REGULATION
on the education, rights and obligations of medical doctors
and criteria for granting of licences to practise medicine and specialist medical licences,
No. 467/2015, as amended by Regulation No. 29/2017.

SECTION I
General provisions.

Article 1
Scope.
This Regulation applies to medical graduates who apply for a licence to practise medicine under Article 2 and medical doctors who apply for a specialist medical licence under Article 6, and those holding licences to practise medicine and specialist medical licences from the Medical Director of Health under Articles 2 and 6.

SECTION II
Licence to practise medicine.

Article 2
Professional title.
The right to use the professional title of medical doctor (láknir) and to practise as such in Iceland is confined to those who have been granted a licence to practise medicine by the Medical Director of Health.

Article 3
Criteria for granting of a licence to practice medicine.
A licence under Article 2 may be granted to those who have completed six years’ education (360 ECTS), culminating in candidate examination the professional medical qualification of the degree of Candidatus Mediciae (Cand. Med.) from the University of Iceland Faculty of Medicine, and clinical training as provided in Article 4.
A licence from a state within the European Economic Area (EEA) and Switzerland may also be confirmed.
A licence may also be granted to those who have completed a comparable qualification under the first paragraph from an educational institution in a state outside the EEA or Switzerland, which is recognised as such by Icelandic health authorities, and by health authorities in the state where the training took place.
Recognition of professional qualifications and competence of a medical doctor who meets the criteria of Directive 2005/36/EC, on the recognition of professional qualifications and competence, with subsequent amendments, is subject to Regulation on recognition of professional qualifications and competence of healthcare practitioners from other EEA states, No. 461/2011, or to agreements reached by Nordic governments, which have been ratified with respect to Iceland and which make provision for general rules for mutual recognition of professional qualifications.
Further criteria for the issue of a licence to practise medicine are subject to the provisions of Article 16.
Fees for the granting of a licence to practise medicine are subject to the provisions of Article 18.
Article 4

Clinical training for licence to practise medicine.

Clinical training shall comprise twelve months of training, organised in such a way that at least four months are in a department of internal medicine, two months in a surgical and/or emergency department, and four months at a primary healthcare centre.

The duration of the clinical training shall be based on full-time (100%) work. The period of training shall in principle be organised as a clinical training programme for twelve months at a time from 15 June each year. Absence for more than two weeks must be made up by extending the period of the clinical training. Exemptions may be granted from the requirement of full-time (100%) work, permitting part-time clinical training, which must be for a minimum of 50% of full-time hours, provided that the duration of the relevant part of the clinical training is extended in proportion. Work carried out before completion of the degree of Cand. Med. or outside the organised programme of clinical training cannot be included in clinical training.

Clinical training shall take place at a recognised healthcare facility or a recognised department of a healthcare facility, under supervision, and in accordance with the curriculum for clinical training for a medical licence, cf. Article 15. Clinical training is provided on the responsibility of the medical director of the relevant facility. Clinical training may be carried out abroad, provided that the training meets the criteria of the first and second paragraphs. The clinical training shall be carried out at a healthcare facility which is recognised for such clinical training by health authorities in the state where the clinical training takes place, and by Icelandic health authorities.

It shall be ensured that the medical graduate receives adequate clinical training as provided in the curriculum, cf. Article 15. The relevant healthcare facility bears responsibility for the clinical training being in accordance with the objectives of the curriculum, and for the medical graduate meeting its requirements. The healthcare facility and the medical graduate make an agreement on the duration and content of the clinical training.

The Minister shall appoint for a term of four years a committee with responsibility to organise clinical training programme and their number, and the process of appointing medical graduates to clinical training, in collaboration with the healthcare facilities which are recognised to provide such training. The committee shall comprise six members with medical education: two from the Landspítali University Hospital, one from Akureyri Hospital, one from a healthcare facility outside the capital area, one from Primary Health Care of the Capital Area and one from the Icelandic Association of Junior Doctors. An equal number of substitute members shall be appointed. The Minister appoints a chair from among the members of the committee. The committee will be based at the Landspítali University Hospital, which will provide an administrative assistant and working facilities. The clinical training programme shall be advertised for applications not later than 15 December each year.

