

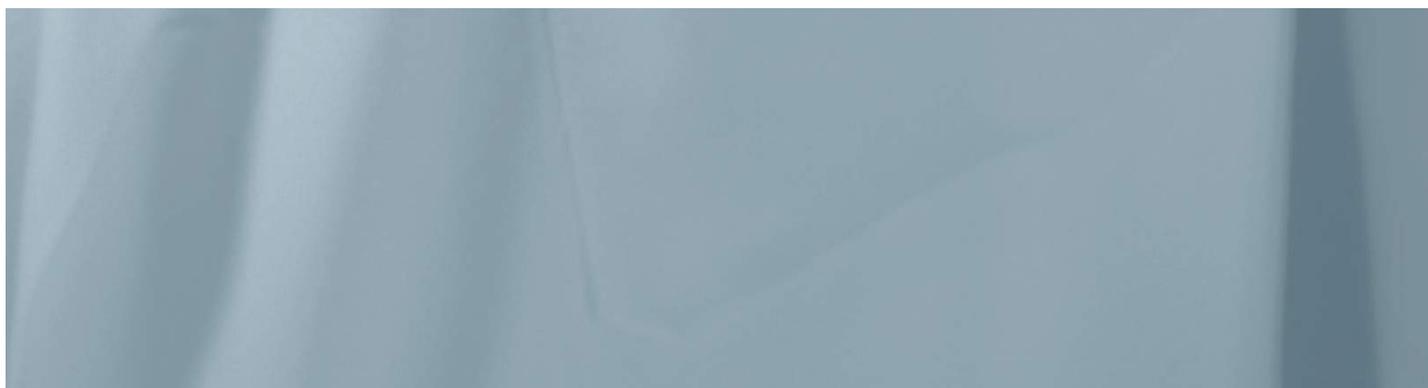


POSTGRADUATE MEDICAL TRAINING IN DENMARK

– status and future perspectives

Summary in English

2012



**Postgraduate medical training in Denmark – status and future perspectives.
Summary in English**

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National Board of Health
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1 Summary

The Ministry of Health published a report written by the Danish Commission on Medical Specialists on Denmark's future medical specialists and specialties (*Fremtidens speciallæge*) in 2000. This is the basis for Denmark's current postgraduate medical training programme implemented in 2003, and the first medical specialists under this programme have completed their training. The Danish Council on Postgraduate Medical Training and the National Board of Health therefore decided that this report would investigate whether and how the Commission's recommendations have been implemented and whether the objectives of the Commission's report have been achieved. The report also assesses whether the initiatives are functioning in relation to the developments in Denmark's health care system.

A steering group was appointed with concomitant working groups that prepared the material that forms the basis for this report. The participants in this work included Denmark's Ministry of Health, Danish Regions, Denmark's three regional councils on postgraduate medical training (Northern, Southern and Eastern), the Danish Medical Society, Denmark's universities, the Organization of Danish Medical Societies and the National Board of Health.

The report assesses and explores the future perspectives of several key aspects of Denmark's postgraduate medical training based on the published literature and other available material, supplemented by data from a questionnaire survey carried out by the National Board of Health in 2011 and investigations carried out by the working groups.

The overall conclusion is that most of the recommendations of the Danish Commission on Medical Specialists have been implemented, and a well-functioning organization has been established to train medical specialists. Nevertheless, the report also shows that the programme needs initiatives and adjustments at several levels. This summary describes the most important areas based on the various topics covered in the report.

1.1 Organizing and managing postgraduate medical training

All the recommendations of the Danish Commission on Medical Specialists in this area have been implemented. The Board of Medical Specialists and the Contact Group for Medical Education and Postgraduate Medical Training have been abol-

ished and the Danish Council on Postgraduate Medical Training has been created. A regional council on postgraduate medical training has been created for each of Denmark's three regions for postgraduate medical training (Northern, Southern and Eastern), and a secretariat for postgraduate medical training serves each council. Further, a unit responsible for developing clinical education has been created in each postgraduate medical training region with the hiring of postgraduate clinical associate professors and, in the Northern Postgraduate Medical Training Region, also a postgraduate clinical professor.

