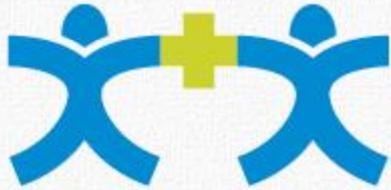


Joint Action Health Workforce
Planning and Forecasting



Joint Action Health Workforce
Planning and Forecasting

Can a small country be self-sustainable in training the workforce needed by its health systems?

- General information
- Health services
- Healthcare professionals
- Education of health care professionals
- Uniqueness
- Recruitment and retention
- Conclusion

Margrét Björk Svavarsdóttir / Special Advisor



MINISTRY OF WELFARE



Funded by
the Health Programme
of the European Union

General information on Iceland

- 103 thousand square kilometres
 - Inhabited around the coastline
 - 330 thousand inhabitants
 - Over 60% living in Reykjavik and its surrounds
 - 74 municipalities
 - 2 administrative levels
 - Local and National

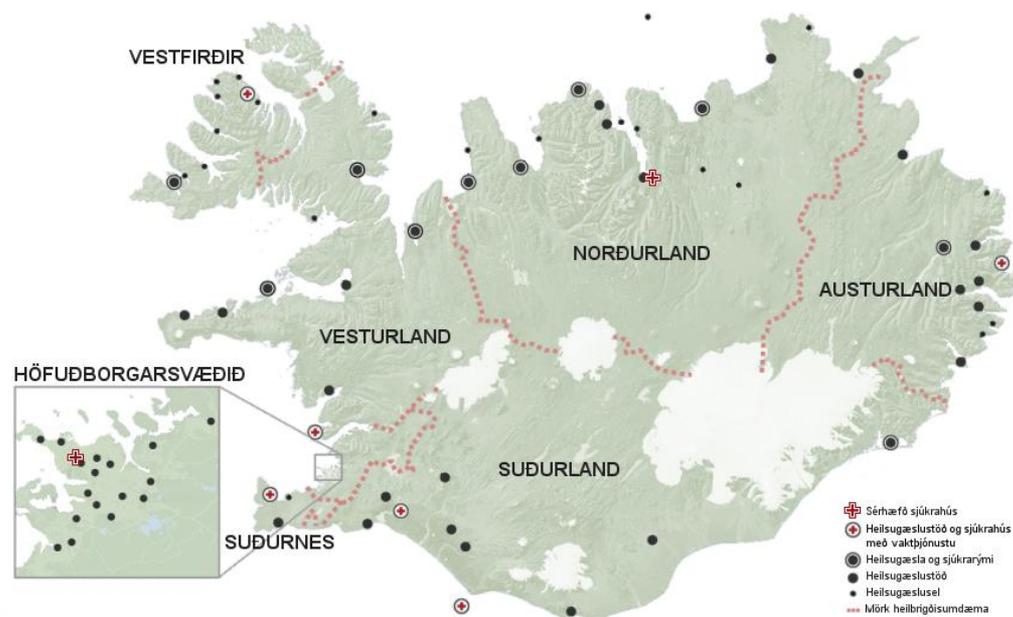
Health services

- Main objective of the Health Services Act No 40/2007
 - ...all people of Iceland shall have access to the optimum health service which is possible to provide at any time
- The service
 - Universal health care system
 - Paid for by taxes (80 - 85%)
 - Administrated by Ministry of Welfare.