The chair of the committee provides confirmation, on the basis of certification from medical directors of the facilities where clinical training has taken place, that a medical graduate has satisfactorily completed clinical training. In the case of uncertainty regarding whether the medical graduate has met the criteria of the curriculum, the committee shall, in consultation with the medical director of the relevant healthcare facility, take appropriate measures.

Article 5

Expert opinion.

Before a licence is granted under Article 2 on the basis of education outside the EEA and Switzerland under the third paragraph of Article 3, the Medical Director of Health shall elicit the opinion of the University of Iceland Faculty of Medicine with regard to whether the applicant fulfils the criteria under the first paragraph of Article 3 and the criteria of Article 4 for education and clinical training.
SECTION III
Specialist medical licences.

Article 6

Specialist medical licences.

The right to use the title of specialist in a medical speciality and to practise as such in Iceland is confined to those granted a licence by the Medical Director of Health.

Article 7

Criteria for specialist medical licences.

Specialist medical licences may be granted in medical specialities as provided in Article 10. This is subject to the requirement that the specialist training of the applicant is defined as being within the speciality for which he/she applies for a specialist medical licence.

In order to be entitled to receive a specialist medical licence under Article 6 a medical doctor shall fulfil the following standards:

a. He/she shall have completed the medical education of Cand. Med. from the University of Iceland Faculty of Medicine under Article 3 and clinical training under Article 4, or have completed comparable training abroad.
b. He/she shall hold a licence to practise medicine in Iceland under Article 2.
c. He/she shall have completed recognised specialist training and acquired the knowledge, clinical and practical skills and methodology required for the relevant speciality under Articles 8 and 9.

An applicant for a specialist medical licence in a medical speciality and subspeciality shall first have been granted a specialist medical licence in the state where the specialist training, or the majority of the specialist training, took place, and where the specialist training was completed.

The total duration of study shall normally be a minimum of five years (60 months) for a speciality, and two years for a subspeciality, see however the seventh paragraph.

A specialist medical licence in a medical speciality under Article 10 from a state within the European Economic Area (EEA) and Switzerland may also be confirmed.

A specialist medical licence may also be granted to those who have completed comparable specialist training, cf. Article 8, from an educational institution in a state outside the EEA or Switzerland, which is recognised as such by Icelandic health authorities, and by health authorities in the state where the training took place.

A specialist medical licence may also be granted to those who have completed recognised specialist training, cf. Article 8, in a country which has comparable requirements for education as are provided in this Regulation, even if the organisation of specialist training differs, including provisions on duration.

Recognition of professional qualifications and competence of a medical doctor with specialist training who meets the criteria of Directive 2005/36/EC on the recognition of professional qualifications and skills, with subsequent amendments, is subject to Regulation on recognition of professional qualifications and competence of healthcare practitioners from other EEA states, No. 461/2011, or to agreements reached by Nordic governments which have been ratified with respect to Iceland and which make provision for general rules for reciprocal recognition of professional qualifications.

Further criteria for granting of specialist medical licences are subject to the provisions of Article 16.

Article 8

Specialist medical training.

Specialist medical training shall consist of theoretical and clinical training at a university or healthcare facility which is recognised by Icelandic health authorities, or at a university or healthcare facility recognised for such specialist training by in the state where the specialist training takes place.

Specialist medical training shall fulfil, with respect to content and duration of study, requirements for specialist training which are required in the state where the specialist training takes place; evaluation of specialist training from a state outside the EEA and Switzerland shall especially be guided by specialist medical training in the other Nordic countries, or comparable specialist training, such as in the USA.
Specialist training which can be pursued in Iceland shall take place at a healthcare facility or at a
department of a healthcare facility which has been recognised for such specialist training by the
committee under Article 15. Specialist training which takes place in Iceland, in whole or in part, shall
be carried out in accordance with training methods, and be consistent with the curriculum, cf. Article
15, which has been formulated for the speciality.