The current organization manages postgraduate medical training, and the decentralization of several tasks to the regional councils on postgraduate medical training has provided numerous benefits, such as optimizing the use of local training capacity, local quality assurance and follow-up and managing individually tailored programmes. The overall organization is large and complex, and some observers may consider it confusing and bureaucratic and requiring considerable paperwork. Finally, the desire has been expressed that the units responsible for developing clinical education and training be strengthened.

With the aim of optimizing the management and organization of postgraduate medical training, the National Board of Health recommends that:

- the collaboration between the National Board of Health and the postgraduate medical training regions, including the secretariats of the postgraduate medical training regions, be strengthened;
- the organization and division of labour of the postgraduate medical training be made visible on relevant websites;
- all actors consider proposed solutions that can contribute to simplifying any bureaucratic procedures and reducing unnecessary paperwork;
- flexibility in relation to the number of training positions be made clear such that the dimensioning of the number of training programmes can be adjusted, which delegates additional responsibility to and provides additional opportunities for the regional planning within the framework of the Committee on Forecasting and Dimensioning of Postgraduate Medical Training of the Danish Council on Postgraduate Medical Training; and
- the unit responsible for developing clinical education and training in each of the three postgraduate medical training regions be strengthened further, per-

1.2 Structure of medical specialties

In accordance with the recommendations of the Danish Commission on Medical Specialists, Denmark has implemented a structure of medical specialties with relatively few specialties. This means that the previous subspecialties have been converted to independent specialties, merged with another specialty or abolished and then converted into medical fields.

Medical fields may be developed within and across specialties. The Organization of Danish Medical Societies publishes descriptions of medical fields on their website that have been prepared by the various medical societies.

Denmark's national authorities approve specialties and certify medical specialists. The structure of medical specialties contributes to ensuring expertise and professional development with increasing specialization and high quality in the specialist medical services provided.

The increasing specialization in some fields has weakened the coherence between specialties and sectors and within specialties. Medical specialists risk becoming too specialized and losing important general medical competencies.

The structure of medical specialties should appear both robust and flexible, and it is important to continue to assess the need for both existing and new specialties.

The Danish Commission on Medical Specialists urged that the structure of medical specialties be flexible enough that overlapping competencies can be used in postgraduate medical training and that individually tailored shorter training programmes can be created based on merit assessment of the competencies obtained in other specialties or outside Denmark. There are national guidelines, and the regional councils on postgraduate medical training carry out the merit assessment.

The National Board of Health recommends that:

- interdisciplinary collaboration be strengthened and be further incorporated into postgraduate medical training;

- physicians undergoing training (trainees) maintain and use their basic competencies simultaneously with being introduced to the more specialized functions within the specialty; and
- the competencies obtained be able to be flexibly and effectively assessed at a decentralized level, both when medical specialists or trainees want to change specialty and when competencies obtained outside Denmark are assessed.

1.3 Roles of physicians

The Danish Commission on Medical Specialists decided in reforming postgraduate medical training to implement the model used in Canada, which includes the following roles of physicians: medical expert, communicator, collaborator, manager or administrator, health advocate, scholar and professional.

The questionnaire survey carried out by the National Board of Health in 2011 and other sources show that these seven roles of physicians are linked to postgraduate medical training in Denmark. The roles have not been specifically evaluated, and the value of the use of the concept of the roles in postgraduate medical training is therefore unknown. The description of learning objectives within these roles has contributed to the cultural embedding of the concept of these roles, but the roles need to be considered as a more integrated part of the work tasks. In addition, experience in Denmark and elsewhere indicates that various actors interpret the content of the roles differently, and not all roles are considered equally relevant for all specialties or areas of work.

