EUROPEAN UNION OF GENERAL PRACTITIONERS

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National Report from Iceland 2002

The health service in Iceland is primarily financed by central government. 8.72% of BNP goes for health care. Financing is mainly based on taxes or 85% and 15% are fees for service.
The country is divided into health care regions, each with their own primary health care centres, some of which are run jointly with the local community hospital. The primary health care centres have the responsibility for general treatment and care, examination, home nursing (in Reykjavik there is a special home nursing central) as well as preventive measures such as family planning, maternity care and child health care and school health care. The Icelandic social security system is open. There is a free choice to seek all health services outside hospitals but hospitalisation needs a referral from either GPs or other physicians. Some patients turn up and are served at the emergency departments without referral.
GPs in Iceland have been in conflict with the government in health policy matters for years and now the primary health care system again is facing serious difficulties in light of mass movements of GPs out of the profession. Many are for the time being taking a year off but return is uncertain. Between 50 and 60 GPs have since 1990 left or intend to leave the field. The current problem has its roots back in 1984 when the compulsory referral system was abolished and all attempts on behalf of the health authorities to reinstall a referral system have met major resistance from independent specialists and was not supported by the IMA (Icelandic Medical Association).
Following the wage dispute in 1996 the so called Wage Committee which decides GPs remuneration has made no efforts to revalue the work of GPs to comparable levels as doctors in other specialities. On the contrary incentives for certain GP work (medical certificates and letters to insurance companies and lawyers) which by tradition has been seen as private and

performed out of regular hours was unilaterally cut off by the government and the Wage Committee at the beginning of this year. Only after serious discussions with the Icelandic College of Family Physicians did the Committee reverse the decision but only to a certain degree. GPs had to accept less payment and their autonomy was once again threatened. This action has caused further crisis in morale. Over twenty GPs have since January this year either left or resigned their posts or opted for a long leave in protest.

This retention and recruitment crisis has no other solution but a revolution within the health care system. At the time of the agreement following the 1996 dispute the government promised to provide a health care policy while at the same finishing building up the Primary Health Care System in certain steps. One of those steps was to adopt a so-called optional referral system in which the state health insurance would have an increased part in secondary services (specialists) on the condition that Primary Health Care is consulted first. This has not been realised. The public's freedom to seek any kind of medical service wherever and whenever they choose has led to lack of enthusiasm amongst GPs and they feel that they are losing professional authority and influence. This applies especially to those who work in the urban area in and around the capital Reykjavík, where more than half of the nation lives. Increased consumer demand in many areas including health services has led to longer waiting for appointments with GPs. A fixed salary does not increase GP performance in path with demand. The problems they have to deal with are more complex and time consuming. 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. Many in the city area do not have their own GP and have to seek primary care at the out of hours GP services, emergency departments or the specialists in private practices. This has led to increased health care costs; a foreseen consequence.

Icelandic GPs have always attached high value to autonomy. Specialists are free to increase the expense of the health system with their private practice while general practitioners can still not build up primary care on their own through a contract with the State Social Security Institute except in out of hour's services. The fact is that, given adequate quality, the Icelandic College of Family Physicians and the Icelandic Medical Association are in favour of GPs being able, like their colleagues, to start their own practice contracting with the State Social Security Institute. The College of Family Physicians was involved in a legal suit complaining of the unfair competition that GPs face when wanting to set up their own private practices being the only medical specialty without this opportunity. The battle was conquered by the government, which still has the misconception that specialists in other fields and GPs are not working on the "same market".

For the time being pessimism has without doubt spread and may have negative influence on young doctors who do their primary care training in the pre-registration year. The vocational GP training program organized in Iceland has in recent years been improved to higher quality but still a number of doctors do their vocational GP training abroad especially in the other Nordic countries. More young doctors are opting for general practice but we fear that some will change their direction if the government and the health authorities do not make quick decisions and take steps that make primary care an attractive commitment.

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On behalf of the Icelandic delegation to UEMO

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