



Internal medicine in Iceland

Runolfur Palsson, Icelandic Society of Internal Medicine

Disclosure of financial relationships

Runolfur Palsson

Has no relationships with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients.

The Icelandic Health Service

- Health care centers throughout the country deliver primary care
- Landspítali University Hospital provides general services for the Reykjavik area and tertiary care for the entire nation
- Akureyri Hospital, a teaching hospital in the Northern part of the country, delivers specialized care for the region
- Six small district general hospitals
- Private medical practice
- Generally good access to health services
- Publicly funded universal healthcare system



The Icelandic population numbered 394.324 in January, 2026
264.056 (64%) reside in the Capital Region



Hringbraut Campus

Landspítali University Hospital



Fossvogur Campus

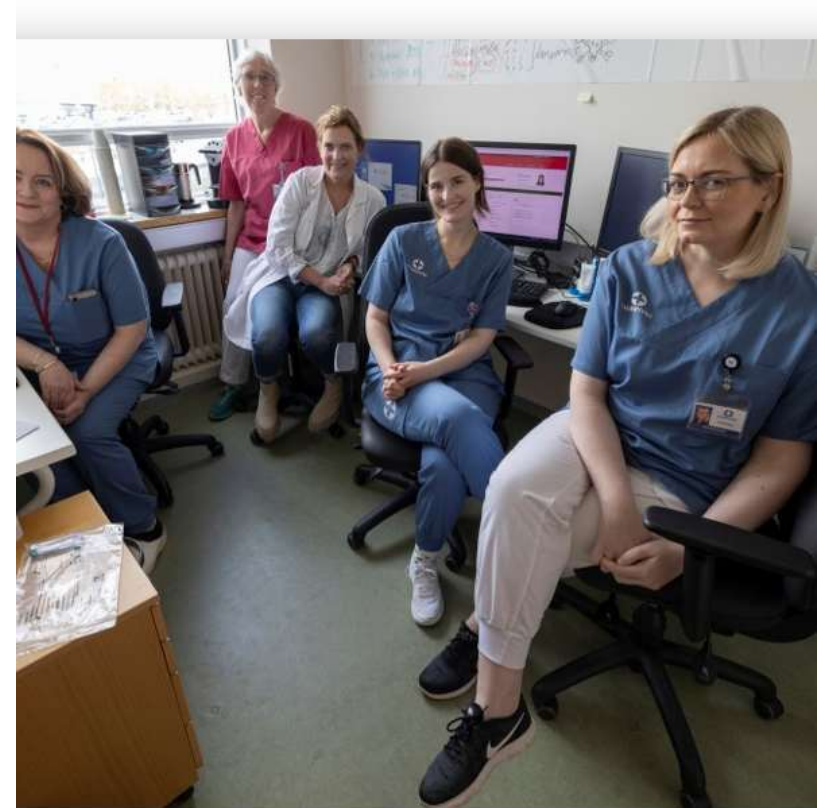


University of Iceland



Internal medicine in Iceland

- The number of practising internists is approximately 250
- Postgraduate training has, for the most part, traditionally taken place abroad
- Many internists are certified in internal medicine and a subspecialty
- Increased emphasis on internal medicine as a single specialty
- Internal medicine is now largely responsible for acute care at Landspítali University Hospital



Overcrowding in the Emergency Department

visir

FRETTIR VÍSIOPTI SPÖRT LÍFIÐ SKOÐUN FÆRISÖGNIR ATVINNA PÓLSKI

INNLENT

Yfirleknir óttast stórslys á bráðamóttöku Landspítalans

Ólafur K. Ólafsson skrifar · 9. janúar 2020 10:20

Yfirleknir óttast stórslys á bráðamóttöku Landspítalans

Yfirleknir smáskólanáðslektar hjá Landspítalanum segja að stórþyngsla í vopnsláttum á bráðamóttöku spítalans væri ekkert að gert. Þjóðinnslitgjafi sjúklunga hafi þetta átt á þessum tíðum og sé ekki áætlað sjúklunga.

Már Kríkjónsson, yfirlektur smáskólanáðslektar hjá Landspítalanum, segir að stórþyngsla á bráðamóttöku spítalans hafi verið á gæti í öllum tilvikum Landspítalans. Hann segir stórþyngsla á bráðamóttöku spítalans hafi verið á gæti í öllum tilvikum Landspítalans. Hann segir stórþyngsla á bráðamóttöku spítalans hafi verið á gæti í öllum tilvikum Landspítalans.

