



**FEDERATION EUROPEENNE DES MEDECINS SALARIES
EUROPEAN FEDERATION OF SALARIED DOCTORS**

Registered Office/Siège

Social :
39, rue Victor Massé
F-75009 Paris/France

<http://www.fems.net>

Presidency:

Dr. Claude Wetzel
Hôpitaux Universitaires
F-67098 Strasbourg/France
Tel +33 3 88 12 70 75 ou 76
GSM +33 6 60 55 56 16
Fax +33 3 88 12 70 74
claudewetzel@chru-strasbourg.fr

Permanent Secretariat:

Mrs Brigitte Jencik
Rue Guimard 15
B-1040 Brussels/Belgium
Tel. +32 27 36 60 66
Fax +32 27 32 99 72
e-mail: info@fems.net

Date :	10 mai 2011	Document:	F11-045 EN
Title:	National Report Italy – ANAAO Assomed		
Authors:	Dr Constantino Troise, Dr Enrico Reginato		

The Italian Situation

The health in Italy is going through a difficult transition.

The Government presented to Trade Unions the new National Health Plan that finds its point of greatest interest in the “clinical governance”. On this argument, the Unions have expressed strong disagreement and meetings are ongoing to discuss the problems.

The Financial law, approved by the Government in 2011, brought several problems for both patient care and the difficulties of workers in the health sector.

As a result of these measures we face:

- block of the salaries and overtime pay for three years, with an objective reduction of wages
- The exclusion of Italian doctors from the coverage of the EWTD; exclusion partially recovered leaving the aspects of working time and after duty rest only to the peripheral contractual negotiations devices.
- The blockade of career advancement
- The blockade of the turnover of doctors with serious repercussions on assistance
- Precariousness of hospital doctors
- The difficulties of young doctors to find jobs
- The lengthening of the working period from 40 to 41 years of contributions
- The deferral of the indemnities after retirement
- More powers to the chief executives and less control over their work
- Reduction of beds for acute treatments

Meanwhile, there are now the consequences arising from the policy choices of the past decades, not necessarily bad: the health reform of 1968 produced a significant increase in recruitment of hospital doctors, but now that generation of doctors has reached the age for retirement and it is expected that, within the next five years, there is a spill from the Italian healthcare system of approximately 7000 physicians each year (the Italian hospital doctors are about 100,000) but from the postgraduate schools, which in Italy are controlled by the

University (and to enter into an Italian hospital one must already be a certified specialist) no more than 3,500 specialists come out annually.

This means that there will be soon a shortage of doctors, due to retirements higher than the revenue of new medical specialists. It must be emphasized that, on the average, the Italian hospital doctors, up to now, retired a few years earlier than the time allowed, even renouncing to the maximum level of pension, and this depends on the growing work dissatisfaction.

The fact is not seen as negative by our Government, since the non-turnover, which become mandatory for the reasons described, will allow a substantial cost savings, and the Government does not seem to care the collapse of the quality of the assistance, showing a rather strong attitude towards private health (even if we do not understand where they think to find out specialists from, to exercise)

The current draft of the federal reform of Italy threatens the national health system, with likely strong diversity of levels of assistance to citizens, depending on the Region they live in.

In view of these critical points, Trade Unions embarked on a path of a direct encounter with the ministry of health to discuss and propose solutions, including bringing into hospitals the postgraduate training process, in order to have a greater available number of doctors.

It 's also discussing the opportunity to increase the number of students admitted to the Faculty of Medicine, as, currently, the *numerus clausus* rule excludes from the courses a high percentage of young people. Phenomenon opposite to the European data where, in the near future, a decline of the universe of the medical profession is expected.

It is essential, according to ANAAO Assomed, the reorganization of the emergency care area, and, in turn, let the "white codes" be treated by primary health care doctors.

With the implementation of federalism, ANAAO Assomed, as well as to ensure that there is no disparity in health care across regions, considers essential the maintenance of the national employment contract , as decentralization, in facts, might lead to the disappearance of the national trade unions.

ANAAO and other Trade Unions claim that the Politics comes off the management of health, restoring power to the representative bodies of professionalism (Board of Health Professionals...) and that the career expectations of doctors are guaranteed, with the proper evaluation of the merits.