The curriculum shall provide inter alia for admission to the specialist training, the content,
organisation and duration of specialist training and individual parts of the training, quality
requirements, supervision, and skills evaluation.

The specialist training shall take place on the responsibility of the medical director of the
healthcare facility recognised by the committee under Article 15, and the medical director shall
appoint a coordinator of studies who holds a specialist licence in the relevant speciality as supervisor
of the specialist training. The medical doctor undergoing specialist training and the medical director
shall make an agreement which provides for the rights and obligations of the healthcare facility and of
the medical doctor undergoing specialist training, a schedule for the specialist training and the
duration and organisation of the prospective period of specialist training. Up to one year of scientific
work may be recognised instead of one year in a speciality, provided that this is consistent with the
curriculum, and approved by the coordinator of studies.

Accrued summer holiday and off-duty periods as a part of shift work schedule taken during the
period of specialist training are counted as part of the total period of training. Absence exceeding ten
weeks will be made up by extending the specialist training. In specialist training, full-time (100%)
work is to be the rule. In the case of part-time work, the minimum duration of training shall be
extended, so that the total period of training is equivalent to at least 60 months full-time work.

Those who complete specialist training in both a speciality and a subspeciality in seven years may
be permitted more flexible terms regarding duration of study in the speciality and the subspeciality
respectively than are stated above, but duration of training in the speciality must never be less than
three years.

Further criteria for granting of a specialist medical licence are subject to the provisions of Article
16.

Fees for granting of a specialist medical licence are subject to the provisions of Article 18.

Article 9
Specialist medical licences.

A specialist medical licence may be granted on completion of recognised formal specialist training,
cf. Articles 7 and 8.

In order to be granted a specialist medical licence in a subspeciality within the relevant speciality,
the applicant shall have been granted a specialist medical licence in the relevant speciality, and have
completed formal recognised specialist training in the subspeciality. The word subspeciality refers to
further specialisation in a theoretical and clinical field that falls within the relevant major speciality. In
addition to two subspecialities, one additional speciality may be recognised under Article 10.

[Applicants for specialist medical licences under Article 10 may be granted limited exemptions on
a case by case basis from part of a training course listed in point 5.1.3. of Annex V of Council
Directive 2005/36/EC, on the recognition of professional qualifications, as subsequently amended (cf.
Council Directive 2013/55/EU), providing they have already completed that part of their specialist
training in another medical speciality and have already acquired a specialist medical licence on the
basis of that specialist training. Exemptions may not apply to more than half of the minimum duration
of the specialist training in question.] 1)

1) Regulation No. 29/2017, Article 1.

Article 10
Medical specialities.

A medical speciality shall have a solid theoretical basis, and an equivalent shall exist in a
recognised international forum.

Specialist medical licences may be granted in the following medical specialities:

I. Surgery (skurðlækningar):
1. General surgery (almannar skurðlækningar).
   Subspecialities:
   a. Paediatric surgery (barnaskurðlækningar).
   c. Upper gastrointestinal surgery (efri-meltingarfæraskurðlækningar).
   d. Cardio and thoracic surgery (hfjärta- og brjóstholsskurðlækningar).
   e. Plastic surgery (ływaskurðlækningar).
   f. Colon and rectal surgery (ristil- og endaþarmsskurðlækningar).
   g. Urology (þvagfæraskurðlækningar).
   h. Vascular surgery (æðaskurðlækningar).

2. Paediatric surgery (barnaskurðlækningar).


5. Cardiothoracic surgery (hfjärta- og brjóstholsskurðlækningar).

6. Abdominal surgery (kviðarholsskurðlækningar).
   Subspecialities:
   a. Upper gastrointestinal surgery (efri-meltingarfæraskurðlækningar).
   b. Colon and rectal surgery (ristil- og endaþarmsskurðlækningar).


