

UEMO 2000/160

General Practice in Iceland at the turn of the millennium

Dr Steinunn H. Jónsdóttir

Head of Icelandic Delegation to UEMO

The medical profession

Iceland being an island with a small population of only 275.000 inhabitants risks isolation more than other countries. It is therefore extremely important for the medical profession to collaborate with other colleagues and medical organisations on a European or international level.

The University of Iceland was founded 1911 and the Icelandic Medical Association was established 1918. There were 960 active physicians in Iceland at the beginning of this year. A considerable proportion of Icelandic doctors work and live abroad either for specialist training or have settled there. The Icelandic College of Family Physicians was established in 1978 and general practice has been accepted as a speciality of its own right since 1970 with a training duration of 4,5 years. There are around 180 GPs in Iceland of whom 160 have done formal vocational training. The majority of them are members of the ICGP.

Because of the small population and lack of training opportunities most doctors in Iceland including GPs obtain their vocational training abroad e.g. in the Nordic countries, USA and Western Europe. This explains the diverse background of the profession, which in many ways has proved beneficial to the Icelandic health care system.

I will account for the condition of general practice in Iceland at the turn of the millennium.

The wage dispute of 1996

In the autumn of 1996 about 90% of general practitioners handed in their resignation due to a longstanding discontent with wages and working conditions. Their wages had been falling considerably behind compared to those of more specialised colleagues and the increasing strain was beginning to drain the enthusiasm of many. The government's policy or rather its lack of policy in Health Care management caused strong discontent.

Before the wage dispute, many general practitioners had taken on too many patients in order to meet the demand for their services but the wages did not correspond to the increased workload. General practitioners were to a great extent paid as contractors where each service rendered was sold at a low price.

Negotiations followed the resignations but the parties were far apart. The dispute ended after work had been stopped for six weeks. But it was clear from the beginning that the solution would not last. It included for example that a so-called Wage Committee would determine wages for general practitioners, taking away their right to negotiate, at least for the time being. Following the Wage Committee's decision general practitioners received most of their salary as fixed wages but before their wages had mainly been tied to performance. Along with the agreement the government promised to provide a health care policy in addition to finishing building up the Primary Health Care System in certain steps. 21 objectives were set. One of those was to adopt a so-called optional referral system in which the state health insurance would pay an increased part in secondary services (specialists) on the condition that Primary Health Care be consulted first.

Quality development

The Ministry of Health has now demanded that the country's health institutions adhere to a quality plan, but the plan does not include privatised service (which according to an agreement with State Social Security Institute does, however, receive payments from public funds). The plan's main objective is to have health institutions, including Health Care Centres, adopt the methods of quality assurance and that formal quality development work will have started before the end of 2002. This will begin in October within the Primary Care in the Reykjavik area, with all the staff taking part to some degree. The Icelandic College of Family Physicians has a committee working on quality development. This applies to subjects like, CME, personal development, time management, practice organisation and implementation of cost-effective services based on evidence as far as possible. The Medical Director has a GP supervising clinical guidelines in co-operation with many professionals.

Development in information technology

Great advances in information technology have changed the working condition of Icelandic GPs during the last decade. Most health care centres have now implemented a new medical record system called SAGA. Not everyone is happy with the instalment and there have been some difficulties. A new company took over the system's operation and development last year and expectations are high that it will be possible to continue developing the system and adapt it to user needs. There are plans to develop a so-called health network on the condition that individual privacy be protected. This will facilitate all gathering of information. Test results will for example be transferred electronically between institutions.

The Health Sector Data Base

There has been a great and heated debate on a Health Sector database, and as people know legislation has been passed on the operation of such a database whereby a certain party in bioengineering (deCode) receives exclusive rights to establish the database for 12 years. The Icelandic Medical Association has engaged in long and frequent discussions with deCode and the health authorities, criticising them for the approach used. What is most heavily criticised is that patients are not expected to give an informed consent but instead "consent is assumed". Individuals must therefore withdraw actively from the database, a dubious method contrary to accepted customs. Discussions continue and it is still not clear what the conclusion will be.

Consequences of a changed wage system

The period since 1996 has been one of the most prosperous for the Icelandic economy since the republic was founded in 1944. Purchasing power has increased and wages have risen considerably. This has increased consumption and consumer demand in many areas including health services. There has been a shift in the population with more and more people moving to the urban area in and around the capital, Reykjavik, the centre of economic growth.

The Wage Committee decided that each GP should attend to a certain number of clients in order to retain given wages. Maximum wages would come from about 2400 clients. If the number of positions were to increase this would reduce wages for practising GPs unless the population would grow as well. The effects of this decision were not realised at the outset.

In many ways the present arrangement is more likely to rekindle the flame that was lit in the beginning of general practice in Iceland when the first specialised GPs began working here in the beginning of the seventies. The building up of health care centres has gradually continued, providing physicians with adequate facilities and equipment.

There is still a heavy workload on GPs but a changed wage system makes it easier to work normal hours and physicians now take their legal holidays. GPs participate more actively in management and quality development within the Health Care System, which they neglected when they were tied to an output-focused system. However, now that conditions have been created where work methods and conditions for GPs can be changed, the following facts remain:

- ?? The Primary Health Care System does not meet demand.
- ?? Fewer young physicians have chosen general practice and it is clear that too few recruits will increase the problem further still.
- ?? It will be difficult to install any kind of referral system while there are not enough GPs.
- ?? The authorities and the public have accused general practitioners of working less following the adoption of a new wage system.
- ?? The former GP wage system did in many ways stop GPs from delegating to other professionals, such as nurses, tasks that they could easily have mastered with enough continued education and training. An example is various types of control and consultation regarding long term diseases. There are now plans to start such continued education/training for nurses.
- ?? The public's freedom to seek any kind of medical service wherever and whenever they choose is becoming a growing burden on taxpayers and must sooner or later force the authorities to take some sort of guiding action. The State Social Security Institute's payments to specialists in private practice has gone up by a third since last year.

All these facts have certainly affected the situation of General Practice in Iceland recently and the actions taken by the Government and health care planners in the years to come will have a great impact on future development of primary health care in Iceland.