



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV**

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Author :	Dr Reginato
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NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** ITALY
2. **Name of the AEMH National Member :** FNOMCeO, Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group: 99698

(In Italy there is non difference among hospital specialists; all specialists are in the unique role of executive. The chief of structure is nominated by the general manager with 5-year contracts.)

- a) Senior Specialists:
- b) Consultants = chief physicians:
- c) Clinical Directors = heads of department or clinic :
- d) Hospital Directors:

Are there groups of senior physicians in your country not represented:

4. **Will there be a special education in management/ leadership for:**
 - a) Senior specialists? *No*
 - b) Chief physicians? *No*
 - c) Clinical Directors? *No*
 - d) Hospital Directors? *No*
5. **Number and size of hospitals:**

- a) Private: 632
- b) Public: 778
- c) University:

6. Financing Hospitals:

- Taxes (county or state): most
- Health insurance fee: *rare*
- Patient fee: *very rare*
- Other:

7. Will there be re-distribution of resources for:

- Special groups of patients? *Yes*

(mostly, average age of population determines different distribution of resources to Regions)

- Special regions? *Yes*
- Taxation by Diagnosis Related Groups = DRG points? *No*
- Are patients free to choose hospital, and then get it paid? *Yes*
- Will a hospital have fixed budget (%) for:
 - a) Diagnosing, treatment and care? *Yes*
 - b) Education of doctors and other hospital staff? *Yes (very limited)*
 - c) Research? *No*

8. National plans for budget for different specialties:

- Surgery and anaesthesiology? *No*
- Medicine? *No*
- Psychiatry? *No*
- Pathology, radiology, clinical chemistry and others? *No*
- ENT, eye, dermatology? *No*
- Governmental and Regional plans to allocate resources?

- a) To some specialties? *No*
- b) To acute short-term care? *Yes*
- c) To private specialists practitioners? *Yes*

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law?
Only some Regions decided, after 1999
- Has the accreditation been implemented? *No*
- How many hospitals in your state have been accredited?
None. Only some Departments in some Regions
- Which institutions performed the accreditation?
 - 2) One or several national institutions?
Regional institutions
 - 3) International institutions?
Rarely, on volunteer basis
- Will a hospital only receive payment from an insurer/state if accredited? *No*

Risk management:

- Will there be a system for registration of Adverse Events? *No*

Complaint:

- Will there be a procedure and system for registration of complaints? *No*

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? *Yes*
- Who pays the CME/CPD? *Presently, individual doctors do.*

10. Working conditions:

- What are the working hours? *38 per week (four hours to be dedicated to CPD)*
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? *Not yet*

working hour lead to manpower problems? *Not yet*

- Are there manpower problems?
 - a) Which specialty? *Anesthesiology, Radiology*
 - b) Which region? *All*
- What is the salary for different groups of senior physicians?
From 2000 to 4200 € per month (after taxes)
- Is it considered adequate? *No*
- Is salary comparable to specialist doctors working outside hospital?
No

11. Current problems/ Issues for discussion in your country?

Main actual problems concerning hospital doctors:

- 1) reform of National Health System (connected with a project of Regional Devolution)
- 2) renewal of expired national contract
- 3) Postgraduate studies/specialisation

- 1) The last reform of NHS was done in 1999 (Law N° 229/99, better known as Bindi Law, from the Minister at the time).

Exclusive relationship with the Hospital was decided, with a significant raise of salary (up to 30-40% given as indemnity for exclusivity) for doctors opting for the full time. New employment is full time. Doctors already working in the NHS were allowed to maintain private activity in their clinics and private hospitals, with a cut on their basic salary of about 20% and no exclusivity indemnity.

Non-exclusive doctors are not allowed to direct public structures.

Almost 90% of hospital doctors are actually full time, with possibility of internal private practice.

The same rules is valid for university professors, but trials before Admisistrative Tribunals are still on.

The new government, in 2001, promised to cancel the “Bindi law”, under pressure of some University and Hospital doctors cathegories. Up to now several proposals have been studied by the Minister of health, but none of them has been discussed and approved by the Parliament.

Up to now, only national Essential Levels of Assistance have been defined.

Under pressure of Lega party, the government promised to reach a higher level of Regional autonomy, a so-called Devolution. Regions, accordingly, should have complete autonomy in some fields, including health. In this case a percentage of taxes (mainly 5% VAT) should remain inside every region to finance the Health System, in substitution of actual national distribution of resources. The problem is not simple: given the deep difference existing in the regional wealth production, mostly comparing northern regions to southern regions, 5% of VAT, in northern regions, would bring to northern regions a huge increment of resources, but a specular decrement in the southern regions, that will find impossible to maintain the Essential Levels of Assistance recently defined. The political struggle inside and outside the Government is very hot.

The Minister of Health, following the strategy of the actual Government, often sustained the idea of introducing private market in the health system, reducing the weight of State and enhancing the role of private insurances. No concrete decision has been taken in the meantime. Also the proposal of extra funds (public or insurance covered) to cover expenses for non-autosufficient people has been canceled in the recent economical document of the Government.

- 2) The national contract for hospital doctors expired 19 months ago. Not even the last contract has been completely applied; some, so-called, contractual tails, mainly with economical content (covering the difference between programmed and real inflation).

Only recently the Government accepted to start the first contact with our representatives. We ask, first of all, to maintain the spending power of our salaries, even if the official rate of inflation is apparently much lower than real. It is early to know what the conclusion will be.

- 3) Since 1992, doctors, to be employed in hospitals, must be already specialists. Post-graduate specialization course is done in University hospitals, according to a programmed posts, as decided by the Government. Doctors must be full-time, with a grant that is too low to allow them to live, specially considering that specialization schools are in big cities, where University is usually located, and life in big cities is expensive. Law allows to distribute the young doctors also in hospitals, but this doesn't happen in most cases: University has too a great advantage from this free manpower, performing the low level routine activity, to accept to share it with others.

There have been protests by the young doctors, who want their grant to be transformed into a real salary, but they also complained that they are not allowed to become real specialists, mainly in the fields where manual activity is requested, as teachers tend not to apply the official rules.

Hospital doctors proposed to create "teaching hospitals" to grow specialists. No answer, presently, has been heard from the Government.