The National Board of Health recommends that:

- a project be initiated to adjust the description of the seven roles of physicians and to make their content more nuanced in relation to various specialties, involving both health experts and actors with expertise within communication, educational theory in medicine, rhetoric and the functioning of the labour market.

1.4 Learning objectives in postgraduate medical training

The Danish Commission on Medical Specialists differentiated between the formal training described according to learning objectives and the less formalized individual profiling.

In accordance with the recommendations of the Danish Commission on Medical Specialists, the learning objectives adopted for all medical specialties currently describe the objectives and competencies for the seven roles of physicians that are to be achieved in postgraduate medical training. The target is that medical specialists who have just completed their training be able to investigate and/or treat 90% of the patients in the specialty, although interpreting this has created problems in some specialties. As recommended by the Commission, in addition to the learning objectives prepared for each medical specialty, learning objectives were prepared for the introductory and the basic common trunk training in internal medicine. The aim is to integrate education and training in both the general and specialty-specific medical competencies in all postgraduate medical training, which does not always succeed.

The 2010 plan for medical specialties of the National Board of Health differentiates for each specialty between the basic specialist services, the services delivered at the regional level (delivered at 1–3 institutions in each of Denmark’s five administrative regions) and highly specialized hospital-based services (delivered at 1–3 institutions in all of Denmark). This centralization of both regional services and highly specialized services means redistributing the locations for delivering several types of clinical services. This affects where the postgraduate medical training for these services can take place.

In the future, newly trained medical specialists must be able to carry out diagnosis and treatment at the level of basic services in a specialty, including acute services and perhaps also some selected services delivered at the regional level. In addition, medical specialists must be able to refer patients for the specialty’s other services delivered at the regional and highly specialized (national) level. This means adapting the stipulated learning objectives, which for most specialties leads to reduced requirements for training in specialized services but opportunities for achieving and maintaining broad generalist competencies and the opportunity to meet the desires for individual profiling.

For the specialties that Denmark’s 2010 plan for medical specialties does not divide into several levels of specialization or only to a limited extent, complying with the previously mentioned target that medical specialists be able to carry out the investigation and/or treatment of 90% of the patients presenting in the specialty is still appropriate.

The National Board of Health recommends that:

- the training in accordance with the learning objectives and assessment of the competence of each physician continue to be the foundation of postgraduate medical training;
- the learning objectives for the role of medical expert included in the learning objectives be based generally on the 2010 plan for medical specialties of the National Board of Health;
- in the preparation of the learning objectives for the specialties and especially for specialties within internal medicine and surgery, learning objectives be included that maintain the routines in the basic and general competencies, including acute services, throughout the entire main training programme;
- all actors, including the national authorities, maintain the common trunk training programme in the specialties within internal medicine;
- the individually tailored training programmes focus on acquiring relevant competencies described in the learning objectives but may also contain special individual training objectives that are desired to be achieved during employment at the training institution;
- specialties consider the possibility of integrating one or more periods with a specially approved individually tailored clinical position, preferably with a linked individually tailored training programme; and
- competencies not be formally assessed and registered in connection with individual profiling, since this risks leading to several official levels of competence, thereby eliminating the essence of individual profiling.

1.5 Structure of postgraduate medical training

Carrying out and getting approval for the basic clinical training of 12 months that has replaced internship is a prerequisite for beginning postgraduate medical training, which includes introductory training programme and a main training programme. As the Danish Commission on Medical Specialists recommended, the 1-year introductory training programme has been retained, with common trunk training for the specialties within internal medicine and initially (but no longer) with common trunk training for the surgical specialties. The change from internship to the basic clinical training has changed the profile of competencies among medical

trainees, which may influence some specialties when the introductory training starts. More spaces for introductory posts have been dimensioned than spaces in the main training programme, but data from the questionnaire survey carried out by the National Board of Health in 2011 show that many physicians are employed in posts that do not have any approved training programme.

