

ASSOCIATION EUROPÉENNE 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 ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ 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 **EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV** EUROPSKA UDRUGA BOLNIČKIH LIJEČNIKA ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE

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SHORTAGE OF DOCTORS

The effects of ten years of cuts on the National Health Service necessarily had their repercussions on the health personnel as well.

Employees of the National Health Service: according to data from the CIMO-FESMED Federation¹,, due to the closure of hospitals and emergency rooms, the cuts in beds and the blockage of turnover, despite the hiring to deal with Covid-19, between 2010 and 2020 the National Health Service lost 29,284 professionals, including 4,311 doctors.

NHS healthcare personnel	2010	2020	Difference
Physicians	107.299	102.988	-4.311

General Practitioners and Paediatricians operating within the NHS: according to AGENAS data²,, from 2019 to 2021 the number of G.P.s decreased by 2,178 units and that of pediatricians by 386 units.

20	019	20	020	20	21	Diffe	rence
G.P.s	P.s	G.P.s	P.s	G.P.s	P.s	G.P.s	P.s
42.428	7.408	41.707	7.285	40.250	7.022	-2.178	-386

According to national collective agreements, a general practitioner can assist up to 1,500 patients, but some regions, to remedy the shortage of this professional figure, have increased this limit. Although the national average is 1,224, there is a strong lack of homogeneity in the distribution of patients per doctor between the metropolitan areas and areas with a low population density such as rural areas, mountain communities and islands.

The turnover rate, average in the decade 2010-2019 and the pension "hump"³

Following the blockage of turnover in the Regions with a recovery plan and the hiring containment measures also adopted in other Regions with spending constraints, the NHS's permanent staff has decreased sharply in recent years.

Table 4: A coefficient greater than 100 indicates that there is an expansion of resources, on the contrary, if less than 100, there is a reduction in the workforce.

Region	Physicians' Turnover Rate
Campania	69
Emilia-Romagna	102
Lazio	69
Lombardia	100
Piemonte	92
Sicilia	69
Toscana	105
Veneto	101

¹ Federazione CIMO FESMED, "Sanità: allarme rosso. Gli effetti sul Servizio Sanitario Nazionale di dieci anni di taglio", settembre 2022

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² Age.na.s., "Il personale del servizio sanitario nazionale", ottobre 2022.

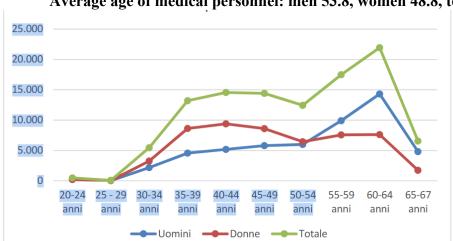
³ Idem.

Italia 90

The sudden increase in personnel requirements caused by the pandemic emergency has accelerated the dynamics already implemented by the so-called Calabria Decree (easing of spending constraints and overcoming the training funnel). To deal with the emergency, extraordinary recruitment procedures were used to strengthen, in particular, the territorial assistance networks and the hospital virology and pulmonology departments, notwithstanding current regulations. This made it possible to counter the epidemiological crisis in the most affected regions until the end of the state of emergency (31 January 2021), allowing not only short-term measures such as incentives and self-employment assignments, but also actions with long-term effects such as recruitment of doctors and nurses.

Law 27/2020 has allowed, on a transitional basis, the conferral of individual fixed-term assignments to personnel of the health professions and social-health workers, through public notice and selection by qualifications and oral interview. To fill the gaps in certain specialisations, the use of specialist doctors in the last and penultimate year of the respective specialization schools was also permitted.

The continuation of the hiring freeze in the Regions with a recovery plan, in addition to the negative turnover rate recorded overall in the last decade, has led to an interruption in the supply of roles and consequently an increase in the average age of professionals (graphic n.1).



Average age of medical personnel: men 53.8, women 48.8, total average age 51.3.

This demographic phenomenon translates into a "hump" of the personnel curve who will reach retirement age. The phenomenon is well known and constitutes an important factor in predicting a worsening of the current shortage of medical personnel over the next decade. In this regard, the doctors employed by the NHS who will retire in the five-year period 2022-2027 are approximately 29,331 (table n.5).