8. Urology (þvagfæraskurðlækningar).


II. Ophthalmology (augnlækningar):
   Subspecialities:
   a. Oculoplastic surgery (augnlýtalækningar).
   b. Cataract surgery (augnsteinsskurðlækningar).
   c. Paediatric ophthalmology (barnaaugnlækningar).
   d. Glaucoma and glaucoma surgery (glákulækningar).
   e. Cornea and external diseases (hornhimnulekningar).
   f. Vitreoretinal diseases (sjónhimnulekningar).
   g. Neuro ophthalmology (taugaaugnlækningar).

III. Orthopaedic surgery (bæklunarskurðlækningar):
   Subspeciality:

IV. Obstetrics and gynaecology (fæðinga- og kvensjúkdómalækningar):
   Subspecialities:
   a. Foeto-maternal medicine (fósturgreining og meðgöngusjúkdómar).
   b. Gynaecological endocrinology (innkirtlalækningar kvenna).
   c. Gynaecological oncology (krabbameinslækningar kvenna).
   d. Infertility (vanfjósemislækningar).
   e. Gynaecological urology (þvagfæraskurðlækningar kvenna).

V. Otorhinolaryngology (háls-, nef- og eyrnalækningar):
   Subspecialities:
a. Head and neck surgery (háls-, nef- og eyrnaskurölækningar).
b. Audiology (heyrnarfræði).
c. Laryngology (radd- og talmeinafræði).
d. Paediatric otolaryngology (háls-, nef- og eyrnalækningar barna).
e. Otoneurology (taugaheyrnarfræði).

VI. Anaesthesiology and intensive care medicine (svæfinga- og gjörgæslulækningar):
Subspecialities:
   a. Pre-hospital and retrieval emergency medicine (bráðalækningar utan sjúkrahúsa).
   b. Intensive care medicine (gjörgæslulækningar).
   c. Advanced pain medicine (sérhæfðar verkjalækningar).
   d. Obstetric anaesthesia (svæfingalækningar við føedingar).
   e. Paediatric anaesthesia and intensive care medicine (svæfinga- og gjörgæslulækningar barna).

VII. Internal medicine (lyflækningar):

1. Internal medicine (lyflækningar).
Subspecialities:
   a. Haematology (blóðlækningar).
   b. Haemato-oncology (blóð- og krabbameinslækningar).
   c. Addictive medicine (fíknilækningar).
   d. Rheumatology (gigtarlækningar).
   e. Intensive care medicine (gjörgæslulækningar).
   f. Cardiology (hjartalækningar).
   g. Endocrinology (innkirtlalækningar).
   h. Oncology (krabbameinslækningar).
   i. Palliative medicine (líknarlækningar).
   j. Pulmonary medicine (lungnalækningar).
   k. Gastroenterology (meltingarlækningar).
   l. Nephrology (nýrnalækningar).
   m. Allergology (ofnæmis- og ónæmislækningar).
   n. Infectious diseases (smitsjúkdómalækningar).
   o. Geriatrics (áldrunarlækningar).

2. Haemotology (blóðlækningar).

3. Haemoto-oncology (blóðsjúkdóma- og krabbameinslækningar).

4. Rheumatology (gigtarlækningar).

5. Cardiology (hjartalækningar).
Subspecialities:
   a. Heart failure and transplantation (hjartabilun og hjartaígræðsla).
   b. Interventional cardiology (hjartafráðingar og innanaðaaðgerðir).
   c. Cardiovascular imaging (myndgreining hjarta).
   d. Cardiac electrophysiology (raflífeðlisfræði hjarta).

6. Endocrinology (innkirtlalækningar).

7. Oncology (krabbameinslækningar).
Subspeciality:
   a. Radiation oncology (geislalækningar krabbameina).
8. Pulmonary medicine (lungnalækningar).