Í greininni segir Már að stórþyngsla á bráðamóttöku spítalans hafi verið á gæti í öllum tilvikum Landspítalans. Hann segir stórþyngsla á bráðamóttöku spítalans hafi verið á gæti í öllum tilvikum Landspítalans.

STUNDIN

FRETTIR VÍSIOPTI SPÖRT LÍFIÐ SKOÐUN FÆRISÖGNIR ATVINNA PÓLSKI

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„Kronískar hamfarir“ á Landspítalanum

Ólafur K. Ólafsson skrifar · 9. janúar 2020 10:20

„Kronískar hamfarir“ á Landspítalanum

Stærðarmenn Landspítalans hafa þetta átt á þessum tíðum og sé ekki áætlað sjúklunga. Stærðarmenn Landspítalans hafa þetta átt á þessum tíðum og sé ekki áætlað sjúklunga.

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STUNDIN

FRETTIR VÍSIOPTI SPÖRT LÍFIÐ SKOÐUN FÆRISÖGNIR ATVINNA PÓLSKI

INNLENT

Yfirfull bráðamóttaka gat ekki tekið á móti sjúklingi í hjartastoppi

Ólafur K. Ólafsson skrifar · 9. janúar 2020 10:20

Yfirfull bráðamóttaka gat ekki tekið á móti sjúklingi í hjartastoppi

Helga Rósa Másdóttir, deildarstjóri bráðamóttöku Landspítalans, staðfestir í samtali við Stundina að sjúklingi í hjartastoppi var vísað frá bráðamóttökunni yfir á Hjartagátt spítalans vegna þess að bráðamóttakan var full. Skráð hefur verið atvik vegna málsins. „Við erum að hafa deyjandi fólk“ segir áhyggjufullur starfsmaður.

visir

FRETTIR VÍSIOPTI SPÖRT LÍFIÐ SKOÐUN FÆRISÖGNIR ATVINNA PÓLSKI

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Notar orðin „fokking disaster“ til að lýsa ástandinu á bráðamóttökunni

Ólafur K. Ólafsson skrifar · 15. janúar 2020 11:00

Notar orðin „fokking disaster“ til að lýsa ástandinu á bráðamóttökunni

Ólafur K. Ólafsson skrifar · 15. janúar 2020 11:00

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miðjan

FRETTIR GREINAR STÚRNÁL RITSTJÓRI / SME TALVAPR HLADVÖRÐ MIÐJUNNAR

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Hættuástand á Landspítalanum

Ólafur K. Ólafsson skrifar · 15. janúar 2020 11:00

Hættuástand á Landspítalanum

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FRETTIR VÍSIOPTI SPÖRT LÍFIÐ SKOÐUN FÆRISÖGNIR ATVINNA PÓLSKI

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Veldu þinn Eames stól

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Veldu þinn Eames stól

Ólafur K. Ólafsson skrifar · 15. janúar 2020 11:00

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Defining the problem: Corridor care



Patients are receiving care in corridors due to lack of appropriate clinical space



