



Letter to the Editor

Urgent reforms for general practice in Italy

Following the letter by Colombo and Parisi [1], first of all we thank the authors for their positive comments on our earlier editorial [2]. Actually, their letter adds interesting information from Lombardy (by far the largest Italian Region), collected through a survey on trainers and trainees in general practice. The results highlighted a major difference in the educational aims between tutors and their younger colleagues, the former being more focussed on the importance of developing relational skills with patients, and the latter on their clinical and technical skills (e.g. information technology). Although these results may partly reflect a difference in the generational approach to labour, as happens in the majority of fields, they do confirm the urgent need to introduce a national academic specialty for general practice to plan at best the education of future Italian General Practitioners (GPs), instead of the present regional courses open to widely differing approaches. This change should also help cancel out the arguable difference of pay between training specialists and GPs reported in the letter, which certainly penalizes the latter.

Furthermore, it is probably worth underlining once again the major organizational weaknesses of general practice in Italy. All GPs are self-employed physicians, mainly paid on a capitation basis, and patients are registered with one doctor only. In practice, most GPs still work single-handed, formally being 'small businessmen' with very limited average weekly opening hours of their practices to the public. We are firmly convinced that large organizations comprising a wide range of health professionals, providing administrative services too in single facilities open all day long are a pressing priority to fulfil the increasing expectations of local populations for truly patient-centred primary care. The Italian National Health Service should therefore seriously contemplate the option of directly employing all the healthcare professionals involved in primary care – GPs included – so as to supervise

their practice more effectively [3].

To conclude, if these educational and organizational structural changes to equalize GPs with specialists and modernize primary care delivery in Italy were in fact introduced, we are confident that the difficulty in recruiting and motivating young medical doctors to work in primary – rather than secondary – care will rapidly disappear.

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Conflict of interest

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References

- [1] Colombo A, Parisi G. Seeking identity in primary care. A survey on GPs trainees in Lombardy. *Eur J Intern Med* 2019. [in press].
- [2] Garattini L, Padula A. English and Italian national health services: time for more patient-centered primary care? *Eur J Intern Med* 2018;57:19–21.
- [3] Garattini L, Padula A. Competition in health markets: is something rotten? *J R Soc Med* 2019;112(1):6–10.

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