11. Allergy and immunology (ofnæmis- og ónæmislækningar).

12. Infectious diseases (smitsjúkdómalækningar).


VIII. Occupational and environmental medicine (atvinnu- og umhverfislækningar).

IX. Paediatrics (barnalækningar).
   Subspecialities:
   a. Child and adolescent psychiatry (barna- og unglingageðlækningar).
   b. Paediatric haematology and oncology (blóðsjúkdóma- og krabbameinslækningar barna).
   c. Paediatric emergency medicine (bráðalækningar barna).
   d. Paediatric medical genetics (erfðalækningar barna).
   e. Developmental and behavioural paediatrics (föltun barna).
   f. Paediatric rheumatology (gigtarlækningar barna).
   g. Paediatric critical care medicine (gjörgæslulækningar barna).
   h. Paediatric cardiology (hjartalækningar barna).
   i. Paediatric habilitation (hæfingar barna).
   j. Paediatric endocrinology (innkirtlalækningar barna).
   k. Paediatric pulmonology (lungnalækningar barna).
   l. Paediatric gastroenterology and nutrition (meltingarlækningar og næring barna).
   m. Neonatology (nýburalækningar).
   n. Paediatric nephrology (nýrnalækningar barna).
   o. Paediatric allergology (ofnæmislækningar barna).
   p. Paediatric allergy and immunology (ofnæmis- og ónæmislækningar barna).
   q. Paediatric immunology (ónæmislækningar barna).
   r. Paediatric infectious diseases (smitsjúkdómlækningar barna).
   s. Paediatric infectious diseases and immunology (smitsjúkdóma- og ónæmislækningar barna).
   t. Paediatric neurology (taugalækningar barna).
   u. Adolescent medicine (unglingalækningar).

X. Emergency medicine (bráðalækningar):
   Subspecialities:
   a. Paediatric emergency medicine (bráðalækningar barna).
   b. Pre-hospital and retrieval emergency medicine (bráðalækningar utan spítala).
   c. Toxicology (eitrunarfræði).

XI. Physical medicine and rehabilitation (endurhæfingarlækningar).

XII. Public health (ljóðheilsufræði).

XIII. Psychiatry (geðlækningar):
   1. Psychiatry (geðlækningar).
      Subspecialities:
      a. Child and adolescent psychiatry (barna- og unglingageðlækningar).
      b. Addiction psychiatry (fiknigeðlækningar).
c. Forensic psychiatry (réttargeðlækningar).
d. Community psychiatry (samfélagsgeðlækningar).
e. Geropsychiatry (ölðrunargeðlækningar).

2. Child and adolescent psychiatry (barna- og unglingageðlækningar).

XIV. General medicine (heimilislækningar):
Subspeciality:
a. Rural medicine (héraðslækningar).

XV. Dermatology (húðlækningar):
Subspeciality:
a. Dermatopathology (húðmeinafræði).

XVI. Laboratory medicine (lækningarannsóknir):
1. Haematopathology (blóðmeinafræði).
2. Clinical toxicology (eiturefnafræði).
3. Clinical genetics (erfðalæknisfræði).
5. Clinical biochemistry (klinísk lífefnafræði).
7. Clinical immunology and transfusion medicine (klinísk ónæmisfræði og blóðgjafafræði).
9. Pathology (meinafræði).
Subspecialities:
a. Paediatric pathology (barnameinafræði).
b. Haematopathology (blóðmeinafræði).
c. Cytopathology (frumumeinafræði).
d. Forensic pathology (réttarmeinafræði).
e. Neuropathology (taugameinafræði).
10. Immunology (ónæmisfræði).
11. Forensic pathology (réttarmeinafræði).
13. Clinical bacteriology (sýklafraði).

XVII. Diagnostic radiology (myndgreining):
Subspecialities:
a. Paediatric radiology (myndgreining barna).
b. Scintigraphy (myndgreining ísótópa).
c. Interventional radiology (myndgreining rannsóknarinngripa).
d. Musculoskeletal radiology (myndgreining stoðkerfis).
e. Neuroradiology (myndgreining taugakerfis).

XVIII. Neurology (taugalekningar):

1. Neurology (taugalekningar).
   Subspecialities:
   a. Inflammatory diseases of the central nervous system (bólgusjúkdómar miðtaugakerfis).
   b. Epilepsy (flogaveiki).
   c. Cerebrovascular diseases (heilaæðasjúkdómar).
   d. Movement disorders (hreyfitruflanir).
   e. Headache (höfuðverkir).
   f. Clinical neurophysiology (klinísk taugalífeðlisfræði).
   g. Neurological rehabilitation (endurhæfing tugaajúkdóma).

