ASSOCIATION EUROPÉENNNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇAO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV
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Health year 2003 was essentially characterised by the commitment and intense negotiations that the National Federation of Medical Associations (FNOMCeO), an auxiliary government body, undertook with the Ministry of Health in order to improve involvement in common goals, in closer synergy.

Along these lines, an agreement protocol was signed in July formally establishing a permanent FNOMCeO/ Ministry of Health consultation committee to address the most pressing issues for safeguarding health and protecting citizens, in order to activate joint initiatives aimed towards promoting improvement of the National Health Service (NHS) and the pursuit of priority objectives.

These objectives, which reflect the profound transformations that are occurring in Italy's institutional organisation and in the related decentralized decision-making process, also involve the following: 1) interventions to guarantee citizens more equitable access to health services and improved treatment quality; 2) the participation and decision-making role of physicians in health-care organisation and choices, not only within the hospital setting but also on a local level, and in clinical governance, with the acquisition of greater powers and greater opportunities for professional freedom with ensuing responsibilities; 3) together with the Ministry of Universities and Research, the definition of shared criteria and procedures for defining the requirements of health workers and for reorganising specialisations and the hospital training network, also undertaking discussions about the basic training of future doctors; 4) through joint actions, the development of initiatives and projects as part of the Continuing Medical Education (CME) system in order to update physicians, guaranteeing the transparency and independence of training processes; 5) the definition of initiatives to improve communication with citizens regarding the physician's role in public services, working through professional associations; 6) the implementation of initiatives to valorize the doctor-patent relationship and professional ethics; 7) the promotion of experimental arbitration settlement initiatives to defend the honourability of colleagues accused of malpractice; 8) the joint effort to solve the problems regarding the free circulation of professionals in Europe and the implementation of EU regulations.

FNOMCeO has already had the opportunity to participate actively in various meetings as part of technical committees, and this has made it possible to bring in the contribution of the medical and dental fields in order to reach joint solutions. Ministry meetings are being conducted successfully on the various issues that have been brought up.

In Italy, the basic scenario is changing with regard to new legislation involving devolution, thus shifting powers from the central government to the regions and transforming the health system. This process has created a phase of conflict in terms of health services, as it has created three levels of health management: central, regional and local.

The central system is responsible for guaranteeing minimum levels of health services for all citizens, whereas each regional government has the right to supplement these levels. This option runs the risk of amplifying the differences that currently exist

among the different areas of the country, thereby creating 21 health systems (one per region, with lack of uniformity even within the individual systems).

This delicate process is taking place without relying on consultations from professional associations in planning, organizing and managing public health services. The federation also feels it is indispensable to establish clinical governance.

Moreover, the funding budgeted by the national government for health is lower than actual expenditure. Consequently, this has led to a reduction in the services guaranteed by the NHS, and citizens are forced to bear the added expense of supplementary medical insurance – if they can afford it.

Given that the national labour agreement for the health sector (employees and external physicians under NHS contract) expired in 2001, the 42 union groups representing the medical professional joined forces for the very first time to draft a common statement denouncing the way the National Health Service has been administered, managed and funded for years. A request has been made, encompassing greater resources in order to guarantee uniform access and equitable executives, new organisation of labour that will minimize difficulties on a medical level – on-duty physicians, ready availability and insurance coverage – and, lastly, a revamped National Health Service that is not an expense but a profitable investment.

During a hearing of the Budget Committee of the Chamber of Deputies (15/03/04), the General Accounting Office stated that "health expenditure in 2003 exceeded €2.736 billion with respect to the agreement of 08/08/01". It further stated that this figure does not include charges related to the agreement and to the labour contracts of the National Health Service that have already been signed or that are slated for signature. These charges amount to an additional €2.5 billion.