Health services

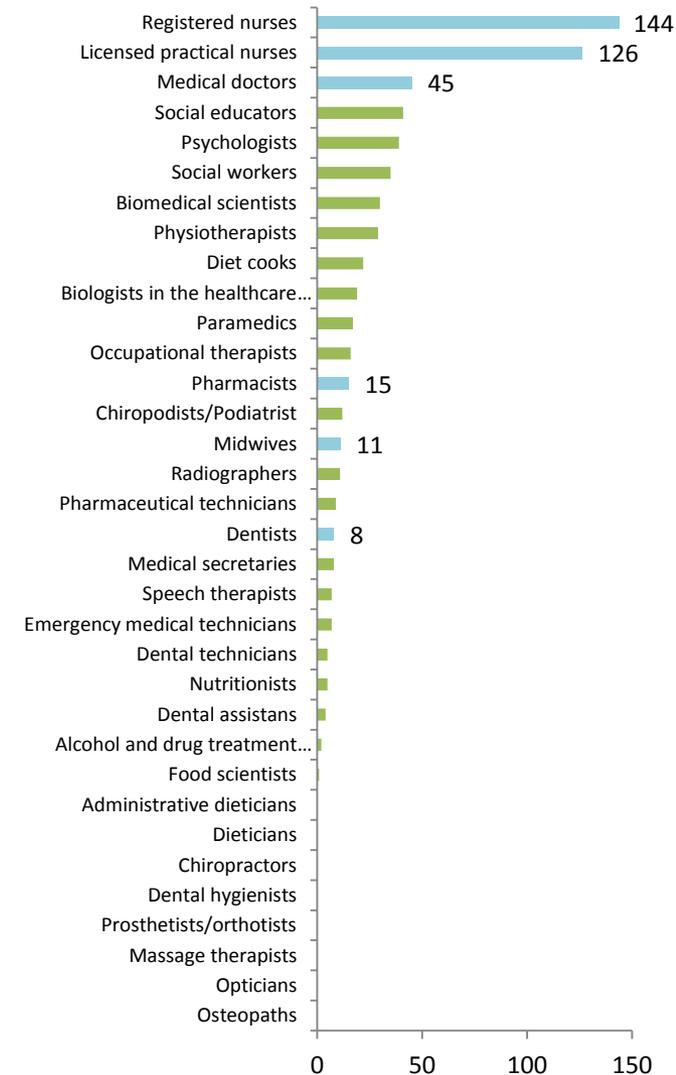
- Health care Regions (7)
- Main hospitals (2)
- Regional Hospitals (6)
- Health Institutions (8)
- Primary Health Care Centers (approx. 60)



Healthcare professionals

- 34 licenced healthcare professions
 - Educated in Iceland and abroad
 - School of Health Science - **University of Iceland** and the **University of Akureyri***
 - Faculty of Medicine
 - Faculty of Nursing*
 - Faculty of Odontology
 - Faculty of Pharmaceutical Sciences
 - Faculty of Food Science and Nutrition
 - Faculty of Psychology
 - Faculty of Occupational Therapy*