Table n.5. Doctors emp	loved b	v the NHS wl	10 will retire in 1	the five-vear	period 2022-2027

Physicians	60-64 years old	65-67 years old	68 years old
Men	14.327	4.827	686
Women	7.632	1.731	128
Total	21.959	6.558	814

Grand Total	29.331
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AGENAS elaboration on CA 2020. Only the pension parameter at 65 years was taken into account.

On the ISTAT website in 2020 there are 41,707 general practitioners operating, believing that the percentage of over 60s is similar to that of NHS doctors (28.45%), this percentage leads to an estimate of 11,865 (2,373 per year) which added to the 29,331 leaving the NHS leads to a total of 41,196 doctors leaving in 2027 (table n.7).

Table n.7. Estimate of medical personnel leaving by 2027

NHS physicians and GPs	
Totals in NHS service	103.092
Total over 60 years	29.331
% over 60 of the total number of physicians in service in the NHS	28,45%
NHS doctors annual exits (29,331/5 years)	5.866
Total GPs as of 2020	41.707
Estimated 28.45% over 60s in service in 2027	11.865
Annual GPs (11,865/5 years)	2.373
Total exits in 2027 (29,331 + 11,865)	41.196
Annual medical exits (NHS + $GP = 41,196/5$ years)	8.239

Added to this is the phenomenon of fleeing hospitals, because the worsening working conditions lead many professionals to want to escape from the NHS or to want to change jobs. The situation is similar for family doctors, who increasingly resort to early retirement to devote themselves to the private profession.

The "flight" of doctors from the National Health Service is a long-term structural condition, the repercussions of which, however, exploded precisely in the pandemic phase. According to the survey conducted this year by the Piepoli Institute for FNOMCeO, the psycho-physical health of doctors worsened during the Covid emergency: 71% felt an increase in stress, while 1 out of 10 even encountered problems of health that he did not have before. Remote consultations and visits have been added to the normal daily commitment, which have invaded the private life of 58% of Italian doctors, 3 out of 4 of whom are no longer able to go on holiday or even just to guarantee themselves adequate time for personal life. So much so that one in three Italian doctors, if they could, would retire immediately. And it is the youngest "slice" of the profession who dreams of giving up the white coat: 25% of doctors between 25 and 34 years old and 31% of those between 35 and 44 years old.

Transfer abroad: every year there are one thousand Italian doctors who request certificates to move abroad. Among the causes of this "escape", which the FNOMCeO has denounced for some time, are

the poor quality of work and life, inadequate salaries and the lack of safety which also puts operators at risk of aggression.

VIOLENCE AGAINST HEALTHCARE PROFESSIONALS

Violence against healthcare workers is unfortunately a phenomenon that has now become global, deserving of in-depth analysis by governments, as also underlined during the last meeting of the WMA in Nairobi.

As for the Italian data, Inail data estimates that 2,500 episodes of violence are reported each year by health workers as an accident at work. A figure that, as far as doctors are concerned, is certainly underestimated. In fact, the Inail complaints exclusively concern employees and not contracted personnel, such as family doctors, medical guards, colleagues from the 118, prison doctors. In addition, many doctors do not file reports, or do not go to the emergency room for assaults that do not prove injury. According to data released by the Anaao-Assomed, 55% of hospital doctors have suffered at least one episode of violence. From the data in our possession, it emerges that 48% of doctors who have suffered a verbal assault consider the event 'usual', 12% 'unavoidable', almost as if it were part of the routine or were to be counted among normal occupational hazards. The percentages change slightly in those who have suffered physical violence: almost 16% consider the event 'inevitable', 42% consider it 'usual'.

We close this report with the recollection of our colleague, Barbara Capovani, psychiatrist at the Santa Chiara Hospital in Pisa, brutally killed by one of her former patients on 21 April last when she left her ward at the hospital.

On May 3, in memory of Barbara Capovani, silent torchlight processions were held throughout Italy, with the participation of doctors, citizens and authorities: ten thousand in Pisa, her city, thousands in Bari, Milan, Rome, Naples, Genoa, Ragusa, Syracuse, Cagliari, Perugia and in many other provinces. The professionals also joined other events in memory of her, organized by each of the 106 territorial Orders: sit-ins, liturgical celebrations, prayers, turning on the lights in the wards, minutes of silence.





