



**Fédération Européenne
des Médecins Salariés**
European Federation
of Salaried Doctors

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National Collective Labour Agreement

At the end of a very long period of waiting (almost 8 years), it's time to discuss a new collective agreement for the period 2016-2018. Trade unions address Government and Regions on following points: new possibilities of careers, meritocracy, work-related distress, clinical safety, guarantee of contract rules' application without interpretation.

Public service

Italian Government approved a Law to modify Public Service Organization (decreto Madia). As shown during the conference on collective bargaining, doctors represent 81% of managers in Healthcare Area. So they had been asking for separate conditions of negotiation, due to their peculiarities (for instance: they offer a 24hours service, they are considered as managers but they don't have the possibility to choose freely their working period and their work organization) and they got it (Healthcare Area). Public servants are not receiving any salary increase even if, bargaining has been freezing since 2010. Government has promised a salary increase of about 4% in the 2018 for all who work in public administration.

Healthcare Fund 2017

Italian financial budget 2017-2020 was approved at the beginning of April. For the year 2017, healthcare sector budget is about 114 billion euros; this amount represents 6.7% of our GDP. The estimates, for next three years, show a budget that is falling down until 6,5% in 2020. Healthcare fund is strictly connected to GDP, but although it is estimated increased 1,5%, Italian Government doesn't intend to invest money in public healthcare sector.

At the same time, data, updated to 2015, show a decrease of ordinary hospitalization rate and a decrease of hospitalization's costs and of public salaries because there has been, in the last three years, a loss of 40000 jobs, about 9000 medical doctors, in the public health care sector. We can roughly interpret those information as an increase in waiting time and a reduce of hospitalization period. It's interesting to remind OECD analysis on Italian healthcare system showing increase of out of pocket expense (36 billion in 2016), the need of improving long term care and prevention's activities.

EWTD enforcement

Directive is not fully implemented still.

A research, led by FIASO Observatory (Italian Federation of Hospital and Local Health Unit), shows that a large proportion of our hospitals do not enforce working time Directive. Daily rest and 48 hours - weekly working time are awkward points while, in order to guarantee health services, many doctors renounced to staff meeting, continuing medical education and days off. Critical points are also interpretation and application of Directive, particularly about call on duty, so that there is a heterogeneity of measures taken.

At the beginning of 2017, an Italian region, Molise, was sanctioned by labour inspectorate for this reason and there are reports of violations during PGT, too. (trainees forced to work up to 24hours a day or continuously, without any weekly rest, for 15-20 days). Constitutional Court has cancelled a law of another Italian region, Basilicata, which was in contrast with European Directive.

The only solution is the employment of more doctors and making aware doctors of their rights. Many Italian colleagues do not perceive the Directive as a guarantee for them and for their patient but they face these new rules as a limitation for their working time organization. Chief Department and Manager play a key role on this topic with a blackmail attitude. We need a cultural and mental change

Postgraduate training school

For academic year 2017-2018, Medical Schools will accept 9500 students. PGT available seats are about 7500, so the gap between medical graduates and training contracts, for specialist and general practitioners, is going to increase and now already there are 15000 medical graduates waiting for a PGT course. If current policy doesn't change, in 2020, we would have about 36000 unemployed doctors without a PGT title, ready to go abroad looking for better working conditions. At the moment, every year, 1000 Italian doctors choose to leave their country and this number is tending to grow. Furthermore, National competition for access PGT schools has not been yet performer due to changes in regulations and procedures. This means the high possibility to lose one year of education.

Italian Health Ministry, supported by Joint Action on Health Workforce Planning and Forecasting's results and Italian Medical Chamber, esteems that, in next ten years, supply needs in the PGT because 85000 doctors are retiring from work but there shall not be specialist and general practitioners sufficient to substitute them and to balance demand. In this way, it is confirmed Italian policy on cuts in Public Healthcare Sector.

Medical Staff in NHS

In 2015, hospital doctors in Italy were 110.850, decreasing compared to 2014 of 1896 units. The median age is 53,06 years old (older than 2014) proving our doctors are getting older and older, no new or younger doctors is employed and retired doctors are not substituted (halt to turnover). In fact, the median length of service is extending and, in 2015, was estimated in 19.2 years. Misuse of temporary contracts is still an unsolved issue. Existing contracts have been extended to December 2019