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making  
it work

## **The Icelandic Case Study Report**

Sigurður E Sigurðsson  
Akureyri Hospital

## Executive Summary

The Icelandic project focused on recruiting and retaining specialised physicians in Akureyri hospital, a rural teaching hospital in the northern part of Iceland. Most aspects of the MIW framework were introduced during the timeframe of the project but special emphasis was on community engagement cyclic reaching out and increased involvement in teaching younger generations.

During the project there has been an increase in number of positions filled to a state never reached before and interviews with new recruits seem to indicate that measures taken had a positive effect and pointed out areas for improvement.

## Background: The Recruit and Retain Project

From 2007-2019, an international collective of academics, human resources professionals, health services administrators, health professionals, social and cultural development professionals, living and working in Northern rural or remote communities in Sweden, Norway, Iceland, Scotland, Greenland, Ireland, Northern Ireland and Canada, studied factors related to workforce recruitment and stability in rural and remote environments.

Funded by EU's Northern Periphery Programme and based in the project Recruit and Retain (2007-2013) the partnership developed, implemented and evaluated a variety of solutions that supports recruitment and retention in these communities. Funded by EU's Northern Periphery and Arctic Programme and based in the project *Recruit and Retain: Making it Work* the partners from Sweden, Norway, Iceland, Scotland, and Canada, moved the work forward and developed *Making it Work: Framework for Remote Rural Workforce Stability*.

The Making it Work Framework describes the necessary elements of a strategy to ensure the recruitment and retention of the right professionals to provide needed services in rural and remote locations; in other words, to ensure a sustainable fit-for-purpose workforce. The Framework consists of nine key strategic elements that fall into three sections:

1. **Plan:** these elements are activities that may be taken at a local, regional or national level to ensure the population's needs are periodically assessed, that the right service model is in place, and that you are going after the right recruits.
2. **Recruit:** these elements are generally at the local and/or agency level to ensure the right recruits have the information and support they need to make the life decision to relocate to your community and that when they arrive, both they and their families are welcomed and integrated in the community.
3. **Retain:** these elements are part local, part regional and part national and are to ensure the current remote and rural workforce are supported, and developed, and meanwhile, that the future workforce is grown.

The document *Making it Work: Framework for Remote Rural Workforce Stability* provides a thorough description of the different elements of the framework. Figure 1 gives a graphic description of the strategic elements.



Figure 1: *Making it Work: Framework for Remote Rural Workforce Stability*

As part of the project *Recruit and Retain: Making it Work* each partner has worked on their unique case studies. The partner projects have given important input to the development of the Making It Work Framework. The following parts of this report gives a description of the Norwegian Case Study.

## About Our Project

Akureyri Hospital is the Icelandic Making it Work partner. The hospital is a 140-bed hospital situated in Akureyri in northern part of Iceland. It is by law a teaching hospital giving specialized health care to local community and adjacent health care regions. It is the reserve hospital for Landspítali which is by far the largest hospital in Iceland situated in the capital. Our project is to recruit and retain physicians to fill vacant positions, so our service model can be fulfilled.

## Recruiting and Physicians in Akureyri Hospital

The lack of specialized health care workers in rural areas is not a recent problem nor is it particular to Iceland. People moving to urban areas and the ever increasing focus on subspecialty within medicine has left many health care institute in rural areas lacking the staff needed to serve their communities. To try to continue giving service, health care institutes have often resorted to hire short term locums at a considerable cost and without the proper continuity needed for proper medical service.

At Akureyri Hospital there are 10 on call lines of different medical specialties (see table 1).

Internal medicine	General surgery	Orthopedic surgery	Pediatrics	Gynaecology & and Obstetrics
Psychiatry	Radiology	Intensive care medicine and Anesthesia	Geriatrics	Air ambulance

*Table 1: Medical specialties on call at Akureyri Hospital*

The hospital also provides daily services in Rehabilitation medicine, Ear, nose and throat surgery, Pathology Laboratory and Child and Adolescent psychiatry and part time services in Rheumatology, Dermatology, Oncology and Pulmonology.