This reflects system flow issues rather than isolated front-door pressure



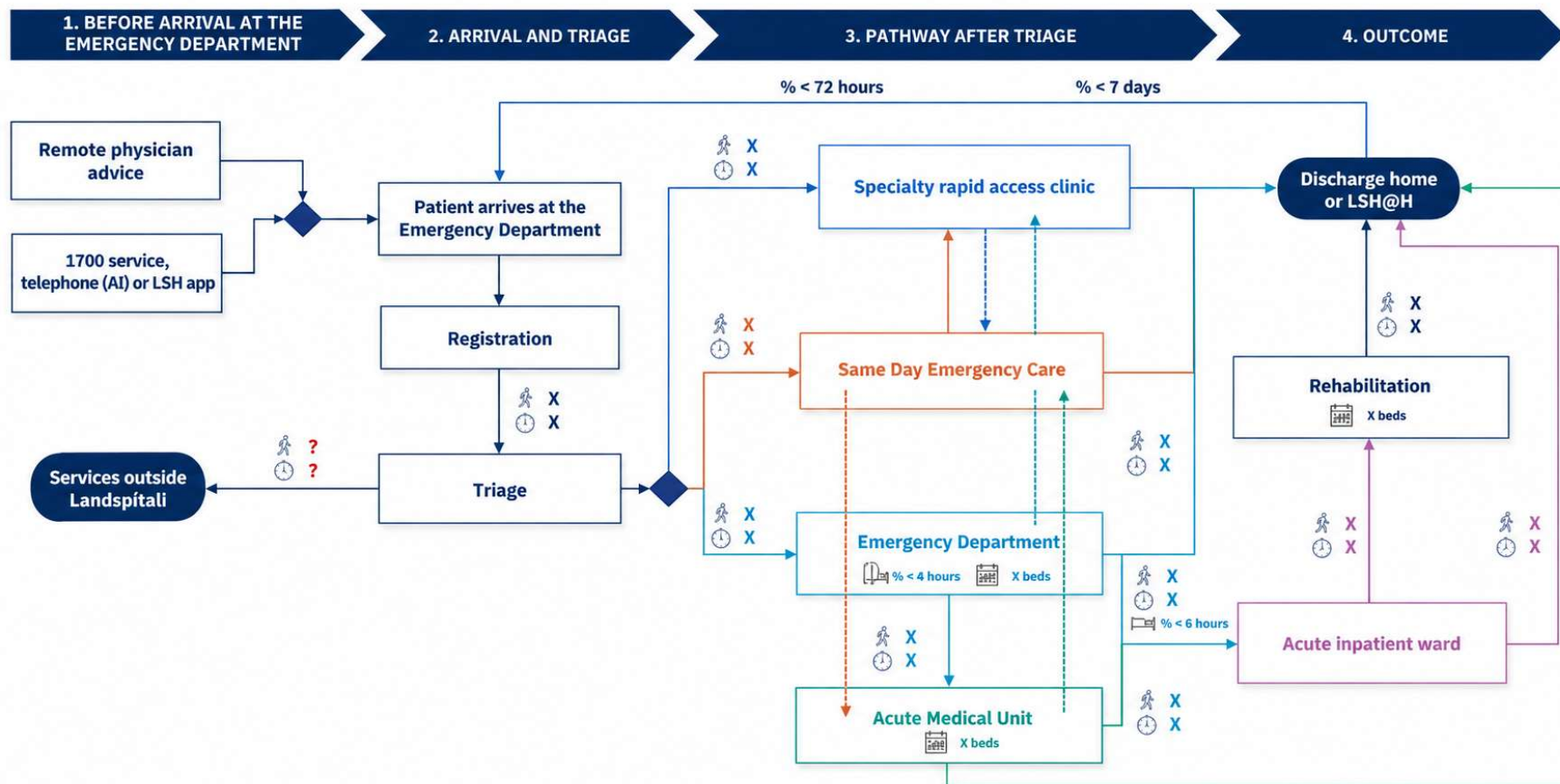
High bed occupancy and delayed discharge contribute to crowding



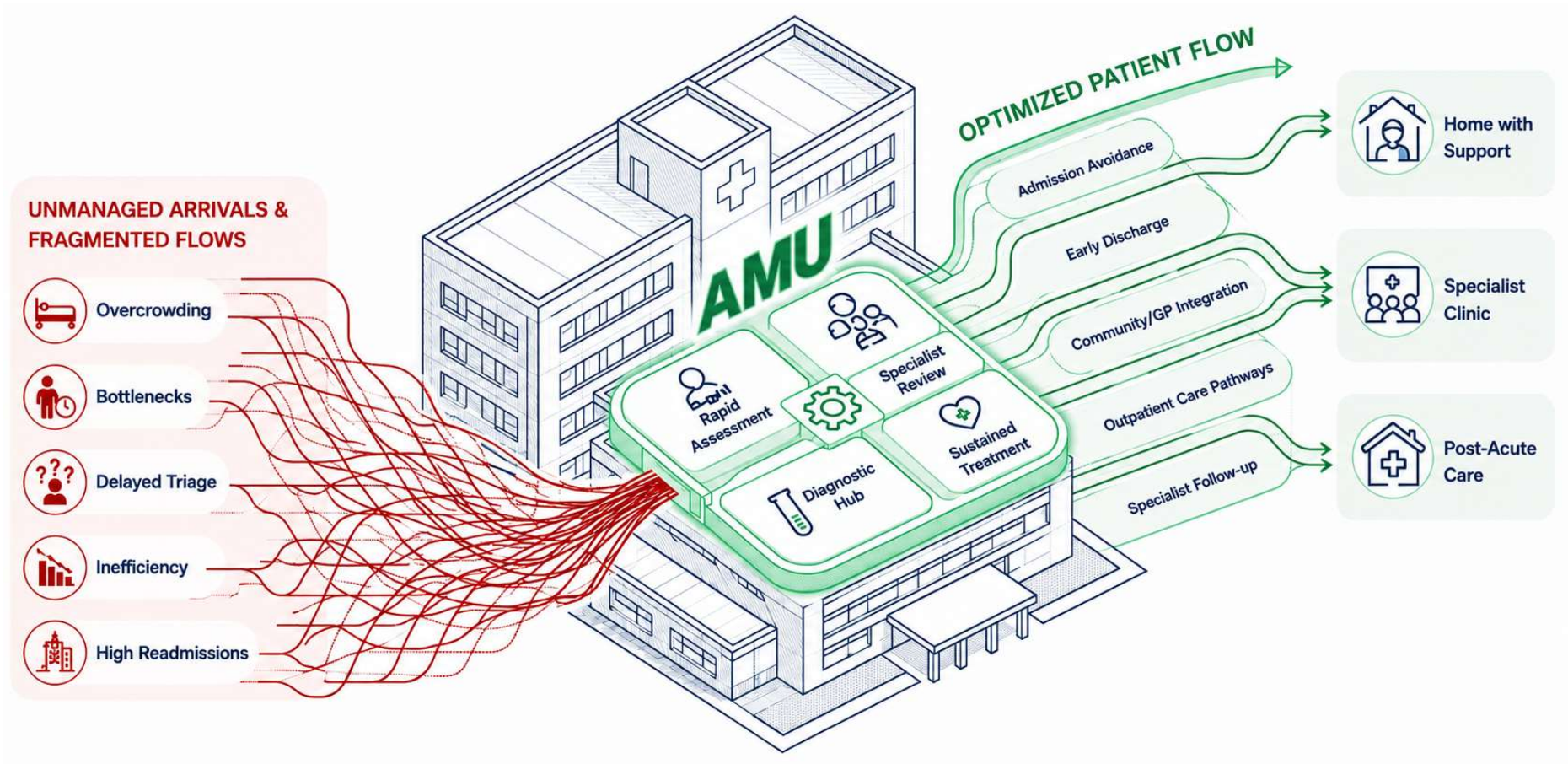
Corridor care is associated with:

Patient safety risks
Reduced dignity and experience
Staff moral injury

A redesigned acute care pathway

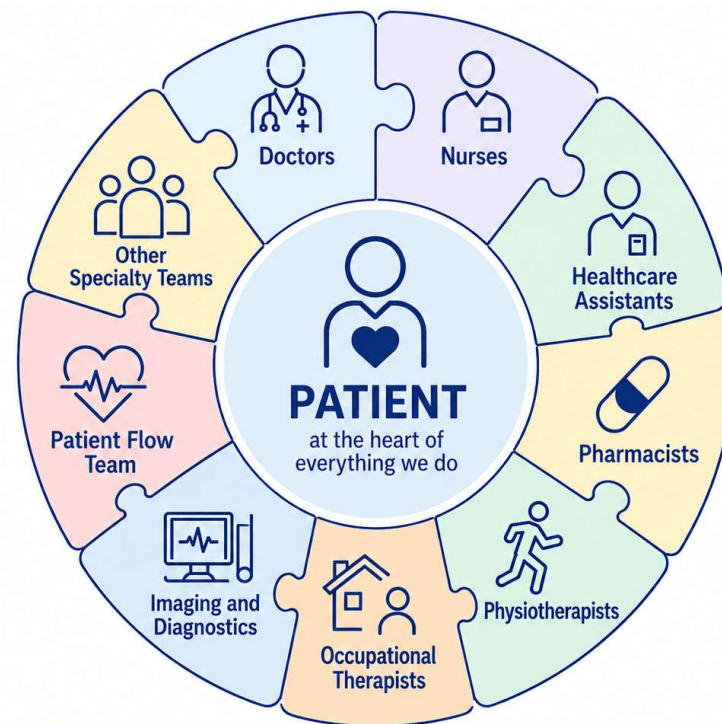


The Acute Medical Unit serves as the central hub of the redesigned acute care pathway