The National Board of Health recommends that:

- the learning objectives for introductory posts and the functions and responsibilities of trainees when they are first employed be adapted to the competencies trainees are expected to have acquired from the university and after carrying out the basic clinical training;
- that trainees be thoroughly introduced to the specialty, learn important specialty-specific procedures and be assessed for competence at the beginning of the introductory programme to ensure motivation and rapid progression in learning which, in combination with career guidance, enables early assessment of whether the physician wants to be and is capable of being trained in the specific specialty;
- it be more strongly ensured that posts lasting at least 6 months that are not formally training posts be approved as introductory posts for postgraduate medical training if the scheme for the number of introductory posts allows this.

As the Danish Commission on Medical Specialists recommended, the **main training programme** in all specialties is structured as a coherent period of employment of 48–60 months with established services and training at a training institution (hospital departments or medical practices) that comply with the requirements of the described objectives overall. The periods of employment are supposed to include at least two training institutions for at least 12 months each within one's own specialty (two-institution requirement) and perhaps working in another specialty, and for some specialties, in a specialist practice (dermatology and venereology, rheumatology, ophthalmology and otolaryngology). The length of the individual periods of employment varies between 3 and 36 months.

Despite the recommendation of the Danish Commission on Medical Specialists, the main training programme is not centred at a training institution that takes responsibility for coordinating the overall programme. According to the questionnaire survey carried out by the National Board of Health in 2011, 61% of physicians who

had completed their training programme agreed or strongly agreed that their training programme was good and coherent, 31% somewhat agreed and 7% disagreed or disagreed strongly.

The main training programmes are composed based on the learning objectives but are influenced by trends in the structure and organization of Denmark's health care system. The requirement to be trained at two training institutions within one's specialty, which is intended to ensure that trainees obtain a broad approach to and insight in the medical specialty, is challenged by the fact that several hospital departments are merging into larger departments, sometimes spread over several campuses or towns. In contrast, increased specialization, which means that many hospital departments carry out fewer clinical services, may require trainees to have more than two training institutions during the main training programme within the specialty. The creation of joint departments for acute admission will result in the situation that employment in these departments will become relevant in postgraduate medical education in several specialties.

Postgraduate medical training should more often involve specialist practices in specialties in which specialist practices increasingly manage several categories of patients and types of treatment. Training programmes in specialist practice must comply with the same requirements as other programmes such as the training programme, guidance, approval of competencies and preferably performance assessment carried out by designated external assessors.

The future inclusion of private hospitals in postgraduate medical training will depend on the evaluation of the ongoing pilot project and on the future trends in the tasks and organization of private hospitals.

Composing the main training programme for each specialty should continue to be a dynamic process that follows professional trends and follows the overall dynamics, structure and organization of Denmark's health care system.

The National Board of Health recommends that:

- trainees continue to be required to be trained at two training institutions for at least 12 months each within their specialty, but how this requirement can be fulfilled given the changes in the structure of Denmark's hospital sector needs to be reassessed;

- the postgraduate clinical associate professor and the relevant postgraduate medical training committee or council, the senior hospital physicians responsible for training and the trainees be made responsible for regularly assessing the coherence of the main training programmes and take the necessary initiatives to strengthen these; and
- when the physician being trained changes training institution in a training programme, coordination between the training institutions should be ensured to optimize the programme for each physician.

The Danish Commission on Medical Specialists mentioned **focused assignments** as a method of learning specific competencies. These were subsequently defined as short-term visiting assignments with the aim of obtaining specific competencies stipulated in the learning objectives that cannot be acquired at the employing training institution. Focused assignments are used in both the introductory training programme and the main training programme with the aim of obtaining specific competencies, both related and unrelated to the stipulated learning objectives. More than half the specialties include focused assignments in postgraduate medical training, but the length and organization of the assignments vary.

