Dermato-Venereology in the Nordic Countries

The Situation in Iceland

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Present status

In Iceland, with a population of 280 000, there are 12 active dermatologists. Dermatology training is obtained in other countries after finishing medical school in Iceland. The majority do their training in Sweden but some are trained in USA, Norway, Denmark, or the Netherlands. All dermatologists except one work in Reykjavik. About 3/4 of the population lives in or within a one hour's drive from Reykjavik. All dermatologists in the country have their own private practices and 5 also work parttime at the University Hospital. The majority are between 40-55 years old but two are seventy and older. In addition to the 12 currently working in Iceland, there are 6 doctors who have already finished their specialist training abroad, 4 of which are expected to return home in the next one or two years. Two assistant doctors are now working at the dermatology department of the hospital and they will eventually move to some Scandinavian country or USA to get their specialist training. The interest for dermatology is great amongst young doctors in Iceland and 4 are waiting to be accepted for work at the dermatology department here.

There is no formalised referral system in Iceland, so patients can consult a specialist directly. The state health insurance pays part of the consulting fee according to a rather complicated system. At the moment there is a relative shortage of family practitioners in Iceland and this of course affects the workload of specialists in all disciplines.

The situation in Iceland regarding dermatology seems to be adequate. We probably have one of the largest numbers of dermatologist per capita in the world. In spite of this the demand for dermatological services is greater than can be fulfilled. This may be due partly to a relative lack of family physicians, but on the other hand our speciality has been broadened, with laser treatment and an increase in dermatological surgery. One problem has been to fill the hospital positions, where the facilities are limited and the salary is lower than in private practice.

Conclusion

It is expected that in 2001 there will be 14 specialists (1 per 20 000 inhabitants) working, 2–3 in training and 4–5 waiting for training positions.

It is probable that about 20 dermatologists will be working in Iceland in the year 2010 so no shortage of either clinical or academic work is to be expected in the near future.