



Italy calls on retired doctors to fill health worker gap

Experts say that the shortfall of doctors has been fuelled by poorly conceived policies for health worker recruitment dating back 10 years. Marta Paterlini reports.



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Looking for “retired medical specialists” reads a job announcement that first appeared in Molise, a small region of the south of Italy. Within the past month, Italy’s retired doctors have been called back to work to buffer a worrying staff shortage in Italy. The approach, which has now spread to five of 20 regions in Italy, has been criticised by physicians and health advocates alike.

Doctors in Italy are among the oldest in Europe; more than 50% of physicians are older than 55 years of age and many are approaching retirement. Anao Assomed, the biggest trade union for doctors of the country, predicts that, between 2018 and 2025, 50% of Italian physicians will retire (52 000 doctors), creating a staffing shortage of 16 700 trained doctors to be filled within the next 6 years. The situation is set to worsen in light of a new policy that provides for workers in the public sector to retire when they reach either 41 years of contributions, or 100 years as the sum of age plus the years of contribution (the so called quota 100). The provision, which will be rolled out between 2019 and 2021, will mean doctors can retire at around 62 years of age instead of 65 years.

Recruiting doctors out of retirement “is a very short-term solution because the problem remains”, comments Filippo Anelli, president of the National Federation of Surgeons and Dentists. Anelli blames the doctor shortage on a shortsighted political approach whereby, over the past 10 years, the Italian Government has been cutting funds for the health system before looking at its needs. “As it stands, the system is destroying the hope of an entire generation of young doctors”, he says.

Since the late 1970s, the Italian National Health Service—the Servizio Sanitario Nazionale (SSN)—has offered

universal coverage and has been tax funded. In the past decade, the SSN has gone through an overhaul notably a reform shifting the oversight of recruitment and budgeting from the national to the regional level in 2012.

A deadlock of generational turnover for doctor recruitment, prompted by a freeze on hiring and on salary in-

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creases since the 2009 global crisis, has meant that many young doctors have been driven to the private sector or abroad. Over the past decade, approximately 1500 young doctors have gone abroad every year, mainly towards France, the UK, Germany, and Switzerland.

The staff shortage “can mainly be directly traced back to poor planning for the specialisation grants over in the past 10 years”, comments Carlo Palermo, president of Anao Assomed. Medicine and surgical training in Italy takes 6 years, which is followed by a specialisation period lasting an average of 5 year, funded by fellowships awarded by the Ministry of University and Research. Although 10 000 medical degrees are awarded each year, only 7000 fellowships are awarded for specialisation. This creates a bottleneck that negates access to the job market for thousands of young doctors who cannot be employed without this specialisation. Anao Assomed predicts that some specialisations such as emergency doctors, anaesthesiologists, paediatricians, cardiologists, and general surgeons will be heavily under-represented in the near future.

The Ministry of University and Research has told *The Lancet* that an extra €100 million will be allocated to finance new training grants for medical specialists. It will be gradually rolled out until 2023, the Italian weekly *Il Sole 24 Ore* has reported. But for Palermo, “again, this will not be enough to rectify the imbalance in staffing; we need more resources and a reorganisation of the doctoral training system”.

Several experts in Italy also reported to *The Lancet* their concerns about the age of the doctors being recruited out of retirement. “Night shifts, long surgical sessions, shifts over weekends and holidays can be physical stressful” comments David Di Lello, president of the Association of Anaesthetists of Molise. Di Lello is also concerned that taking doctors out of retirement to take paid roles in the public sector might be in contradiction with the so-called retention in service (*trattenimento in servizio*) legislative decree, which abolished the right of civil servants to work beyond retirement age. “In this manoeuvre, I see the attempt of deregulating the system”, he fears.

Alternatives to fix the shortfall have been suggested. According to Palermo, from 2019, doctors in training who are in their last year of specialisation will now be allowed to compete for open job position and work, although they will only be officially employed after the end of their specialisation.

Another approach could be to “implement task-shifting, where some duties can be taken over by paramedics and nurses”, states Nino Cartabellotta, founder of GIMBE Foundation, a non-profit working on health-care issue. This suggestion was not very well received by physicians, who are careful to protect their roles, according to Cartabellotta.

Marta Paterlini