

FEMS GA – Oporto 15-16 May **Report of the Italian members (Anaa Assomed and Aaroi Emac)**

CHANGES TO ADMISSION FOR MEDICINE FACULTY

1. Abolition of the multiple-choice entrance exam

– Law of 11 March 2025 has eliminated the traditional pre-selection multiple-choice test for admission to the first semester of the Master's degree courses in Medicine and Surgery.

– The national cap on places remains; selection is not removed, but postponed to the end of the semester.

In this perspective, there will be a “Filter semester” with open enrollment. Enrollment in the first semester of the medical faculty is expected to be around 70,000 students — a number so large that it could overwhelm both organizational structures and their teaching capabilities.

– From the 2025/26 academic year, anyone may enroll in the first semester (no test required), attending the same national core courses (biology, chemistry, physics).

– Students take the scheduled exams and earn ECTS credits: once they have passed all exams, they enter the national ranking list.

2. Ranking and admission to the second semester

– At the start of the second semester, a ranking is drawn up based on exam grades and credits earned in the first semester. Only those ranked within the available places proceed in the Medicine program.

– The number of places remains unchanged, but selection becomes “gradual” and merit-based on actual university performance rather than a single exam.

– The reform takes effect with the 2025/2026 academic year.

In short, the system shifts from a one-off quiz at the very start to a two-phase, merit-based process: everyone enters the first semester, but only those who prove themselves through exams and credits earn their “pass” into the second semester — and thus their place in Medicine.

At the same time, raising PGT contracts to 25,000 will create a paradoxical situation given the current shortage of specialized physicians: by 2032, there will be roughly a surplus of 60,000 medical doctors compared with the current staffing needs of specialists.

On the other hand, the imbalance between supply and demand of specialists, already significantly different for the different specializations, will depend much more on the specific attractiveness of each of them in terms of earning potential and quality of life, rather than on the future planning of the number of specialists to be trained, who today are selected through a common entrance test for all the different training paths, which does not favor the less desired specializations.

COLLECTIVE AGREEMENT

Negotiations for renewal for of the 2022-2024 Doctors' National Collective Labour Agreement (CCNL) have not yet begun despite its three-year period having already expired. Negotiations are at a standstill because the starting of doctors' CCNL bargaining – that as well as the separate CCNLs of the other public healthcare workers falls

under public administration – historically follow the conclusion of the other CCNLs renewal, and so far, the other healthcare professionals' Unions have not yet reached an agreement. Considering that it does not seem possible to hope that this stalemate can be resolved within a reasonable time, some doctors' Unions are pressing for negotiations of Doctors' CCNL renewal starting without having to wait for the other CCNLs conclusion.

WORKFORCE SHORTAGE

Currently, Physician/Nurse Ratio: Italy has 1.5 nurses per physician (OECD average: 2.5). Although physician density is slightly above the OECD average, the nursing shortage places additional strain on doctors. In addition, an Aging Workforce (In 2022, 55 % of physicians were over age 50) will lead to reduced working hours and waves of retirements.

Over the past years, some 20 000–25 000 licensed physicians did not secure a funded specialist training contract. Since 2019, PNRR funds have nearly eliminated this backlog, but demand has polarized toward more “attractive” specialties (e.g. Dermatology), while critical fields such as Emergency Medicine, Anesthesia & Intensive Care, Internal Medicine, Pathology, and Radiotherapy remain under-chosen.

In addition, Italy is experiencing the following Recruitment Trends and Mobility:

- International Migration: post-pandemic, physician emigration from Italy rose by 32 % Italy attracts very few foreign-trained doctors (< 1 % vs. 18.9 % OECD average).

Italian Regions' Governors have recently put forward to the national government the following specific proposals for overcome the shortage, most of which appear to be largely shareable, but for none of them the necessary dedicated funds have been currently allocated.

- Reform of specialist training
- Merge certain specialty schools to reduce fragmentation and boost appeal in critical fields (Emergency Medicine, Anesthesia & Intensive Care, Internal Medicine, etc.)
- Formalize the deployment of residents in Emergency Departments, with dedicated tutors and mandatory operational rotations
- Allow full-time NHS physician-employees to cover underserved territories in primary care, including through additional hours, without losing their posts during illness or maternity leave
- Remuneration and incentives
- Align physician salaries with OECD averages via a stable increase in contractual resources
- Offer career and financial incentives for those who relocate to or work in rural/disadvantaged areas
- International Recruitment
- Simplify and expedite (3–4 months) recognition of foreign qualifications; establish reciprocity agreements with partner countries for automatic recognition of certain degrees/licenses
- Create a unified governance framework and transparent procedures for international hiring