2. Clinical neurophysiology (klinísk taugalífeðlisfræði).

XIX. Additional specialities:

1. Health administration (heilbrigðisstjórnun): A medical doctor who has been granted a specialist medical licence in one speciality may be granted an additional speciality in health administration. In order to receive such recognition the individual must have completed additional studies in health administration (90 ECTS) and six months’ work at a facility or department dealing with health administration, which is recognised by the evaluation and competence committee under Article 15.

2. Public health (lyðheilsufræði): A medical doctor who has been granted a specialist medical licence in one speciality may be granted an additional speciality in public health. In order to receive such recognition the individual must have completed additional studies in public health (90 ECTS) and six months’ work dealing with public health, recognised by the evaluation and competence committee under Article 15.

3. Geriatric medicine (öldrunarlækningar): A medical doctor who has been granted a specialist medical licence in general practice may be granted an additional speciality in geriatrics. In order to receive such recognition the individual shall have completed two years of recognised further study in geriatrics.

4. Palliative medicine (líknarlækningar): In order to be granted a specialist medical licence in palliative medicine as an additional speciality, individuals shall have been granted specialist medical licences in a speciality in accordance with paragraph 2. This shall not apply, however, if the medical doctor has only been granted a specialist medical licence in occupational and environmental medicine, specialities within laboratory medicine, clinical genetics, public health, diagnostic radiology, forensic medicine and clinical neurophysiology.
   In order to receive such recognition, the individual shall have completed at least two years of recognised additional specialist studies in palliative medicine.

5. Advanced pain medicine (sérhæfar verkjalækningar): In order to be granted a specialist medical licence in advanced pain medicine as an additional speciality, individuals shall have been granted specialist medical licences in a speciality in accordance with paragraph 2. This shall not apply, however, if the medical doctor has only been granted a specialist medical licence in occupational and environmental medicine, specialities within laboratory medicine, clinical genetics, public health, diagnostic radiology, forensic medicine and clinical neurophysiology.
   In order to receive such recognition, the individual shall have completed at least two years of recognised additional specialist studies in advanced pain medicine.

The Minister can decide to include within the terms of this Regulation a new speciality and subspecialty within a specialist medical field, having received proposals from the Medical Director of Health, provided that the relevant speciality has a solid theoretical basis, and that an equivalent exists in a recognised international forum. The Medical Director of Health shall elicit the professional
arguments and opinions of the evaluation and competence committee under Article 15 and the Icelandic Medical Association.

Should a medical doctor practising in Iceland have completed systematic training in the field of a subspeciality which is not formally recognised in the country where the training took place, the Medical Director of Health may grant a specialist medical licence in the subspeciality, having received an opinion under Article 11, provided that the training is comparable, lasting a minimum of two years, and never of shorter duration than in those countries which grant such recognition.

\(^{1)}\) Regulation No. 29/2017, Article 2.

Article 11

Application for specialist medical licence and opinions.

An application for a specialist medical licence in a specialist medical field under Article 10 shall be submitted to the Medical Director of Health together with documentary evidence of professional education, work experience and competence, and also any other documents deemed necessary by the Medical Director of Health.

Before a specialist medical licence is granted under Article 6 the Medical Director of Health shall elicit the opinion of the University of Iceland Faculty of Medicine as to whether the applicant meets the conditions regarding training under Articles 7 and 8.

The Medical Director of Health may appoint a special committee to evaluate and comment upon applications for specialist licences.

The Medical Director of Health may elicit the opinions of other parties as necessary.

SECTION IV

Rights and obligations.

Article 12

Professional standards and responsibility.

A medical doctor shall display respect for the patient and perform his/her tasks vigilantly and conscientiously and in accordance with the medical professional standards required at any time.

