FORUM

YOUNG DOCTORS IN A SYSTEM IN CRISIS

The national health system is in a persistent crisis of facilities and personnel. It is urgent to act with planning policies that ensure adequate resources in terms of health personnel, which are pivotal to a system for health care that is fair, local, and focused on primary care, returning general medicine doctors to a central role.

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FRAGILE HEALTH CARE

Worlds and contexts that may seem light years apart share a common denominator though expressed in different forms and formulas: the central role of human resources. The fragility of health systems is known to be closely connected to the shortage of workers, their training, and the adequate development of networks and effective allocating of resources within them. Both in developing countries and in Italy, it is *people* who truly make the difference, providing care and support to individuals and populations. It is people who do research to study causes and evaluate interventions. They dialogue with the communities to ensure continuity between emergency and development that is more *resilient* than ever, even under the impact of change.
The debate currently underway in this historical period no less complex than during the pandemic is focused primarily on two closely linked factors: the worsening crisis of the Italian National Health Service – which is intended to be public, equal, and universal by definition – and the increasingly urgent need to adopt planning policies that bring in adequate resources for health personnel, the pivotal strength of the system.

REORGANIZING THE NATIONAL HEALTH SYSTEM

A post-emergency follow-up is needed to reorganize and put the system into motion after years of no or scant far-sighted planning. This cannot fail to consider the new, growing health needs of the people, which became more starkly evident during the pandemic, in order to study and correct the factors at the basis of the National Health Service's chronic problems.
Italy's new health needs should be understood and assessed in the wider, more complex landscape of the changed and still shifting national social-health situation.
There has long been a progressive increase in life expectancy coupled with a rise in chronic disease and multi-morbidities.
Increasing the number of resources to be used – structural resources and, importantly, human resources – should be joined with a qualitative reassessment of the entire health system.
A few important steps have been taken towards reforming the specialist medical system, which is one of the most critical areas, moving in the direction of greater investment in resources. For several years, because of the allocation of significant resources both to funding specialist training contracts and scholarships in general medicine, the "training bottleneck" had been loosened. It had been holding back thousands of young doctors who were unable to access post-degree training.

THE CORE IMPORTANCE OF TRAINING

An additional effort in terms of planning has been made recently to evaluate and define the National Health Service's quantitative and qualitative needs in terms of professionals.
There are still unresolved critical issues in university training. True, adequate reform has yet to be made to the pre- and post-degree training system. It still stops short at emergency provisions to make up for shortages by adding medical residents starting from the early years of the program. Training should be rethought and recalibrated to fit the changed health contexts, protecting its value and quality, and correcting its inadequacies and existing problems. The attractiveness of the public health service must be boosted, especially for its branches that have been most gutted by the flight of health personnel, both to the private sector and abroad. This siphoning-off has become a now chronic symptom of the structural inadequacy that has seen the main sacrifice in the emergency and urgent care sector, It is clear from the early stage of entering into specialization programs, as a result of poor protections, little incentives, and episodes of aggression having become frequent.

NEW DOCTORS AND REFORMS FOR LOCAL HEALTHCARE

Comparable problems persist in the specific training in general medicine. Considerable effort has been made by the institutions and the regions, including using funds made available by the Recovery Plan, to increase the number of scholarships to make up for the shortfalls caused by the wave of retirements already underway. Local health is facing yet another trial. This is also a problem of numbers, and increasingly so. The critical factor of personnel is closely tied to creating community homes and ap-

plying and implementing new models of local health care, as per the Ministerial Decree 77. The number of family doctors is dropping at an alarming rate. This problem is now clear in all regions and the numbers are significant. There is a shortage of almost 2,900 family doctors and another 3,400 will be lost by 2025. Retirement waves, uneven, fluctuating generational handovers, the profession's low attractiveness, planning failures, and the growing complexity of health needs and work management.

Critical problems that have been clear for years emerged dramatically during the pandemic, which exposed the fault lines in local care and the need to reform planning, which cannot be put off any longer. The Recovery Plan, and the accompanying Ministerial Decree 77/2022, require institutions to take tangible action in this direction. Yet, this change is still a considerable way from being implemented, even though a substantial part of the Recovery Plan's resources is devoted to developing a network of local services.

Based on the definition of the Mission 6 Health Plan, Community Houses, and Community Hospitals make up the "places of care" in charge of health care close to home, based on a multidisciplinary approach that includes social aspects and social-health integration. The hope is that they will be a model that is not merely structural and can truly respond to the growing health needs of the people in the context of a health service where there is an increasing number of chronic diseases, a shortage of personnel, and poor integration between hospitals and the local area with a resulting overburdening of the emergency rooms. The Community Houses project involves a total reform of the local health service starting from training doctors in general medicine.

It takes at least ten years to train a family doctor with a quality training program focused on a core curriculum that is consistent throughout the country. It is to consider specific skills needed, including digital ones, which is a central aspect of the Reform Plan.

Local medicine is needed to meet patient needs, focusing on the daily practice of promoting health care and nearby medicine, close to patients and their worlds, including in family and social terms. It needs to shift from a hospital-centric model to a proactive, interdisciplinary care model that pivots on primary care with the general medical doctor in the role of director.

It is fundamental that the generational handover underway become a chance to move beyond old systems and build new ones through an ongoing dialogue between health professionals and institutions, protecting the public health service, and, importantly, the right to health as guaranteed by article 32 of the Italian constitution, to be made central to any analysis of health and the political and health care agenda.

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