

<b>Date:</b>	<b>10-09-2018</b>	<b>Document:</b>	<b>F18-043 EN</b>
<b>Title:</b>	<b>National report Italy</b>		
<b>Author:</b>	Alessandra Spedicato, ANAAO		

## Summary

1. Healthcare budget
2. Waiting lists
3. Staff shortage
4. Violence against healthcare professionals
5. Qualifying examination and PGT contracts
6. Collective bargaining

## Introduction

It's about three months since new Italian Government took office and Italian Ministry of Health, a woman doctor with a specialty in forensic, has been planning to take actions on many long standing issues of our healthcare system:

- more funds
- New investments in the buildings sector
- more investments on staff employment
- halt to wasting money
- new control on medicine governance
- waiting lists
- PGT education

1-To implement such a program , or at least a part of it, it is necessary to know 2019 healthcare budget, that should be fixed to 114,4 billion euro (1 billion euro higher than 2018 fund).

In the meantime, we are witnessing:

Italian Court of Auditors attested healthcare sector is the area in public administration with the better cost- containment - unfortunately at the price of staff shortages and cuts on health equipments. Patient mobility is still an awkward point, mostly in southern regions: in Calabria, 23.1% of patients moves to other regions, looking for a better healthcare service.

2- waiting list. In Tuscany, thanks to an agreement between medical trade unions and regional government, hospitals may acquire services from their professionals. They would be paid as private practices and there will be some limitations, for instance a threshold of individual medical provisions and such services would be performed during the evening ( till midnight) and during Saturday afternoon.

3- As stated several times, staff shortage, due to an halt to turnover, is a longstanding problem. Currently, a further problem has added to this situation: recruitment competitions in rural area or in emergency departments (even in big cities) don't find any available candidates, proving our work for the public sector, is no longer attractive. In fact, there is a growing number of doctors resigning from the public sector and moving to private hospital. As a solution, some hospitals are recruiting doctors thanks by agencies that offer professionals for limited or dedicated activities. These agencies take a part of the hourly salary but they offer doctors the possibility to choose their worktime and their kind of activity. Excessive workload continues to be a growing problem that causes doctors to abandon or avoid the public system

4- serious acts of violence happened against doctors and nurses in the public sector, through last months. Our government is working on a draft law providing more stringent punishments for this kind of charge.

5- qualifying examination for medical graduates was modified: medical students have to spend their internship during 5<sup>th</sup> and 6<sup>th</sup> year and the final test refers to previous tests the students passed during their studies. Thereby, medical graduates can be enrolled to Medical chamber in shorter time than before.

At the beginning of September, the admission test for medical degree took place: 67000 wannabe doctors showed up while available seats are about 10800.

In the meantime, PGT contracts raised from to 6200/ a year up to 6933/ year thanks to regional funds. Unfortunately, a part of those additional contracts have peculiar restrictions or obligations such as: trainees must be born or have place of residence in the region that gives fund, trainees are compelled to work for some time in the region they had their contracts or , as happened in Sardinia, they could get PGT contracts if their parents are Sardinian emigrated abroad.

Our minister announced on her FB profile the current state of play is going to change but we don't know which way.

6- collective bargaining about labour agreement is still on the table of discussions.