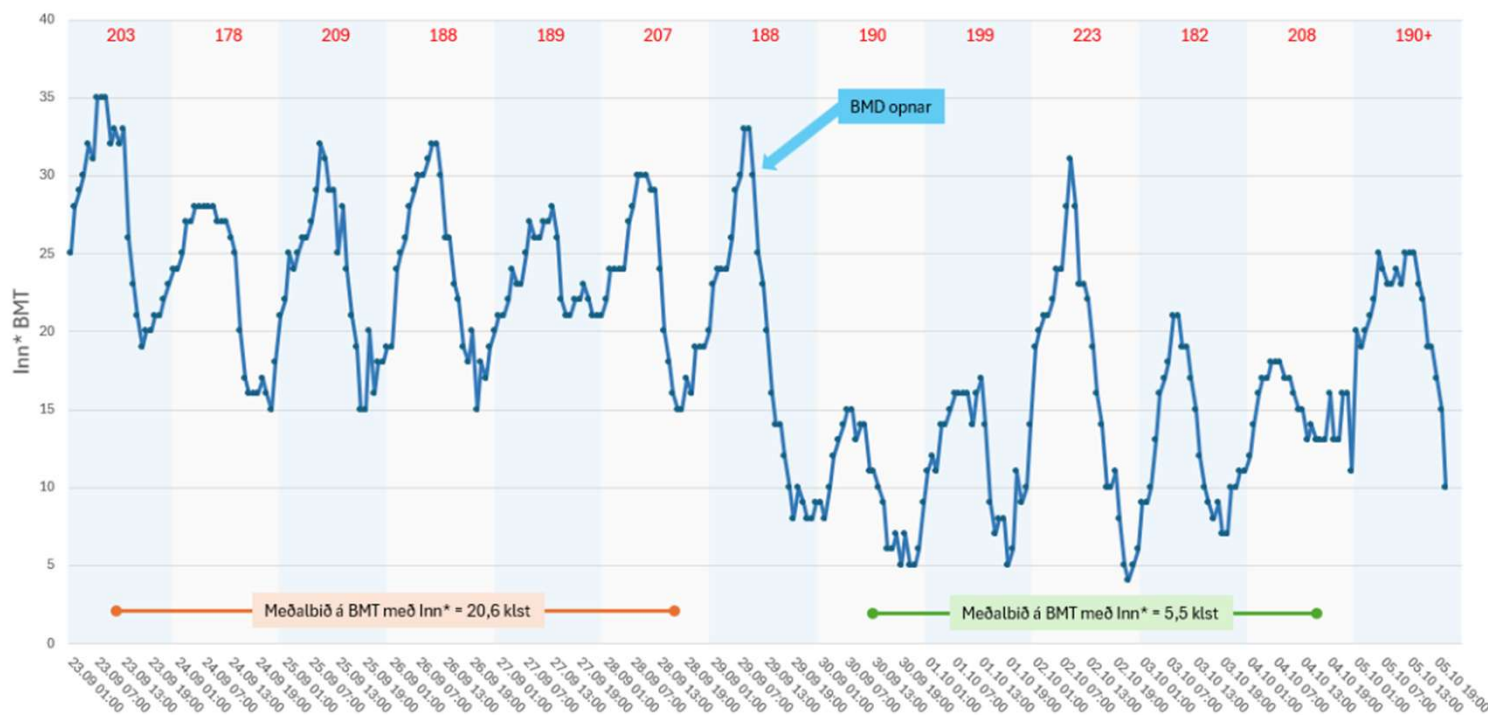
Transformation of internal medicine services

- Earlier senior decision-making
 - No wait for multiple sequential reviews
- Assessment + treatment + discharge planning together
- Right destination first time
 - Same Day Emergency Care Unit
 - Acute Medical Unit
 - Hospital@Home
 - Specialty care according to clinical need

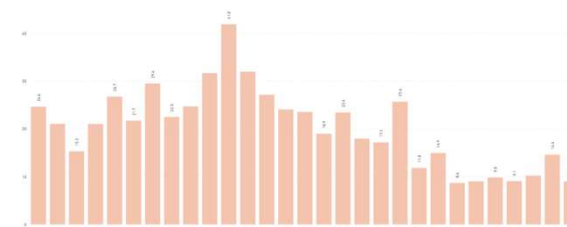


Working together to deliver the right care, at the right time,
and ensure the best possible outcomes for patients.

Early Data: Week one



Reduction of length of stay in the ED after decision to admit from 20.6 to 5.5 hours



Framhaldsnám í lyflækningum við Landspítala: Fyrstu deildarlæknamir útskrifaðir

UM MIÐJAN nóvember útskrifuðust fyrstu deildarlæknamir eftir þriggja ára framhaldsnám á lyflækningasviðum Landspítalans. Þau Hilmar Kjartansson, Guðni A. Guðnason og Sigríður Björnsdóttir hafa stundað nám í almennum lyflækningum og stefna nú á frekara framhaldsnám í útlöndum.