The National Board of Health recommends that:

- the term focused assignments be used for assignments related to acquiring competencies stipulated in the learning objectives in accordance with the definition and not for other types of training assignments that typically are related to individual profiling in postgraduate medical training;
- each of the planned focused assignments be clearly defined, including the purpose and specific content added to the training programme; and
- each focused assignment end with an assessment of competencies and documentation that the physician being trained has obtained the planned competencies stipulated by the learning objectives.

1.6 Carrying out the training within clinical units

The training institutions providing postgraduate medical training carry out the programme. The hospital departments providing training usually employ a senior hospital physician who is responsible for the training. In general practices, several

training coordinators are employed to contribute to ensure a framework for the postgraduate medical training in general practice.

Each region for postgraduate medical training also has postgraduate clinical associate professors, who support the senior hospital physicians responsible for training at the hospitals and the training coordinators for general practice.

The Danish Commission on Medical Specialists found a need for changing attitudes and acceptance of the fact that the tasks of the health care system, in addition to the patient-related core services, include training, development and research.

The postgraduate medical training has become more integrated into the daily clinical work, but this should still be improved in certain areas. The content of the training curriculum has been determined for all training programmes, but not all trainees have an individually tailored programme. The trainees' awareness of the content of the training curriculum varies depending on their stage of training and whether they are being trained in medical practices and clinics or in the hospital sector. Focus still needs to be placed on the content of the training curriculum to increase both the trainees' knowledge of and the use of the content of the training curriculum, and this also applies to individually tailored training programmes.

The National Board of Health recommends that:

- all trainees and their hospital departments and medical practices become familiar with and use the stipulated learning objectives, the content of the training curriculum and individually tailored training programmes;
- common frameworks be prepared for individually tailored programmes, perhaps including a list of key questions to prepare the trainee for finalizing the programme, with both the list of questions and the template for an individually tailored programme being able to be adapted to each specialty; and
- an overall framework be prepared for the postgraduate medical training tasks of the senior hospital physicians responsible for this training.

The training culture in a hospital department, which includes a well-functioning learning environment with competent supervision, strongly influences the learning of trainees. Focusing on training tasks, including the tasks that main and daily clinical supervisors carry out, strengthens the training culture of each department. Adopting a framework for the training responsibilities of hospitals that is future-oriented is important in ensuring the quality of future treatment.

The National Board of Health recommends that focus be increased on:

- integrating the postgraduate medical training into the organization of work and maximizing training considerations in distributing work assignments among physicians;
- having introductory discussions and preparing individually tailored training programmes to ensure a relevant match of expectations between the trainees and the training institution;
- how to optimize the clinical guidance in the clinical units, including improving the qualifications of supervisors;
- the qualitative aspects of optimizing supervisory discussions between trainees and their supervisors, including matching expectations and the form and content of the dialogue with the aim of improving the benefits obtained from the discussions and ensuring that the discussions include career counselling according to the needs of the trainee;
- continuing to create courses in supervision for medical specialists, teaching them basic educational principles and the duties of supervisors; and
- whether it would be appropriate, for even more specialties, to establish specialty-specific courses for medical specialists who are becoming supervisors that focus on the special tools for learning and assessing the competencies used in the specialties.

1.7 Theoretical education

As recommended by the Danish Commission on Medical Specialists, the theoretical education in postgraduate medical training includes mandatory general courses, specialty-specific courses and research training. The aim is to obtain the competencies listed in the learning objectives for the seven roles of physicians that cannot be obtained in clinical training. The theoretical education is carried out in parallel with and preferably integrated with the clinical training it is supporting.

The courses will continue to need to be regularly developed, including establishing learning objectives based on analysing needs; increasing the use of interactive learning methods; developing and introducing validated methods for assessing competence; and evaluating the courses. It is important that the course managers

and teachers be qualified and have the necessary educational competencies to carry out the task.