A medical doctor must be aware of his/her duties and ethical rules for medical doctors, maintain his/her knowledge and professional skill, and master innovations in his/her field of work.

A medical doctor shall familiarise himself/herself with legislation and regulations applying to healthcare practitioners and healthcare services at any time and other legislation and government directives, as applicable.

A medical doctor is responsible for the medical diagnosis and treatment he/she provides.

A medical doctor shall recognise his/her professional limitations, and seek assistance or refer the patient to another healthcare practitioner as necessary or possible, for instance if he/she judges that he/she cannot provide the patient with appropriate healthcare service.

Article 13

Duty to inform and keeping of medical records.

The duty of a medical doctor to provide information to a patient is subject to the provisions of the Patients’ Rights Act, No. 74/1997.

The duty of a medical doctor to provide information to the Medical Director of Health, inter alia with respect to monitoring of healthcare practitioners and health services, and for the purpose of producing health reports, is subject to the Medical Director of Health and Public Health Act, No. 41/2007.

A medical doctor who treats a patient shall enter medical records in accordance with the provisions of the Medical Records Act, No. 55/2009, and regulations issued on the basis of that Act.

Article 14

Confidentiality.

Medical doctors’ duty of confidentiality is subject to Article 17 of the Healthcare Practitioners Act, No. 34/2012.

SECTION V
Various provisions.

Article 15

Evaluation and competence committee on clinical training to be granted licence to practise medicine and on specialist medical training.

The Minister appoints an evaluation and competence committee of three medical specialists for a term of four years. One shall be appointed on nomination by the Icelandic Medical Association, one on nomination by the University of Iceland Faculty of Medicine, and one on nomination by the Medical Director of Health. Three alternates shall be appointed in the same way. The Minister appoints a chair from among the members of the committee. The committee shall call upon specialists in specialist medical fields as required.

The committee shall assess the competence of a healthcare facility or a department of a healthcare facility to be recognised as a training facility for clinical training for a medical licence under Article 4, and to carry out specialist training under Articles 7 and 8.

The committee shall evaluate and confirm curriculums for clinical training for licences under Article 4, and approve curriculums for individual specialist programmes for formal specialist training under Articles 7 and 8, cf. Article 10, after having received opinions of specialist medical organisations, healthcare/training facilities, heads of department at the University of Iceland, and the Directorate of Health.

Curriculums shall make provisions inter alia for organisation of specialist training and admission to it, content, arrangements and duration of specialist training and individual parts of the training, quality standards, supervision and competence assessment. In the formulation of curriculums, advice shall be sought internationally as deemed necessary.

The organisation of specialist training shall be of such a nature as to meet international quality standards.

The committee establishes its rules of procedure, which are subject to the Minister’s approval. These rules shall make provision inter alia for the standards to be borne in mind in evaluation of facilities, and for the nature of consultation with facilities to be evaluated at any time.

The committee shall be based at Landspítali University Hospital which provides work facilities and an administrative assistant who keeps minutes and deals with administration of cases and handles the committee’s business between meetings.

The committee shall send to the Minister curriculums, and also a register of the healthcare facilities and department of healthcare facilities recognised by the committee to provide clinical training and specialist training at any time.

A register of recognised healthcare facilities and the curriculums for clinical training and curriculum for specialist programmes for formal specialist training shall be published on the website of the Directorate of Health.

A healthcare facility shall notify the committee of any changes in activities and manning which may impact on the competence of the healthcare facility or department of a healthcare facility for recognition as a training institution for clinical training for a licence under Article 4 and to provide specialist training under Articles 7 and 8.

The committee shall review its evaluation of healthcare facilities and curriculums every four years, or more frequently if required.

Article 16

Further criteria for granting of licences to practice medicine and specialist medical licences.

An applicant for a licence to practise medicine under Article 2 and a specialist medical licence under Article 6 who is a citizen of a state outside the EEA and Switzerland, with which Iceland has not made an agreement on recognition of professional qualifications and competence, shall submit inter alia documentary evidence of nationality, content and duration of training, in addition to an examination certificate, a licence if the profession is an authorised profession in the applicant’s country of origin, intended employment in Iceland, and any other documents and certificates deemed by the Medical Director of Health to be necessary for the issue of a licence.

