



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

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Summary:

- **CLA**
- **Healthcare funding**
- **Medical workforce**
- **Strike**

CLA

Trade unions and Government are bargaining contract renewal, referred to 2019-2021. Unfortunately, at stake, there isn't any remarkable increase in doctors' remuneration since Government didn't dedicate any extra fund for this sector. Only for doctors working in the Emergency department there is the perspective to receive an increase in the remuneration for their on call-duty at the hospital.

Trade Unions are trying to improve working conditions and measures for a properly enforcement of CLA at local level. In fact, regulatory aspects are often disregarded due to a purposely vague and ambiguous wording. Our goal is to write a clear and detailed labour agreement.

HEALTHCARE FUNDING

After the huge and forced (by the pandemic) investments in 2020 and 2021, Italian health funds is intended to decrease in future years: for years 2024-25-26, allocated budget is about 135 billion euro, corresponding to 6,3 (2024) and - 6.2% (2025-26) of GDP. A deep and steady decline, over the years, in resources dedicated to the Public Healthcare System with the parallel increase of out of pocket costs until 40 billion euro in a year.

Italian Government has recently approved a draft law regarding a regional self – government in various sector including healthcare sector. This provision offers the possibility to Regions to make law in many sectors including health care. The risk of this complicated law is to create a different and a discrimination among Northern and Southern regions, with a migration of professionals and population toward regions with more funds and benefits.

CURRENT AND FUTURE MEDICAL WORKFORCE

At the moment, an important shortage of doctors is mainly registered in specialties such as anesthesiology and emergency medicine and among primary care doctors.

With the same programming, this shortage will only be filled within the next 10 years, even reaching the paradox that in 2034 there will be an excess of unemployed doctors (an estimate of around 32,000 more doctors - considering retirements and health demands).

Therefore, there is a need to solve, only in the short and medium term, a poor management of planning and the leaving, from the public health sector to the private one, of about 3000 doctors a year.

So far, the solutions that have been put in place was the recruitment of freelance doctors within hospitals, for emergency departments, pediatric units, gynecological units,

paid up to 4 times the salary of employees for the same service. This unequal recruitment has now been curbed by Institutions.

In the summer of 2022, Calabria Region, to resolve a chronic shortage of personnel, recruited 51 Cuban doctors that are currently working for the hospitals in the region.

Bad planning and disincentives for working in public health is also expressed by the number of postgraduate contracts not assigned (therefore rejected) or abandoned by junior doctors.

In 2021 and 2022, 60% of the places for emergency were not assigned, 78% for virology, 70% for pathology and biochemistry, 50% pathological anatomy. Specialties that offer a good and well paid future, even in the private sector, do not suffer from this dropout rate.

STRIKE

The medical doctors unions are considering organizing public manifestations with citizens and one or more strike days dedicated to the defense of public health.