

Notes from the Nordic GP seminar in Reykjavik, Iceland 4-6 september 2014

Thursday, 4 september

After a short but nice get together, the representatives gathered to discuss what had happened on the front of general practice in each country. A representant from each country gave a short summary of the events in their country since last seminar in Säröhus in 2012. Arto Virtanen told of the health care reform in Finland, Karin made a comparison of primary care in Sweden with other countries, Lars told of the conflict with the health government and internal affairs in the GP's union in Denmark. Marit adressed the conflict the GP's have with the government and Thorarinn presented a new regulation in Iceland that includes rural medicin as a subspeciality to Family medicine and told of a reform that was to be implemented wich included private practices. An informal discussion around the topics of each country

Friday, 5.september

Presentations

Denmark Preventive -policy (Lars Gelehrt Johansen)

The policy document was discussed and presented and is finally signed by the five chairmen of the colleges and the chairman of the Federation. Discussion about the process of such a joint effort and how it might be more efficient.

Norway, Task-shifting,skill mix, GP's role (Marit Hermansen)

Task- shifting defined and the reasons discussed; development of the professions, patient preference, geography, professional shortage, politics and resources. Task-sharing and Task-drop discussed. No reduction in quality accepted. The role of task-shift in decentralised primary care involves education, specialisation, professional shortage, mecantile personnel.

The features of a team in primary care discussed and the collaboration with flora of other professions at any level around patients with complex needs.

Sweden, Reimbursement systems (Karin Träff Nordström)

The pros and cons of diffrent reimbursement systems were discussed. Payment for performance versus payment per capita and fee for service. Payments for quality indicators should be evidence based. It is clear that every system can be manipulated. The aims of reimbursement systems should be to allocate limited resources to patients with themost clinical needs and promote that avery patient has a named GP. It should also promote closer collaboaration betseen primary care, secondary care and municipalities. Payments based on clinical outcomes and data from medical records or quality registers should be avoided

Finland, Medical education, (Tuomas Koskela and Pekka Honakanen)

How to organize a medical education program to get successful future GP's was the theme of the Finnish contribution. They stressed the fact that a good family medicine improves health systems and is subject to surrounding team and knowledge of the health care system as a whole. It was concluded that by building infrastructure, developing specific teaching programs and enhancing the skills of educators could family medicine education be improved.

Iceland, Rural medicine (Eyjólfur Þorkelsson)

Eyjólfur reported the new regulation in Iceland that includes rural medicine as a subspeciality to family medicine. He discussed in a personal manner his own interest on the matter being from a small community on the east coast of Iceland. The challenge for the Icelandic College is now to decide what criteria a family physician should meet to achieve this subspeciality and to develop a teaching program in rural medicine to get adopted to the new regulation. The relevance of this in the other countries was discussed and different views emerged but every country recognized the problems of the rural areas.

On each and every topic there flourished empowering and constructive discussions. We concluded that the topics above were far from fully discussed and should be continued.

Next seminar is to take place in Finland year 2016 and the details around the next Nordic seminar will be decided on at our traditional pre-meeting in Göteborg at the Nordic Congress in June 2015.

Participants in Reykjavik 4-6. September 2014:

Norway

Kari Sollien,

Ivar Halvorsen,

Marit Hermansen,

Petter Brelin,

Tor Carlsen,

Gisle Roksdal

Finland

Pekka Honakanen,

Arto Virtanen

Ulla Palmu

Tuomas Koskela

Sweden

Karin Träff Nordström

Ulf Östenstad

Ove Andersson

Agneta Sikvall m

Marina Tuutma

Danmark

Lars Gelehrt Johansen

Karin Mette Thomsen

Peter Orebro Hansen

Bruno Melgard Jensen

Anne-Mette Nathan

Ynse Boer

Iceland

Pórarinn Ingólfsson

Salóme Ásta Arnarsdóttir

Björg Þuríður Magnúsdóttir

Björn Gunnlaugsson

Eyjólfur Þorkelsson

Margrét Ólafía Tómasdóttir

Pórarinn Ingólfsson

Chairman of the Icelandic College of GP's