former student researchers continue doing research, and a large proportion complete their PhD degree, especially the women. The findings confirm the results from the national, comparative study published in the spring of 2018 (9). In contrast to the other faculties, the proportion that failed to complete the programme at the University of Bergen was strikingly high, 14 % in this sample. However, the proportion that continued to undertake research after graduating was at the same level as the majority (7).

The second article also elucidates what will be needed for more students to complete the research training programme (8). Among those who quit, there were many who felt that the workload was too *small*. In addition, they received regular supervision less frequently (8). This tallies with my own experience: in those few cases where students opted out, it happened because the project description was imprecise and/or the student had been assigned 'miscellaneous tasks' to varying degrees internally in the group.

A PhD degree with a minimum work period of three years provides an additional qualification beyond a medical degree. Previously, this was rewarded by cutting one year from the minimum requirement of five years of specialist training. Doctors who had completed the research training programme were similarly granted six months' reduction. The introduction of the new specialisation training programme (LIS) has wiped out the recognition of this kind of competence enhancement. Attempts to justify this downgrading have been made by referring to the *Joint competence modules* in the training programme (10, 11). The requirement for research knowledge for doctors in the LIS programme is defined in 4 – four – learning outcomes, two of which can be formulated as saying that the LIS doctors must 'be familiar with common study designs' and 'understand basic epidemiological and statistical concepts'. It is baseless to believe that these knowledge outcomes are anywhere near the competence provided by a PhD degree. This is worrisome, especially when bearing in mind that the requirements for knowledge management in medicine are only set to increase.

Nobody is served by having the Directorate of Health, with its new design of the specialisation training programme, appear as an adversary of academic medicine. It is all the more encouraging to put one's ear to the ground and listen to what is being said on the grapevine: namely that great and warranted significance is attached to research competence by those who select, interview and hire young medical professionals – even before their graduation.

LITERATURE

1. Røttingen JA, Iversen JG, Brodal P. Rekruttering av studenter til medisinsk forskning. Tidsskr Nor Lægeforen 1998; 118: 4111–4. [PubMed]

2. Nes M, Røttingen JA. Leger og forskning–når er bunnen nådd? Tidsskr Nor Lægeforen 2003; 123: 344–5. [PubMed]

3. Hunskaar S, Breivik J, Siebke M et al. Evaluation of the medical student research programme in Norwegian medical schools. A survey of students and supervisors. BMC Med Educ 2009; 9: 43. [PubMed][CrossRef]

4. Larsen Ø. Forskerlinje ved fakultetene–to hundre års tilbakeskritt? Tidsskr Nor Lægeforen 2001; 121: 1281–2. [PubMed]

5. Gilhus NE, Ottersen OP, Ytrehus K et al. Hvorfor forskerlinje for medisinstudenter? Tidsskr Nor Lægeforen 2001; 121: 1846. [PubMed]

6. Aasheim ET. Hvor stor er risikoen ved hjerteoperasjon? Tidsskr Nor Lægeforen 2011; 131: 1629. [CrossRef]

7. Bjerkreim AT, Eskerud I, Guttormsen AB et al. Fortsetter forskerlinjestudenter å forske? Tidsskr Nor Legeforen 2019; 139. doi: 10.4045/tidsskr.18.0266. [CrossRef]

8. Eskerud I, Müller KE, Stien MH et al. Veiledning av studenter ved Forskerlinjen. Tidsskr Nor Legeforen 2019; 139. doi: 10.4045/tidsskr.18.0575. [CrossRef]

9. Jacobsen GW, Ræder H, Stien MH et al. Springboard to an academic career – A national medical student research program. PLoS One 2018; 13: e0195527. [PubMed][CrossRef]

10. Berg A, Arntzen E. Ny og bedre spesialistutdanning for legene. Tidsskr Nor Legeforen 2017; 137. doi: 10.4045/tidsskr.17.0603. [CrossRef]

11. Spesialistutdanning for leger del 1–3. Læringsmål i Felles kompetansemoduler (FKM). Oslo: Helsedirektoratet, 2018.

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