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UEMO 2003/171

Icelandic Response to the Questionnaire from the UEMO Quality Assurance Working Group (2003/084)

Questionnaire from the UEMO Quality Assurance Working Group

Each delegation is kindly asked to answer the questionnaire. The answers to the questionnaire should be completed and sent to Dr Mateja Bulc, mateja.bulc@email.si, with a copy to uemo@uemo.org by **12 July 2003 at the latest**.

Thank you very much for your cooperation

Elisabeth Sundström

Questionnaire on the needs and barriers in quality assurance

1. Does regulation in your country help or hinder professional aspirations in quality assurance?

There are reasonably good circumstances in General Practice in Iceland for the time being to practice quality assurance.

2. Disease management programs started in some countries.

- Are there any programs in your country? *Yes. A recent survey made by the Director of Health on how much the disease management guidelines are followed showed that most GPs are aware of them and use them to some extent but audit it is not organised on a national level.*
- Who establishes them? *A team of doctors; both GPs and Specialists in other specialities as well as pharmacists. This team is led by a GP and he has coordinated the work of guidelines for different disease managements. The work is continuous and guidelines re-evaluated*

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- Are *doctors* or NMO involved in the formulation of these programs?
Yes.....
- Are GPs or specialists involved in the formulation of these programs? *Both - A GP (Dr Sigurður Helgason) has been the ccordinator and has had major influence on this work and he has activated GPs and colleagues from different specialities in making the evidence based guidelines.*
- Are they practical? *Many of the guidelines are practical and all GP have direct access to them over the Internet. But there is still much work left to cover and it needs to be up-dated regularly. We have though not exact information on how much these programs are effectively used*
- Are they evidence based? *As far as possible*
- Are they cost effective? *No evaluation yet.*

3. How does funding of your practice affect your provision of quality?

Quality assurance in General Practice in Iceland is not directly funded.

But the system of payment and CME/CPD incentives indirectly has a positive effect on the possibility to practice quality assurance.

(General Practice and GPs' premises in Iceland are mainly funded and run by the government. GPs' fixed salary is paid by the government but out of hours work (which starts at 16:00 pm) is paid extra as well as minor surgery and other procedures. GPs in Iceland have set standards regarding a) How many patients to see in a given time (on average 15-20/appointment) b) Each GP should not have more than 1500 patients on his list (to serve: normal appointments, home visits, child health and maternity care and even school health care) to be able to have a proper overview of his practice. This has been accepted by the government even though we may not have all manpower needed in all practices. GPs also get reimbursement from the government – 2 weeks yearly - for courses and travel costs for CPD/CME events without affecting the salary. Peer review and audit is mainly within the practices done by GPs themselves.

4. Does funding of the health regulators affect your provision of quality? *Question unclear*

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5. Does access to education affect your provision of quality?

See above ...If accredited CME/CPD events are sufficiently funded and thus more likely attended there may be more opportunities to practice quality and audit.

6. What can UEMO do to help you in this regard?

Exchange of information

Call for action on behalf of governments to fund properly all means needed for quality assurance in general practice to the development of better health care. The quality work should be organized and led by GPs and for that they need proper funding and manpower.

Thank you very much for your kind cooperation!

Dr. Mateja Bulc

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