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ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
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ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗCΗΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE

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**COUNTRY REPORT: ITALY  
FNOMCEO**

**(FEDERAZIONE NAZIONALE DEGLI ORDINI DEI MEDICI CHIRURGICI E DEGLI ODONTOIATRI)**

The FNOMCeO report focuses briefly on the following main issues:

**1 ) Block of the contracts since 2009 for hospital doctors**

Persists even in the 2014 the block of the contracts for the hospital doctors, in force since 2009, with severe difficulties due to the careers blocks, salaries standstill and block in turnover, that are likely to affect the quality and safety of healthcare services to patients.

**2 ) Proposed Reform of Healthcare Professionals' Orders: Lorenzini Bill**

Introduced in February 2014, the Lorenzini Bill (named after the Minister of Health), includes a proposal to reform the Healthcare Professionals' Orders. Among the highlights of the proposal:

a) The draft bill basically confirms and strengthens the Orders of the Doctors and Dentists, Veterinarians, and Pharmacists, establishes the Orders of the Nurses and the Midwives (formerly "Colleges") and also establishes a single Order for the other health professions (technical professionals, professionals of prevention and rehabilitation) with individual register for every profession.

b) Orders are defined as "subsidiary" body of the State (formerly "auxiliary") , with administrative, financial , regulatory and disciplinary autonomy. All orders are subject to the supervision of the Ministry of Health.

c) Orders will be represented at the national level by the national Federations, responsible for planning, coordinating and supporting the provincial Orders activities. It is also provided for the establishment of Regional Federations.

d) The National Federations will also ensure the enactment and the revision of the Code of Conduct.

e) The disciplinary function, today exercised exclusively by the members of the Order's Board, will be divided into two components: one with inquiries functions and the other one with judicial functions. It will be ensured the participation of a non-medical component in the disciplinary process.

**3 ) Reform of the Professional Responsibility**

The Italian health system has experienced a strong growth in medical litigations, resulting in more complex problems both for the sustainability of the system itself (defensive medicine is likely to become more and more a source of inappropriate spending for the NHS), both for professionals, and in particular for high risk professional categories (gynecologists, orthopedic, surgeons), forced to pay insurance fees up to 28,000 € per year, an unsustainable cost especially for young professionals.

According to the data of ANIA (National Association of Insurance Companies) in 2013 criminal complaints against doctors registered an increase of 200% compared to 1994. The vast majority of the criminal complaints closed without follow-up actions, and 80% of the adverse events resulted from system failures.

The professional liability reform is therefore an increasingly urgent issue. In January 2014 dr. Amedeo Bianco, Senator of the Italian Republic and FNOMCeO President, has officially introduced a bill on the safety of care and the medical and healthcare professionals responsibility". The scheme of the bill provides 4 main pillars:

- a) The introduction of Units for the prevention and management of clinical risk and Observatories for the litigations' assessment;
- b) A redefinition of the wrongful conduct of criminal relevance, limiting them to the cases of death or serious bodily injuries;
- c) The possibility to apply for compensation not later than two years from the notice of the injury.
- d) The extension of the insurance coverage to every healthcare professional and structure, both public and private (the insurance will be a prerequisite for the accreditation of private hospitals).