The National Board of Health recommends that:

- the content of the theoretical courses continue to be adapted in accordance with what the trainees learn elsewhere;
- the seven roles of physicians be increasingly incorporated into the theoretical courses;
- the learning objectives be consistently used and the competence of the course participants be consistently assessed;
- the theoretical courses and the clinical work of the course participants be increasingly integrated and the transfer of learning into the clinical work be improved;
- the focus on how the form of teaching can contribute to learning be increasing, including the use of participatory forms of teaching and technology-based learning; and
- the overall course manager, manager for individual courses and teachers be enabled to strengthen their educational skills through such initiatives as increased collaboration with specialists from simulation centres, professors and post-graduate clinical associate professors and by establishing an educational network involving the actors in this field.

The general theoretical courses are mandatory for all trainees. In accordance with the recommendations of the Danish Commission on Medical Specialists, they cover communication, management and administration, collaboration, educational theory and research methods (as part of research training). The courses in communication and in educational theory and learning and a new course in acute treatment and transport of patients are part of the basic clinical programme. The course on supervision is part of the introductory programme, and the three-module course on the organization and management of Denmark's health care system is part of the main training programme.

An introductory course to the postgraduate medical training and to the specialties has been proposed to make starting the main training programme easier for trainees. The National Board of Health does not consider that the need for such a course

has been demonstrated but understands that such a course would help trainees in determining whether a given specialty would be an appropriate career choice.

For the general theoretical courses, the National Board of Health recommends that:

- the courses for future supervisors focus on the aims of and methods used in assessing competence; and
- the need for and perhaps framework for and content of an introductory course for postgraduate medical training as part of the introductory programme be assessed.

In accordance with the recommendations of the Danish Commission on Medical Specialists, the **specialty-specific courses** are intended to contribute to giving trainees specialty-specific competencies in accordance with the stipulated learning objectives. As recommended, the courses are centred in the respective medical societies corresponding to the specialties. The overall time framework for the courses is considered appropriate.

For the specialty-specific courses, the National Board of Health recommends that:

- the courses continue to be centred in the medical societies;
- the courses be based on evidence-based guidelines, including clinical guidelines and research results from the specialty; and
- the courses or series of courses continue to be evaluated in relation to the development of the specialty.

1.8 Research training

The postgraduate medical training programme adopted in 2003 made research training mandatory for all specialties, but the Danish Commission on Medical Specialists proposed a 12-week research training module, and this has not been implemented. The training now totals 20 normal workdays, including courses, independent study and a small written assignment plus supervision and evaluation. The learning objectives for some specialties specify that trainees acquire additional research competencies in the main training programme.

Research training is intended to contribute to ensuring that the future medical specialists participate in the scientific development of their specialties and that the health care system carries out its tasks using evidence-based knowledge.

Precise knowledge is lacking on the specific effects of research training measured, for example, based on the number of projects published or the extent to which research training influences future medical specialists to practise evidence-based medicine. Nevertheless, there are overall indications that research training is relevant and that it does contribute to realizing and developing an evidence-based health care system, but improving the links between the content of the research training and the daily clinical work is a challenge.

The National Board of Health recommends that:

- an investigation be initiated of which types of courses and projects best enable the trainees to develop research competencies;
- the possible barriers that create difficulty in enabling trainees to transfer knowledge and skills from research training to clinical work be determined;
- the research training module allow an individually tailored programme in accordance with the prerequisites of each trainee; and
- the administrative regions investigate the possibility for entering into agreements with universities on establishing several main training programmes combined with employment in a research post.

1.9 Skill laboratories

Advances in skill training and simulation transcend what could be imagined when the report of the Danish Commission on Medical Specialists was published. Thus, about one third of all trainees' postgraduate medical training takes place in skill laboratories. Anaesthesiology and the surgical specialties especially use simulators, phantoms, practice surgery on animals and team training. Nevertheless, the general consensus seems to be that training in the competencies listed in the stipulated learning objectives of even more specialties could benefit from training in a skill laboratory.

