Child and adolescent psychiatry - report from Iceland

• Helga Hannesdóttir

Abstract

1. Child and adolescent psychiatry has been a specialty in medicine with specified requirements for training and service from 1970 in Iceland. The specialty requirements have since then been twice modified in 1986 and 1997. In 1997 the specialty is named “Child and Adolescent Psychiatry” but earlier “Child Psychiatry”. The Icelandic Association for Child and Adolescent Psychiatry was established in May 3rd, 1980 to promote the evolution and development of the specialty and to organize its official annual meetings on training and research. The department of adolescent psychiatry within the same hospital was established in 1987. Adult psychiatry has existed in Reykjavik for 100 years.

The Icelandic University Hospital, Landspitali was reorganized in the year 2000 and then there was a coalition between the 2 main hospitals in Reykjavik, (the former Borgarspitali belonged to the city of Reykjavik). The management model was that of a business concern mainly. The aim is to get more control over resources and hopefully to get the health system to be more effective similar to that in other countries. No changes were done within the administration of Child and Adolescent Psychiatry (CAP) at that time but major changes within paediatrics but they moved into a new hospital. However it has been a political goal to continue to increase the resources in CAP in Iceland. It has not jet been a political goal to decentralize the service as recently in Norway.

2. The CAP- specialist training includes four years of training within the field of child and adolescent psychiatry. One of these years may be research within the field. In addition one year of training in adult psychiatry and half a year of paediatrics are also required. The total minimum number of years in training is five and a half year.

Use of the UEMS logbook has been established in Reykjavik. The logbook has not been translated to Icelandic.

Examination has not been an actual topic.

There is limited supervision of psycho-dynamically oriented psychotherapy .

3. There is still no professor, docent or lector position in child and adolescent psychiatry at the only Medical Faculty, University of Iceland. Iceland continues to be the only country in Europe without a professorship in the specialty. There is limited special training available within the only CAP centre in Reykjavik that belongs to the university hospital. The Icelandic Medical Association works to increase continued medical education with a special committee and in January they organize annual courses in CAP with the Icelandic Medical Association. The courses are not compulsory, but the experience so far, is that the specialists are eager to participate in order to be updated.

4. Iceland has 300,000 inhabitants. In September 2006 there was none in training in child and adolescent psychiatry but 8-10 specialists are actively working in the field. There has been a drain of specialists to other specialties especially adult psychiatry. Totally there are 7 positions for child and adolescent psychiatrists at the University Hospital. Concerning trainees there is a serious concern about the future of the Specialty. That means that there is still a considerable lack of specialists in the field and young doctors are not attracted by the specialty due to the above mentioned problems in CAP in Iceland.

5. No CAP consultant is in the Ministry of Health as in many countries.

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