
SPECIALISATION IN RURAL MEDICINE

A new opportunity for rural GPs in Iceland

Bergen, 25 October 2017

Stefán Þórarinsson

WHY RURAL SPECIALISATION ?

- Most of the medical training in Iceland takes place in hospitals with growing specialisation. Many common tasks are now carried out by nurses and technicians.
 - Young doctors do not get much training in emergency procedures and therefore they do not feel confident when working in rural areas although they like the thrill of working there.
 - The status of GPs and rural work is not high in our society.
 - Most doctors come from urban environments and have no experience of living close to nature and of the diversity of rural life.
-





THE GOAL OF RURAL SPECIALISATION

- It will give doctors the necessary preparation for rural work.
 - It can encourage young doctors to give it a try.
 - It opens an opportunity for continuous training in emergency medicine, scientific research, and professional as well as personal development.
 - It can be rewarding professionally and lucrative at the same time.
-

SPECIALISATION IN RURAL MEDICINE IN ICELAND

- A new Regulation from the Ministry of Health and Welfare (April 2015) :
 - The Regulation opened an opportunity for specialists in Family Medicine to sub-specialise in Rural Medicine.
 - The specialisation takes extra two years of structured training.
-

BUT...

- The regulation did not specify what the contents of the training curriculum should be.
 - No governing body assumed the responsibility for the training.
-

THE NEXT STEP

- The Union of Icelandic GPs stepped into the void and a working group was formed:
 - Six GPs with rural experience, of different age, gender and location.
-

WHAT IS RURAL IN ICELAND ?

- The first decision of the working group was to define the target group:

All specialised GPs working outside Reykjavík.

- They function both as family doctors and emergency doctors.
-

WHAT IS RURAL IN ICELAND ?

- There is a well equipped Emergency Department at the National Hospital in Reykjavík and a smaller one in Akureyri.
 - The fully equipped maternity units with Obstetricians are in Reykjavík and Akureyri only, and the only neonatal intensive care unit (NICU) is in Reykjavík.
 - The National Air Ambulance service is operated from Akureyri. The Coast Guard operate helicopters from Reykjavík.
-



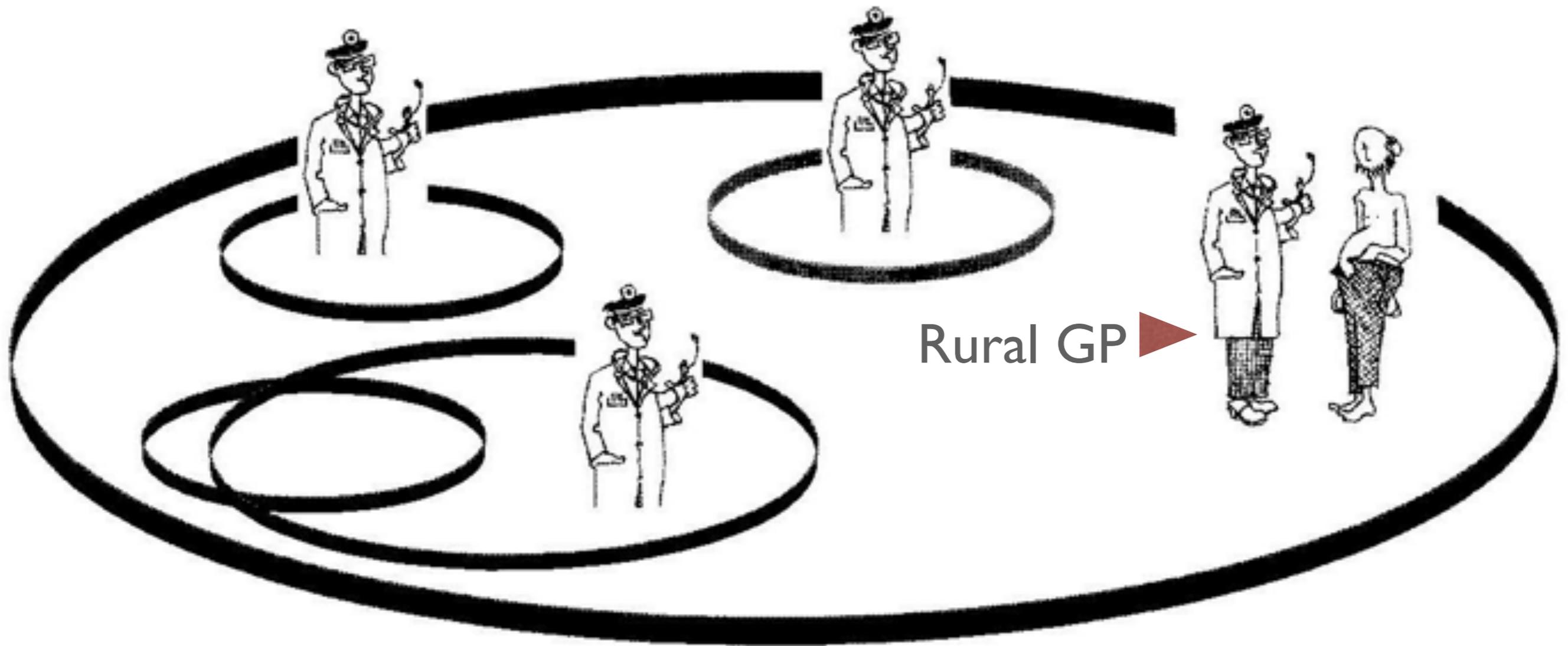
THE LACK OF FOREIGN MODELS

- It is difficult to find a useful curriculum in Rural Medicine overseas that can be easily adapted to Iceland.
 - The structure of the Icelandic healthcare system is unique. It is shaped by medical and social changes, its geography and transport routes.
 - Therefore we have to develop our own Rural educational model...
-

THE RURAL TRAINING TAKES SHAPE

- 12 months in rural Primary Healthcare with a mentor.
 - 6 months in Emergency and Maternity departments with a rural focus.
 - 6 months or 30 ECTS - units (European Credit Transfer System) focussing on:
 - an introduction to Administration / Social Medicine / Research methods relevant to the trainee's favourite subject.
-

THE RURAL HEALTHCARE HAS NO BOUNDARYS



Rural GP ▶

„NO-ONE IS A PROPHET IN HIS HOME COUNTRY,,

- The weakness of this programme in the eyes of the medical authorities is the absence of a suitable overseas model to fit our rural curriculum.
 - More traditional specialities have equivalents overseas to compare with.
 - Because of that we turned for help to NSDM at the University of Tromsø asking if they would be willing to evaluate our programme and possibly give it some kind of recognition.
-

THE NEED FOR BACKUP

- We hope that with a respected university's backing our curriculum would have a better chance of being approved by the Directorate of Health.
 - As a first step in that direction, NSDM invited us to this symposium here in Bergen, for which we are very grateful.
-

Thank you
Tapadh leibh
Tack så mycket
Tusen takk
Takk fyrir

