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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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FNOMCEO
(FEDERAZIONE NAZIONALE DEGLI ORDINI DEI MEDICI CHIRURGHI E DEGLI ODONTOIATRI)

The FNOMCeO report focuses briefly on the following main issues:

1) Block of contract renewals for hospital doctors

Contract conditions for hospital doctors keep being blocked since 2009, as is the case for the entire public employment sector. The prolongation of this contract blockade - which according to some sources might be extended until 2018 - risks to generate significant economic difficulties for physicians and their families. In addition, turnover blockade or reduction in the public health sector endangers the quality and safety of care provided to citizens. It is for this reason, perhaps, that many regional health systems are reviewing their organization, which often involves blending current health trusts into large *maxi-aziende* (covering very large territories).

2) Retirement age

By issuing Circular 2/2015 the *Ministry for Simplification and public administration* has applied the provisions of the current legislation regarding the suppression of detention in service and the modification of unilateral employment termination.
For medical directors and directors within the National Health Care Service (including those responsible for complex structures) the upper age limit for retirement remains fixed at sixty-five y.o. (or - at their request - when completing forty years of service). In any case, retirement is mandatory upon reaching the age seventy y.o.
In other words, medical directors and directors in the health care service can therefore agree with their administration to remain in service beyond 65 y.o. until they reach 40 years of service, provided that this does not imply them exceeding the age limit of 70 y.o.
However (as better explained below), except for the Directors complex structures, one's will to keep working beyond 65 y.o. can be prevailed by the need of their administration to unilaterally terminate the contract.

3) Professional liability insurance

Through the promulgation of a decree (called Balduzzi Law) the Italian Government revised the rules about professional liability for health professionals. Now health professionals accused of malpractice are automatically relieved from criminal charges related to 'negligence' provided that, in carrying out their duties, they adhere to guidelines and best practices accredited by the scientific community.
Article 2043 of the Civil Code keeps applying in such cases too, providing to compensation of damage suffered by the patient. In quantifying such damage, though, the judge will take into account the conduct of the health professional.
Providing insurance coverage for hospital doctors accused of *negligence* is the responsibility of the NHS. Extending coverage to include *gross negligence*, though, is up to the individual professional.

4) Working time

Following an *infringement procedure* issued against Italy, the government promulgated a new law that (with Article 14) sets out the rules regarding working hours for hospital doctors.
More specifically, in addition to the maximum average weekly working time, the new law states the right to a daily rest and a compensatory rest. Derogations to the rules about daily rest are referred to the national bargaining process, for those who operate in *essential services* regarding patient admission, treatment and care.

5) The *Outcomes* National Plan

The Outcomes National Plan (PNE) is a project developed by the National Agency for Regional Health Services (Age.Na.S.) for the Ministry of Health. It provides comparative data about healthcare efficacy, safety, efficiency and quality within the National Health Service.
The program aims to assess and measure the performance of health facilities by engaging their general managers, and health professionals are stimulated to conform to standards and best performance.
Figures for 2014 document considerable heterogeneity in effectiveness and appropriateness of care between different regions, geographical areas and hospitals, with major variations over time. Data document as well significant volume differences for those surgical procedures for which a relationship between volume of activity and activity outcome is scientifically proven. The 2014 report presents numerous innovations, including a section ("tools for audit") highlighting structures that show abnormally high/low values for certain indicators, therefore prompting audits dedicated to verifying data quality.

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