



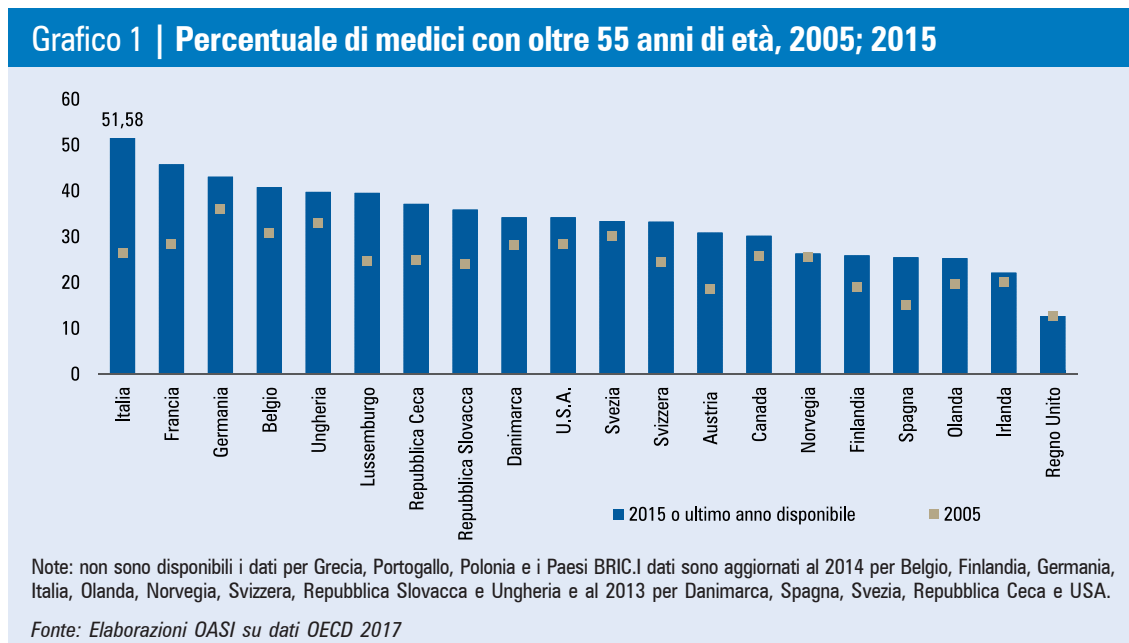
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ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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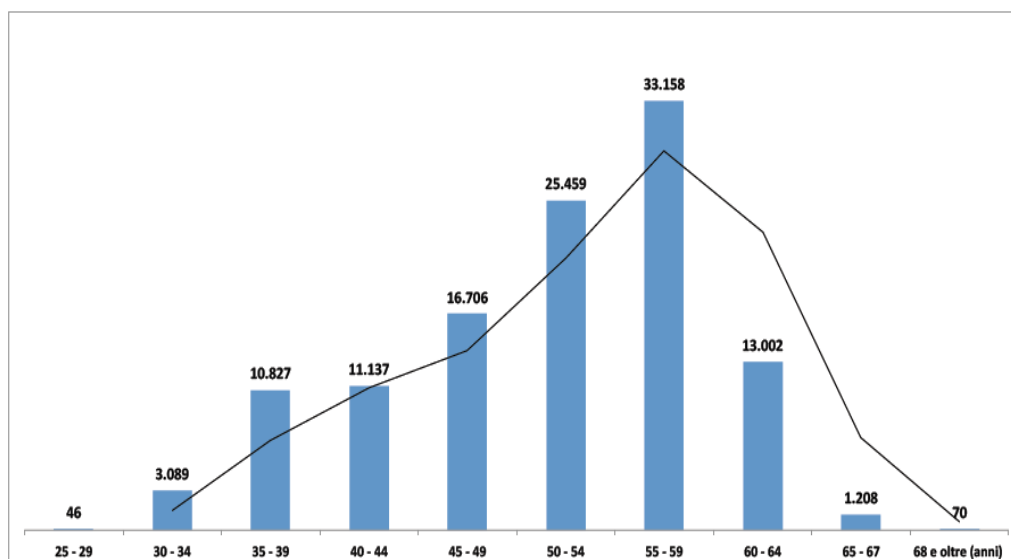
Shortage of medical specialists