Hafist var handa um að koma á fót framhaldsnámi við Landspítalann eftir sameiningu sjúkrahúsanna og eru nú um 20 deildarlæknar skráðir í sérnám í lyflækningum á ýmsum stigum. Í námi þeirra er lögð áhersla á að veita hjálfun í undirstöðupáttum almennra lyflækninga og byggja upp klíníka færni, trausta dómgreind og fagmennsku. Jafnframt eru námslæknar þjálfarar í vísindastörfum og hvattir til að temja sér sjálfsteða þekkingaröflun.

Deildarlæknunum er falin stigvaxandi ábyrgð með hlífðsjón af ferli þeirra og reynslu. Þegar blaðamaður Læknablaðsins reddi við hina nýútskrifuðu deildarlækna hrósuðu þeir ekki síst þeim þetti námsins. Þau hefðu verið farin að stjórna vöktum og starfa sjálfstætt á göngudeild en að sjálfsögðu með það í bakhöndinni að geta leitað stuðnings sérfræðilækna ef á þyrfti að halda. Þetta fyrirkomulag bætti líka starfsandann á sjúkrahúsinu vegna þess að það brúaði bil sem oft vill myndast á milli unglekna og sérfræðinga. Það væri líka gott fyrir sérfræðingana sem fengju meiri örvun við að kenna lengra komnum nemendum.

Þegar blaðamaður innti þau eftir því hvað teki nú við vör svörin á þá leið að Hilmar er á leiðinni til Nýja-Sjálands á næstu vikum þar sem hann ætlar að leggja stund á framhaldsnám í bráðalekningum á sjúkrahúsi í borginni Christchurch á Suðurey. Hann segist fá námið við Landspítalann metið til styttingar á náminu ytra. Þau Guðni og Sigríður eru að þreifa fyrir sér með framhaldsnám en bæði stefna þau í sérfræðinám í efnskipta- og innkirtlasjúkdómum, helst á Norðurlöndum eða Bretlandseyjum, hún næsta vor en hann að ári líönu. Þangað til munu þau starfa hér innanlands.

Deildarlæknamir
nýútskrifuðu, Hilmar
Kjartansson næstur,
þá Sigríður Björns-
dóttir og Guðni A.
Guðnason fljærstur.
Ljós. Þóris
Agústsdóttir.



Deildarlæknar á lyflækningadeildum Landspítala ásamt forstöðumönnum framhaldsmenntunar. Standandi frá vinstri: Guðni A. Guðnason, Eva Sigvaldadóttir, Rannsólfur Pálsson, Ina K. Ögmundsdóttir, Friðbjörn Sigurðsson, Þóður Hardarson, Steinn Jónsson, Kristján Erlendsson, Oddur Steinarsson, Berglind Líbungan og Ragnheiður Halldórsdóttir. Sitjandi frá vinstri: Guðrún B. Reynisdóttir, Hilmar Kjartansson, Vilhelmina Haraldsdóttir, Hjalti M. Björnsson og Lovísa Leifsdóttir.

Þau voru sammála um að það væri ótvíður kostur fyrir unglekna að hafa val um það hvort þeir hefja framhaldsnám hér á landi eða fara strax utan. Ekki síst væri þetta góður kostur fyrir fjölskyldufólk því þetta stýtti þann tíma sem það þyrfti að dvelja í útlöndum. Þeir sem fara til Norðurlanda til náms í undirsérgræin fá þetta nám metið að fullu og þá tekur nám þeirra ytra ekki nema þrjú eða fjögur ár. Þá nýttiist þessi kostur þeim læknum sem hyggja á framhaldsnám í öðrum greinum en lyflækningum því í mörgum sérgreinum væri gerð krafa um að læknar taki hluta af sínu framhaldsnámi á lyflækningadeild.

Það var Steinn Jónsson framhaldsmenntunarstjóri lyflækningasviða sem útskrifaði þremmenningana og óskaði þeim velfarnaðar í frekara námi og starfi.

- Formal specialty training in internal medicine was launched at the University Hospital in 2003
- Only up to three years of training offered

Postgraduate medical education in Iceland: Feasibility and policy

- Changed healthcare environment
 - Increasing demands for quality of care and patient safety
 - Improved conditions for providing education and training
 - Sustainability of the medical workforce has become a challenge
 - Junior staff are a significant proportion of the medical workforce (20-25%)
- Postgraduate training must be in line with international standards
 - Governance provided by the Ministry of Health and the Directorate of Health
 - Complete training programmes in several specialities, while “core training” (2-3 years) is offered in most specialties
 - Further training must be sought abroad

The training programme in internal medicine

- Joint Royal Colleges of Physicians' Training Board Curriculum adapted to the Icelandic setting
 - Internal Medicine Stage 1 (3 years)
 - Internal Medicine Stage 2 (2 years)
- Must pass MRCP (UK) Part 1 and MRCP (UK) Part 2 written and clinical (PACES) exams in order to enter Stage 2 Internal Medicine training