The interest and need for training in skill laboratories are expected to increase in the future. One reason is the increased focus on patient safety and the necessity of making the training of health professionals more effective for both individual and team competencies and in relation to the postgraduate medical training and continuing education.

Although evidence indicates that training in skill laboratories has positive effects, there are still many unanswered questions on the types of training and how, how often, how long and in which setting of daily clinical work the training should optimally be carried out.

The National Board of Health recommends increasing the focus on:

- the nationwide coordination and development of skill laboratories to maximize the benefits from the skill and simulation training that is offered; and
- how skill training can optimally be integrated with postgraduate medical training, including targeting research efforts to answer the question of which training methods ensure optimal transfer of the competencies obtained to daily clinical work.

1.10 Assessing competence in postgraduate medical training

The Danish Commission on Medical Specialists recommended continuing formative assessment of competence among trainees and that the individual learning objectives would first be approved and attested in a logbook when summative assessment of competence proves that the learning objectives have been achieved.

Assessing the competencies of trainees is and should continue to be a key process in postgraduate medical training, both as a formative, dialogue-based process in daily clinical work and as a summative assessment of whether the trainees have achieved the learning objectives in a process that determines eligibility for certification.

The assessment of competencies very strongly influences learning, and knowledge about this, establishing relevant methods and incorporating a proactive, positive culture of competence assessment in the departments and medical practices providing training are prerequisites for excellence in postgraduate medical training.

Courses related to the supervision of trainees should focus on the aims and methods of assessing competencies, including the courses for trainees and for the medical specialists who supervise training. Courses in supervision should be mandatory for all physicians who train trainees.

Describing, validating and adapting relevant methods for assessing competencies requires considerable effort from physicians trained in educational theory in medi-

cine, but this work is considered necessary to optimize learning and the process of achieving learning objectives.

The National Board of Health recommends that:

- a working group be created to prepare guidance or an overview describing all relevant methods for assessing competencies including, for each method, describing the advantages and disadvantages, form, content, validity and reliability and ways of carrying it out.

1.11 Evaluation of the training institutions

The Danish Commission on Medical Specialists recommended that external performance assessment become mandatory and continue to be a development tool but did not make recommendations on changing the existing form for final evaluation.

Two overall systems have been established for evaluating postgraduate medical training: external performance assessment and the web site www.evaluer.dk, which includes questions from the final evaluation form.

Continual evaluation of the training institutions, their settings and potential for training, the practical implementation of the training and the training culture are very important in ensuring high quality and the dynamic development of the competence profile of future medical specialists.

The key focus for the future will and should be immediate feedback between the training institutions and the trainees through daily dialogue between the supervisor and the trainees and their final evaluation. The visits by external performance assessors, which should be implemented at regular intervals and also implemented if there are problems in the training, further strengthen the continuing evaluation.

Several domestic and international instruments for evaluation and quality assurance with varying background and focus have been developed since the Danish Commission on Medical Specialists issued their recommendations and the 2003 reform of medical specialties was implemented in Denmark.

The trainees' evaluation of the training institutions, the assessments by the external assessors and any other evaluation systems should be integrated to avoid unnecessary overlapping and to minimize the burden of registration of the training institutions. It is also important to regularly assess the validity and outcomes of these eva-

luation systems and how they influence the quality of postgraduate medical training.

The National Board of Health therefore recommends that:

- a working group be created to assess the content, form and methods of the various instruments used to evaluate the training institutions, including hospital departments, institutions, general practices and specialist practices and that, in connection with this assessment, the questionnaire in the electronic evaluation at www.evaluer.dk be revised;
- the external performance assessment scheme be evaluated with the aim, among others, of revising the guidelines for the scheme, including the opportunity for including training programmes outside the hospital sector in the scheme; and
- data from the future evaluation of the training institutions be compiled in electronic databases and that these data be made publicly accessible in Denmark to the greatest possible extent.