Before an application under the first paragraph for a licence to practice medicine and a specialist medical licence is evaluated, a certified copy of an application for residence and work permits must be submitted, together with a signed contract of employment.
A requirement may be made for the applicant under the first paragraph to have knowledge of the Icelandic language and Icelandic healthcare legislation, as well as other legislation and government directives, as deemed necessary in the work of a medical doctor or medical specialist, especially with regard to patients’ safety and communication with patients.

Should it not have been demonstrated, in the judgement of the Medical Director of Health, that the applicant’s qualification under the first paragraph fulfils the criteria under Articles 3, 4 and 7–9, the Medical Director of Health may require an applicant to submit to a period of probation and/or a test of competence to demonstrate that he/she possesses the professional knowledge and competence required of medical doctor and of medical specialist in order to practise in Iceland. The relevant educational institution shall organise the period of probation and/or test for the applicant in consultation with the Medical Director of Health.

A licence to practise medicine and specialist medical licence is issued after the applicant under the first paragraph has arrived in Iceland to commence work.

**Article 17**

*Authority to refuse an application for a licence to practise medicine and specialist medical licence.*

The Medical Director of Health may refuse an application from a medical doctor for a licence to practise and a specialist medical licence, despite his/her meeting the provisions of this Regulation, should the Medical Director of Health be of the view that the training has not been sufficiently continuous, or if too much time has passed after completion of continuous training or specialist training until the application was received.

**Article 18**

*Fees.*

The Medical Director of Health may charge a special fee under a tariff issued by the Minister, in addition to the fee under Article 10 of the Treasury Supplementary Revenues Act, No. 88/1991, for all administration of applications for licences to practise medicine and specialist medical licences, including translation of documents, assessment of healthcare practitioners’ application by the relevant consultation body, examination and evaluation of documents and other administration relating to applications for licences or specialist medical licences under Article 31 of the Healthcare Practitioners Act, No. 34/2012, and as provided in the third paragraph of Article 8 of the Recognition of Professional Qualifications in Iceland Act, No. 26/2010, cf. Article 34 of Regulation on recognition of professional qualifications and competence of healthcare practitioners from other EEA states, No. 461/2011.

**Article 19**

*General provisions.*

The provisions of the Healthcare Practitioners Act, No. 34/2012, the Medical Director of Health and Public Health Act, No. 41/2007, the Medical Records Act, No. 55/2009, the Health Service Act, No. 40/2007, the Patients’ Rights Act, No. 74/1997, and other legislation and government directives apply to medical doctors and medical specialists as applicable.

**Article 20**

*Entry into force.*

This Regulation, issued on the basis of Articles 5, 8, 30 and 31 of the Healthcare Practitioners Act, No. 34/2012, takes effect immediately. From the same time Regulation on the training, rights and obligations of medical doctors and criteria for granting of general medical and specialist medical licences, No. 1222/2012, is abrogated.
Temporary provisions.

Clinical training programmes under Article 4 do not apply to those who commence clinical training for a licence to practise medicine during 2015. Their clinical training is subject to Regulation on the training, rights and obligations of medical doctors and criteria for granting of general medical licences and specialist medical licences, No. 1222/2012.

A medical doctor who has been granted a licence to practise and commenced organised specialist training before this Regulation takes effect may apply for a specialist medical licence on the basis of the prior Regulation on the training, rights and obligations of medical doctors and criteria for granting of general medical licences and specialist medical licences, no. 1222/2012, for a period of five years from the entry into force of this Regulation. Those who commence specialist training after this Regulation takes effect shall carry out specialist training in accordance with its provisions.


Kristján Þórir Júlíusson
Minister of Health.

Vilborg Ingólfsdóttir.

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[This translation is published for information only.
The original Icelandic text is published in the Law Gazette.
In case of a possible discrepancy, the original Icelandic text applies.]