Curriculum for Internal Medicine Training
in Iceland

Implementation: November 2020



EFIM

European Federation of Internal Medicine



17th
European Congress
of Internal Medicine
Weisbaden, Germany

30 August
to
1 September
2018



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EBIM Curriculum Project

The European Board of Internal Medicine (EBIM), formed jointly by the European Federation of Internal Medicine (EFIM) and the European Union of Medical Specialists (UEMS) Section of Internal Medicine, is in the process of developing the European Internal Medicine Curriculum. The main purpose is to facilitate the harmonization of internal medicine training and qualifications. The Curriculum Committee, which is responsible for constructing and drafting the curriculum, comprises 10 members: 5 from the UEMS Section of Internal Medicine and 2 from the Young Internists Assembly.

The European Board of Internal Medicine Curriculum Committee are:

- Rijk Gans (UEMS Section of Internal Medicine, Chair),
- Clare Higgins (UEMS Section of Internal Medicine),
- Runolfur Pálsson (UEMS Section of Internal Medicine),
- Maria Domenica Cappellini (EFIM),
- Jan Willem Elte (EFIM),
- Werner Bauer (EFIM, President of EBIM),
- Ion Bruckner (EFIM),
- Mark Cranston (Young Internists Assembly)
- Monique Slee-Valentijn (Young Internists Assembly).

Progress report on the activities of the EBIM can be downloaded [here](#).

To download the presentations following the European Internal Medicine Curriculum Meeting, click on the link below.



EUROPEAN CURRICULUM of INTERNAL MEDICINE

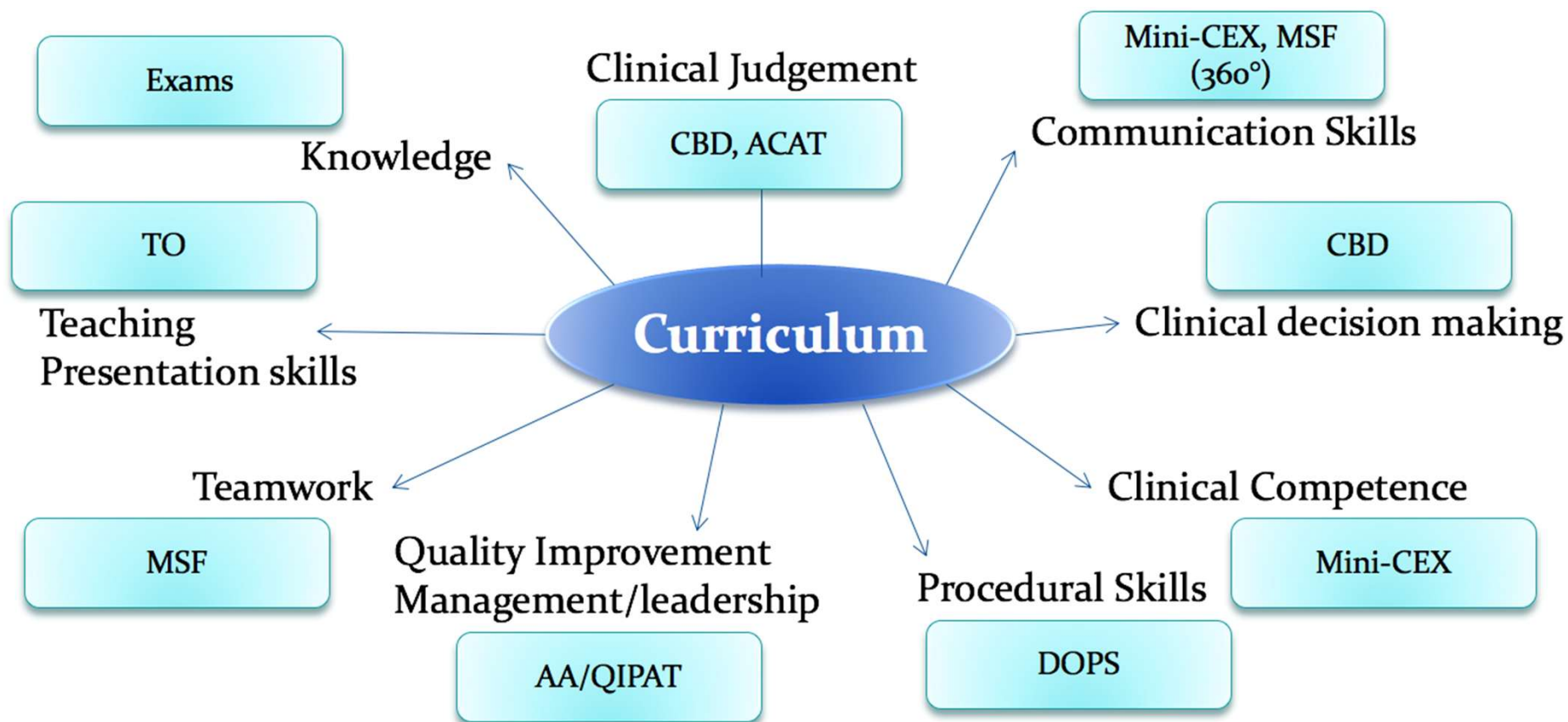
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- [Vow](#)
- [Oath](#)
- [Covenant](#)
- [Compact](#)
- [Agreement](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
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- [Accord](#)
- [Understanding](#)
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- [Understanding](#)
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- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
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- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
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- [Understanding](#)
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- [Accord](#)
- [Understanding](#)
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- [Settlement](#)
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- [Treaty](#)
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- [Arrangement](#)
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- [Understanding](#)
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- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
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- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
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- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
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- [Bargain](#)
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- [Treaty](#)
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- [Arrangement](#)
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- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
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- [Settlement](#)
- [Deal](#)
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- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
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- [Deal](#)
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- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)
- [Deal](#)
- [Bargain](#)
- [Contract](#)
- [Treaty](#)
- [Accord](#)
- [Understanding](#)
- [Arrangement](#)
- [Settlement](#)

