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**UNION EUROPEENNE DES MEDECINS OMNIPRATICIENS**

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## **ITALIAN NATIONAL REPORT Toledo 26 October 2007**

### **HEALTH FEDERALISM**

Without prejudice to the citizens' fundamental rights, the Regions may organize their services according to their specific necessities.

In fact, for about 10 years now the central Government has been entrusting the individual 20 Regions more and more with the decentralized organization of the National Health Service. This fact has given rise to a number of difficulties: communication and transfer of responsibilities between the Ministry and the Regional offices, local agreements that differ from one another because they must adapt to regional policies (e.g. political coalition of the central Government opposing the coalition of the local Government), available resources, and delays in the implementation times for health policies. The bodies in charge of monitoring public expenditure (Ministry of Finance) intervene in the professional activities with coercive and enforcing measures.

### **ECONOMIC ASPECTS AND EVOLUTION OF REGULATIONS**

The contract expired in 2005, and the current trend is toward drawing up a new one, within a few months' time, that envisages the recovery of inflation through regulatory changes.

These changes will concern:

#### ➤ Forms of association

The GP still works in a single office. The trend of the social partners and the Government is toward promoting connections among physicians both virtually (Internet, networks, etc.) and by bringing them together in more-or-less organized structures (associated offices, group medicine, "houses of health", teamwork), with a progressive increase in complexity that will be adequately compensated salary-wise. A number of concrete experiments in the various forms described are currently taking place in the sector.

#### ➤ Development of computerization

The evolution of the forms of association proceeds hand in hand with the development of connections and IT networks: this type of operating procedure has already been amply developed in several Regions.

#### ➤ Training

Post-graduate specialization training is still entrusted to non-university permanent regional structures, based on the vocational school model. Classroom teaching of general medicine during the degree course is entrusted to local protocols in the cities where there are university faculties of medicine. Up to now it has been possible to achieve only tutoring (practice with GPs' offices), or teaching as a complementary activity (i.e. it is not one of the obligatory subjects for receiving the degree). The current trend is toward forming mixed departments through special agreements between primary treatment (of which the GP is a part) and the university. These multidisciplinary departments will have to comprise all the operators working throughout the territory (mental hygiene and prevention, industrial medicine, sociology, nursing, etc.).

#### ➤ Innovative model for a career as a family doctor

The associations will become self-governing structures, with direct responsibility for providing care to citizens.

The need of the category of family doctors in Italy is that of creating a division, within the National Health Service activities, in which young doctors start off with an hourly practice and minimum guaranteed salary, perform simple activities (e.g. on call doctors, substituting for the regular GP, vaccinations, etc.), and then later become regular GPs responsible for primary care, with the possibility of devoting themselves to tutoring and research or, if they are so inclined, to organization or management activities (district, department, hospital).