The Italian health system is facing a serious shortage of medical specialists that is likely to increase in the coming years. The lack of medical specialists within the NHS and the acceleration of their retirement are realities that are rapidly assuming the contours of a true national emergency: rapid and adequate corrective actions must be taken to avoid the collapse of the system itself.

Graph 1: Percentage of doctors over 55 years of age, 2005-2015.



Number of doctors employed by the NHS by age group (source CAT 2012)

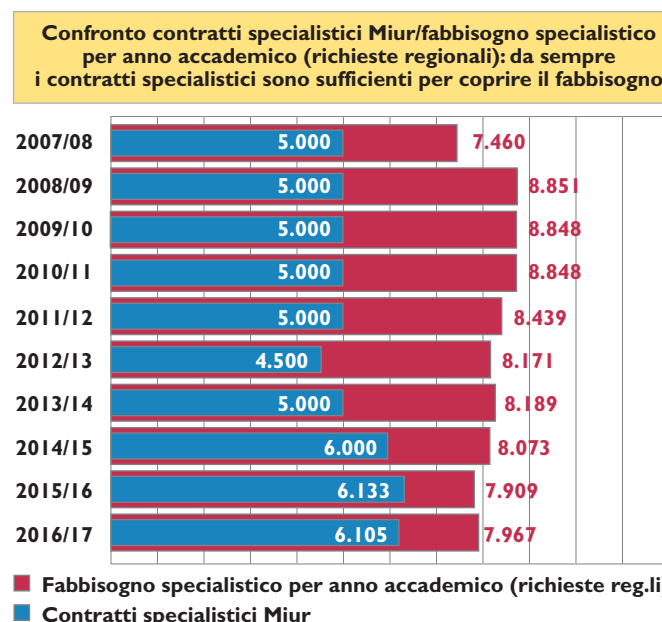


Among the main causes of the shortage of physicians there are the economic crisis and the imposition of the national constraint on the expenditure for health personnel, established by the Law n. 296 of 2006 (2007 Budget Law) to the 2004 figure reduced by 1.4%, with the consequent lack of replacements of retired doctors (turnover restrictions).

At present, however, the most important cause of the shortage of medical specialists is due to the total failure in the specialists planning by region and specialty.

In the next few years an average of 10,000 doctors will graduate each year, but the number of post-graduate training contracts, which in 2018 has increased to around 7,000, has long been insufficient to cover the demand for specialists and training courses compared to the number of graduates. Thus, the so-called "training choke point" was established, which over time has caged 10,000 young doctors in a limbo, which will increase over the next 5 years up to 20,000 without a sharp increase in training contracts. These young graduate doctors are destined to retry admission to specialty schools in the following year or to leave our country.

Comparison between MIUR (Ministry of Education) specialist training contracts and the need for specialist doctors (regional requests) per academic year: specialist training contracts have never been sufficient to cover the needs.



Working conditions in hospital wards are rapidly degrading. The lack of organic equipment is around 10,000 physicians to date. Fifteen million hours of unpaid overtime are estimated for doctors employed in the public health system. The number of night and holiday shifts is growing, weekends are almost always occupied by emergency medical service and on-call time, it is difficult to take even the accrued holidays: today the organizational and economic sustainability of Italian hospitals is based on these elements.

This situation, together with the non-renewal of the employment contract for 10 years, has led many doctors to leave public hospitals in favor of the private sector or to emigrate to other regions in search of greater professional and economic satisfaction. The phenomenon, initially marginal and "physiological", is now taking on worrying dimensions, especially in some Italian regions, where it accounts for about 10% of annual discharge, involving in particular the departments of Anesthesia and Intensive Care, Orthopedics, with clear consequences on surgical activities, First Aid and Pediatrics/Neonatology.