A long-standing problem of having vacancies especially in the 24/7 on call lines meant increased workload on those already working and use of short term locums as mentioned before. After the Icelandic financial crises this problem was attenuated as the Icelandic physicians who usually get their specialty qualification abroad did not return to work in Iceland in the same numbers as before.

At the start of the Recruit and Retain project 2011 a study was done by sending a survey to health care professionals in the participating countries asking for reasons to work or not in rural areas. Based on outcomes of this survey and extensive experience with different solutions the partners have outlined a framework to be used to increase recruitment and retention of specialized work force in rural areas. The Akureyri Hospital project focused mainly on specialized physicians although younger doctors were involved also. We have followed up our measures with monitoring the number of positions filled and interviews with new recruits.

## The Purpose of our Work

### Aims

The main aims of the Icelandic case study were:

- to improve the recruitment and stability of specialised physicians at Akureyri Hospital
- to identify successful strategies

### Our Project Activities

- After setting up a baseline of positions filled in 2016 we engaged in several activities to try to increase these numbers. **Framework element: Review of Service Model/Review of Target Recruits.**
- Our focus started with community engagement by including a member from the community council in our workgroup. Meeting with potential recruits and their families with a member from the municipality to inform of different aspects of services and leisure opportunities provided in the community. **Framework element: Community Engagement**
- We visited the Icelandic medical school and medical schools in Hungary and Slovakia where a substantial number of Icelandic medical students study to introduce and promote the hospital as future working place. We also held meetings in Sweden inviting Icelandic specialists and specialists in training to introduce and promote the hospital as future working place. **Framework element: Emphasize Information Sharing**
- We set up program tailored for continuing education of a new recruit so to be more suitable working in a rural hospital. We gave also some physicians three months extended educational leave to auscultate and do research work. **Framework element: Relevant Professional Development**
- We participated with Landspítali hospital to get accreditation from the Royal College of Physicians (RCP) to allowing Akureyri Hospital to formally participate in the education of specialist in internal medicine and anaesthesia. Other specialities are pending. **Framework element: Training Future Professionals**

## What Resources (Funds and in-kind) Were Required for the Project

The resources put into the project by the case municipalities was work hours for planning and implementation of the local projects, expenses for additional regular Physicians positions, travelling expenses for domestic and international meetings. Extra cost for professional development with extended leave and auscultations abroad. Among savings were lower expenses for locums. Additional to this resources were put in by Akureyri Hospital for facilitation funded by Akureyri Hospital and the Northern Periphery and Arctic Program on a 50/50 split. The expenses were not estimated in monetary terms.

## Key Outcomes and Lessons Learned

Medical specialists	Permanent	Permanent FTE	Temporary	Temporary FTE
Baseline at end of 2015	50.0	41.8	11.0	8.0
Status at end of 2017	59.0	47.0	11.0	5.9
Change	9.0	5.2	0	-2.1

Table 2: The most important common outcomes are increase in number of specialists.

We also did constructed interviews with five newly recruited foreign physicians with semi standardized questionnaire and more are pending. The main conclusions are:

- The doctors are in general happy with their life and work in Akureyri, Iceland.
- It is important to maintain the quality of services and information provided regarding personal and professional matters about life and work in Akureyri => to continue the welcoming program at the City Council and the support provided by coworkers and bosses at the arrival to SAK
- It should be considered to organize the Icelandic language courses better
- To find ways to increase child care services
- To establish some kind of “social net program”

## Sustaining a Stable Regular Physician Workforce

The sustainability plan includes a variety of projects that have a 5-year cycle. These will refer to all aspects of the Making it work framework and is described in detail in the sustainability plan document from Iceland. If these are staggered over 5 years, 10.000 Euros per year for key recruitment projects would be an adequate budget for all identified key initiatives. In addition, an additional 0.5 FTE recruitment officer is needed at a cost of 40.000 Euros per annum.



The Framework consists of nine key strategic elements, grouped into three main tasks (Plan, Recruit, Retain), with five conditions for success.



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