Hence the hospital structure in Germany is likely to change in the near future and will allow medical training to be adjusted in accordance with other European systems.

Max-Planck Institute for Psychiatry, Munich, West Germany
H. WALDMANN, M.D., Consultant in Psychiatry and Neurology

Italy

FRANCO PERRARO

The problem of young hospital doctors in Italy has now acquired social, economic, and political implications. The proportion of doctors to the total Italian population is very high; one doctor for every 560 people in Italy, compared with 590 in Germany, 640 in Belgium, and 900 in Ireland. In 1971 there were 101,300 doctors, and of these 87,600 actively practised medicine. Of these 57,000 worked for I.N.A.M. (National Health Insurance Institute), which is the most important medical body in Italy; about 40,000 worked for other health insurance institutes; 43,000 worked in hospitals; and 10,500 were medical officials. Another 6,300 worked in private nursing homes. Thus in 1971 each doctor had roughly 1.7 public appointments.

This dramatic rise is due partly to the liberalization of university courses and to the expectation of high earnings and prestige. The faculties of medicine in Italy are finding it difficult to organize adequate courses for students, and the situation is hampered by the forthcoming health reforms. The reformed health service will require a new type of doctor, some specializing in the previously neglected fields such as perinatal, industrial, and preventive medicine. There will thus have to be a very careful re-allocation of medical manpower in Italy both among disciplines and in different regions—at present there is a large concentration in urban areas.

Until two years ago specialist courses were open to anybody—in many cases it was not even necessary to attend. This resulted in a proliferation of specialists, many in name only. Now faculties of medicine have set a very low limit on the number of students attending specialist courses. If a young doctor wishes to enrol in such a course he has to promise to work freely at the clinic where it is held for the whole period.

However, apart from radiology and anaesthetics, it is not necessary to be a specialist to find a job and make a career in a hospital: he can work for some years in a specific branch after which he takes part in a "competition" to become assistant and then head physician. This mechanism of competition tests is being fought fiercely by the A.N.A.A.O. (Society of Young Hospital Doctors). After the establishment of a 40-hour week for full-time doctors and a 30-hour week for part-time doctors, the first collective agreement was reached in 1969 by the representatives of the medical profession and the hospital administration. But after a prolonged dispute this contract has now expired.

Hospital Doctors' Collective Agreement

After long negotiations between F.I.A.R.O. (Italian Federation of Regional Hospital Associations) and the associations of hospital doctors A.N.A.A.O. (Society of Young Hospital Doctors), A.N.P.O. (National Society of Hospital Head Physicians), and A.N.M.D.O. (National Society of Hospital Medical Directors), the text of the national agreement on hospital doctors was signed in April 1970, being operative from 1 January, 1970.

The collective agreement laid down general and economic rules and regulations governing the activities and remuneration of hospital doctors. One of the most important aspects of the collective agreement was the elimination of fixed salaries based on the number of patients. At the same time procedures were established for hospital doctors to work full time. The part-time hospital doctor works 30 hours per week—a system which allows him to do other professional work provided he fulfils his duty at the hospital. Full-time doctors must work 40 hours per week and cannot have another job. Full-time and part-time hospital doctors may have another job within the hospital, but

not during working hours or to the benefit of paying patients. The attractions of other well-paid professional jobs has led to a shortage of staff in some hospital departments, such as anaesthetics, radiology, and laboratory.

Young doctors usually prefer a full-time job which does not allow any professional activity outside the hospital. In fact, they would find some difficulty in getting work as general practitioners, though this is the chief alternative open to them. To become a general practitioner it is sufficient to take the qualification test and to be on the list of a national insurance scheme, to select an area where there are no general practitioners, and to wait for patients. A young doctor with 1,000 I.N.A.M. patients is paid 10 million lire a year by the Institute. At the same time such a doctor could easily have another job in a hospital or at a university.

To make a career at a university a young doctor has to spend a training period (as much as four to five years) in the selected hospital and he is not paid at all. Because of the plethora of students, the lack of funds, and the tendency of directors to be involved in highly-paid professional activities rather than teaching and research, university hospital teaching has deteriorated.

At present there is a crisis in scientific research in Italy. Hospital doctors and general practitioners can earn far more than doctors working in governmental scientific institutions. The same is true for the officials working at the Ministry of Health or at the regional health offices. There are few applications for these jobs and many vacancies.

An alternative is to work as a specialist for a health insurance institute—but this requires some postgraduate experience and the academic title of specialist (which is now difficult to get). I.N.A.M. is still the most important health insurance institute; its remuneration is by the hour and is very high. Several part-time hospital doctors also work as specialists. The health insurance scheme leaves little room for the private practitioner, and private practice is confined to the older and already well-known physicians.

The greatest difficulty for hospital doctors in Italy is the hiring mechanism, under which several tests have to be taken in order to move from one hospital to another and at each stage of a doctor's career. A.N.A.A.O. (the strongest association of hospital doctors) is fighting this system fiercely; it favours a national health scheme in which the hospital will be the centre of local health units. The society also favours better organized work for doctors based on "team-work" and "full-time work."

The differences in the time spent, qualifications, and attendances at specialization courses in Italy have increased the obstacles to the free movement of physicians and specialists in the E.E.C., even though there is a similarity of preuniversity and university courses between Italy, Germany, France, Luxembourg, Belgium, and the Netherlands, and university degrees are acknowledged in all six countries. These difficulties hampering the free movement of doctors within the E.E.C. must be overcome, and it is hoped that the predicted changes in Italy—such as an increase in the number of young doctors who may be only partially absorbed into the proposed new national health scheme, the planned changes in medical education, and the limits to be set on the number of undergraduates in the faculties of medicine—will go some way to meeting this objective.

Department of Emergency Medicine, Milan, Italy

FRANCO PERRARO, M.D., Senior Registrar, Secretary Italian Association of Junior Hospital Doctors

France

M. BONNEL

There are 500 public hospitals in France. Of these 250 are small local hospitals not concerned with the problems of young doctors—these local hospitals represent only a small part of the total bed population. The other 250 represent, firstly, the 50 teaching hospitals (including 20 in Paris) and, secondly, 200 non-teaching hospitals—which include 100 with more than 300 beds and which are very well equipped.