Often no candidate comes to the competitions banned for these specialties.

Progressive decrease in public funding for the National Public Health Service

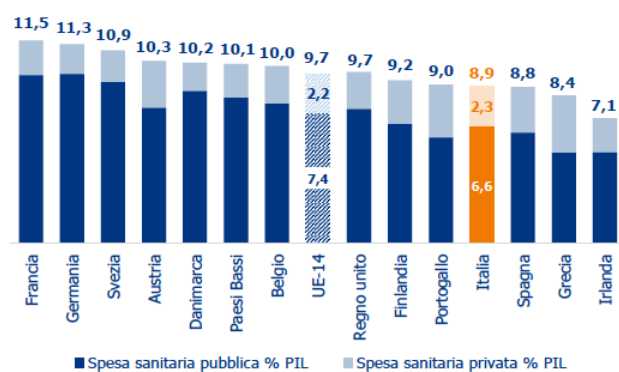
The progressive decrease in the public funding of the NHS has the most significant consequences on personnel, hospital beds and waiting times.

In Italy the incidence of total health spending on GDP is lower than the European average, especially in the public part, and in the coming years it will decrease.

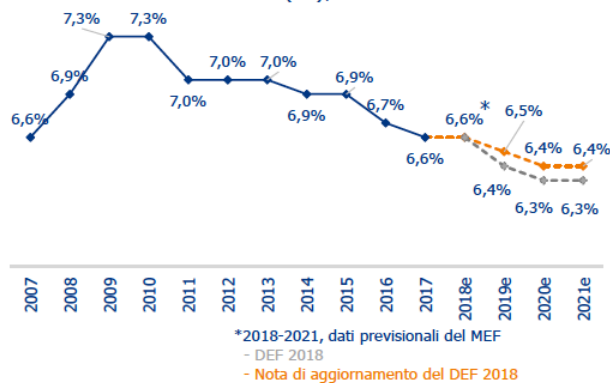
In Italia l'incidenza della spesa sanitaria totale su PIL è minore della media europea, soprattutto nella parte pubblica e nei prossimi anni è destinata a diminuire

(2.3)

Spesa Sanitaria totale pubblica e privata in Europa
(% del PIL), 2017



Incidenza della spesa sanitaria pubblica su PIL in Italia (%), 2007-2020^e



*2018-2021, dati previsionali del MEF
- DEF 2018
- Nota di aggiornamento del DEF 2018

With reference to the shortage of doctors in Italy, the abolition of the *numerus clausus* for the access to the Medical Schools was requested from various quarters. The FNOMCeO is not in favor of such a solution as the Universities are not able to adequately train a tenfold number of students compared to the current one and above all because, as explained before, the shortage is determined by the lack of post-graduate specialization scholarships.

Furthermore, a high dropout rate is registered after the first two years of Medical School. For this reason, the FNOMCeO, together with the Ministry of Education, launched a new Biology course with a Biomedical address in the Italian Classical and Scientific High Schools, in order to enthrall students in the study of biomedical disciplines and to evaluate their attitudes towards the study of medicine. 70 high schools and professional Orders participate in the experimentation.

This would allow a kind of natural selection carried out in the last three years of the Lyceum, keeping the number closed but modifying the current access to Medical Schools.

The course includes 50 hours of lectures per year, 20 by internal school teachers, 20 by medical teachers selected by the Provincial Orders and 10 hours of laboratory activities at public and private facilities and at the offices of Professional Orders.

At the end of each year a national audit will be carried out based on tests related to the subjects of the course. The results of this process are monitored by a national control room.

If this experimentation is successful, it could allow a privileged access to the Medical Schools on the basis of a national ranking drawn up on the score obtained during the three national tests and on the grade obtained in the state exam, in order to choose the most motivated and prepared students.