Integrated assessment system



Faculty development

- Effective local faculty development is key to our success
 - All aspects of clinical and educational supervision
 - Structured system of supervision and assessment
 - Annual review of competency progression
 - Leadership and quality improvement
 - Simulation training
- Regular courses run by the Education Department at RCP London for the first few years, followed by supported development of local competence



VIEWPOINT

Precision Medicine and Advancing Clinical Care
Insights From Iceland

David O. Arnar, MD,
PhD, EMPH

Division of Cardiology,
Internal Medicine
Services, Landspítali-
the National University Hos-
pital of Iceland,
Reykjavik, Iceland; and
Faculty of Medicine,
School of Health
Sciences, University of
Iceland, Reykjavik,
Iceland.

Runolfur Pálsson, MD

Faculty of Medicine,
School of Health
Sciences, University of
Iceland, Reykjavik,
Iceland; and Division of
Nephrology, Internal
Medicine Services,
Landspítali-
the National University Hos-
pital of Iceland,
Reykjavik, Iceland.

Despite an emphasis on clinical practice guidelines based on evidence from randomized clinical trials, medicine in many ways remains an inexact science. The limits of evidence-based medicine are apparent, including knowledge gaps from lack of high-quality clinical data.¹ Moreover, the “one size fits all” strategy, designed for the average patient, is hampered by the biological variability that leads to heterogeneity in disease expression.

Recent advances in genetics have created a foundation for a personalized approach to diagnosis and treatment of many diseases. The emergence of precision medicine, which takes into account variability in genetic makeup, lifestyle, and environmental factors, has the potential to substantially advance health care. The extensive accumulation of genetic data are the backbone of precision medicine. Nevertheless, the use of genomic information in clinical medicine is still in the early stages of development; customized care is not yet available for most patients.

Over the past decade, genome-wide association studies have produced more than 10 000 robust associations between common variants in the DNA se-

search institute founded in 1996 and currently owned by Amgen. The work has been accomplished in collaboration with Landspítali-The National University Hospital of Iceland in Reykjavik, and numerous foreign institutions. The collaborative efforts have been extended to clinical sequencing to aid in the diagnosis of unusual cases, thereby offering a direct benefit to some patients. A recent example is the detection of compound heterozygous mutations in the *UBA5* gene causing early-onset epileptic encephalopathy in 2 sisters.⁶ The principal objective of deCODE genetics, however, is to identify sequence variants in human genes that associate with common complex diseases, and thus ascertain and uncover important pathogenic mechanisms to guide the development of diagnostic tests and therapies. This approach aligns with the goals of precision medicine—understanding disease mechanisms, developing diagnostic tests, stratifying individual risk for specific diseases, and targeting tailored therapies to individual characteristics.

An example of how genetic research in Iceland might enhance understanding of basic molecular pathways are



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Thank you for your attention!
runolfur@landspitali.is