New licences in 2014

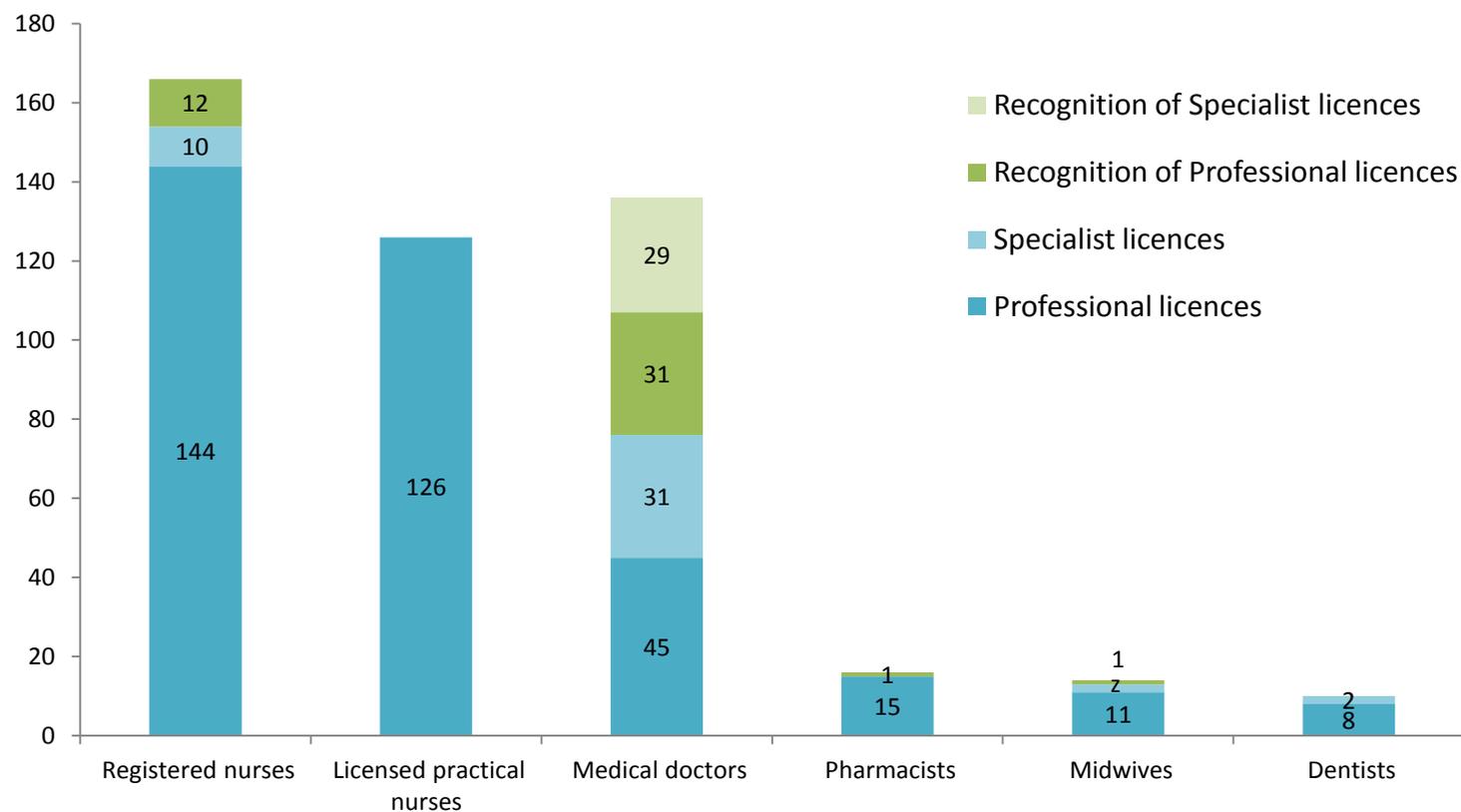


Education of healthcare professionals

In Iceland and abroad

	Basic education	Specialisation
Physicians	Iceland, Slovakia, Hungary, Danmark	Mostly abroad
Nurses	Mostly in Iceland	Mostly in Iceland
Nursing Assistants	Mostly in Iceland	-
Midwives	Mostly in Iceland	Both in Iceland and abroad
Dentists	Mostly in Iceland	Both in Iceland and abroad
Pharmasists	Mostly in Iceland	Abroad

Professional licences in 2014



Uniqueness

Small and remote country

- Few professionals in remote areas
 - Important that education and training includes rural areas
 - Education through telecommunication
 - Task shifting more important
 - Telemedicine

Small and remote country

- Importance of health care professionals educate abroad
 - Training in a bigger, more diverse working conditions
 - To small population for specialization
- Disadvantages
 - Risk of long term migration

Recruitment and retention

- 1/3 of the medical doctors away at any given time
 - Nordic countries, UK, the Netherlands and USA
- 80% return
- **Economic crisis**
 - Salaries in Nordic countries 25-60% higher
 - Up to 10% downsizing in the hospital sector
 - Little investment in new technology
 - Less than 2% in Landspítali
- Conversation with medical doctors abroad
 - Work environment, technology, opportunities regarding science and tutoring, and salaries

Future

- Collective agreement
- Health care reform
 - New National Hospital
 - Primary Healthcare
 - Formula-funding financing
 - Transparency

Conclusion

- Iceland is mostly self-sustainable in educating nurses, midwives dentists and pharماسists
- Iceland is not self-sustainable in educating and training doctors
 - Not enough resources
- Attendance is high resulting in seeking education abroad