General practice in Italy

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SUMMARY. General practitioners in Italy work as independent contractors in a national health service. There are, however, many differences between Italy and the United Kingdom regarding the status, contract and culture of primary health care. The similarities and differences offer valuable insights into the benefits and disadvantages of the position in the UK, and serve to highlight the significant gains made in the past 30 years. This account of Italian general practice is based on the author's personal experience gained during a one month sabbatical visit to Italy in 1990.

Introduction

THE advent of a single European market is not just of significance to the world of commerce: the social charter, the movement of labour, and reciprocal recognition of professional qualifications will all have profound effects.[1,2] The most dramatic effect, however, is likely to be cultural — a recognition of our similarities and a respect for our differences.

Interest in other health care systems is already evident in the United Kingdom[3-5] and is likely to increase. Free movement of doctors has been possible since 1975 and it is hoped that cross-border experience and knowledge sharing will become more common.[6] European research is likely to burgeon,[7,8] especially given that the European Community has allocated considerable funds to research in areas related to medicine.

Italy has a national health system which is similar to that of the UK, and its general practitioners are likewise independent contractors. It is of interest, therefore, to compare and contrast the two countries' systems of general practice.

This paper distils the experience gained during a short sabbatical in Italy in May 1990. Many doctors were interviewed, including those interested in academic development, research and computerization, epidemiology, biomedical research, and health service administration.

Structure of primary health care in Italy

In the late nineteenth century, local communities began to fund general physicians, *medici condotti,* to care for the poor. These physicians were the precursors of today's general practitioners, the *medici di base.* In the late nineteenth century, sickness benefit funds were created by friendly societies, or *mutue,* and these survived through to the establishment of a national health service in 1978, the *Servizio Sanitario Nazionale.*

There are at present 65 000 general practitioners in Italy, two thirds of whom are in the provincial capitals, where one third of the country's population of 57 million people live.[9,10] As in the UK, every resident should be registered with a general practitioner. The maximum list size for a general practitioner is 1500 patients (or 1800 if the doctor entered general practice before 1979) and the average list size is 850 patients.[9,10] A further 23 000 doctors work for the *Guardia Medica,* an organization that covers all general practitioners' work between 20.00 hours and 08.00 hours, and after 14.00 hours on Saturday through to 08.00 hours on Monday morning.[9,10] Estimates of underemployed or unemployed doctors vary between 25 000 and 80 000.[11]

In 1982 the *Societa Italiana di Medicina Generale* was formed which now has 8000 members, with a strong membership in northern Italy. The society publishes a regular journal, *Medicina Generale,* organizes conferences, and is sponsoring the development of vocational training and undergraduate teaching of general practice.[12] More recently the *Centro Studi e Ricerche in Medicina Generale* has been formed to concentrate on research into, and the development of, general practice. Most of its 700 associated doctors are based in northern Italy.

Primary care and community services absorb 34% of the budget for state health care — payments to general practitioners 8%, primary care prescriptions 16%, the *Guardia Medica* 1%, and the remainder being used to fund other community health services. Health care is funded by general taxation, a payroll tax, and prescription and referral charges. Nearly half the population have private health insurance. Total health expenditure represents over 7% of gross domestic product, compared with under 6% in the UK.[9,13]

Life expectancy in Italy of 71.0 years for men and 77.7 years for women, is comparable with that in the UK (71.3 years and 77.3 years, respectively), with a lower age-standardized death rate per 1000 population of 8.7 compared with 9.2 per 1000 in the UK.[9]

Medical schools

Before 1970, only students from selected schools could enter university, including medical schools. However, since 1970 universities have been open by law to all eligible students, the only restriction on the numbers being the ability to pay tuition fees.[7] Italy's 25 medical schools were flooded with students — up to 25 000 per year compared to 4000 students per year in the UK. The numbers were not, however, matched by a comparable increase in staff. This resulted in a dramatic decline in the quality of personal teaching and clinical content in the courses. However, market forces have now caused a decline in the number of medical graduates, and supply is predicted to equal demand for doctors by the year 2010.

There are no departments of general practice in Italian medical schools and there are, apparently, no opportunities in the undergraduate curriculum to teach primary care. The explanations given by the doctors interviewed were that general practitioners cannot teach, that general practice is not a suitable topic for future hospital doctors, and that curriculum committees would not allow primary care teaching. However, in April 1990 an agreement was reached in Varese between senior general practitioners and the deans of medical schools to include the teaching of primary care in the undergraduate curriculum. While this agreement is an important step forward, it is only an agreement in principle: there is no agreement on the funding and staffing of primary care departments, and no guarantee of curricular time.

Entering general practice

At present any doctor can enter general practice unsupervised immediately after graduation from medical school. However, most work in hospitals, as locums in general practice or hold posts in the *Guardia Medica* before entering general practice. Meanwhile the doctor joins a waiting list administered by the health service. When retirements, deaths and resignations of doc-

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Submitted: 3 January 1991; accepted: 20 February 1991

tors increase the average number of patients in a geographical zone to over 1000 per doctor, the doctor highest on the waiting list is offered recruitment to that zone. Often such a doctor starts with no patients on his list, and many young doctors struggle for years with only a few hundred patients and a correspondingly low income. Although there is a maximum list size, 40% of general practitioners have list sizes under 500 patients. Many doctors do not succeed in attracting a viable number of patients and, after several years, abandon general practice.

The problems of a doctor with a small list size are compounded by the payment system where capitation is the prime source of income. There is also a small office allowance, computer allowance (£600 per year and only available to 15% of general practitioners in 1991), staff allowance (approximately 20% reimbursement), and a paper records allowance (£2000 per year). While a general practitioner with an above average list size has an income comparable to that of a general practitioner in the UK, the income for an Italian general practitioner with a small list size is dramatically less.

Despite the 1986 European Community regulations regarding vocational training for general practice (EEC Council directive 1986/457), the Italian government has only recently accepted a scheme for vocational training[12] which should start in 1991.

Practice organization

Almost all Italian general practitioners are single handed,[14,15] compared with only 15% in the UK. This is partly a result of the culture of general practice, but also of the general practice contract. Since capitation forms such a high proportion of a doctor's income and overhead costs are low, group practice offers little financial advantage.[15] Since all practices are covered by the *Guardia Medica,* the benefit of an after hours rota from group practice is lost, and the few doctors in practice partnerships still feel the need to employ locums for holiday cover.

Employed staff — secretaries, receptionists and practice nurses — are extremely rare. General practitioners answer the telephone during consultations, write their own letters and perform routine tasks such as phlebotomy, electrocardiograph recording and ear syringing. Current estimates are that 5000 practitioners use a medical computer system, of which there are about 70 different varieties, one of which is sponsored by the *Societa Italiana di Medicina Generale.*[16] The current systems are, however, less sophisticated than comparable systems in the UK.

The majority of practices do not operate an appointments system for routine surgeries. Again this is understandable given the level of support staff and the preponderance of single handed practices. Most of the practitioners visited did, however, have separate sessions when they would see patients by appointment, the appointment having been made with the patient during a previous non-appointment consultation.

The role of the general practitioner

The *Societa Italiana di Medicina Generale's* definition of the role of the general practitioner[17] closely mirrors that of the UK general practitioner.[18] However, there are some fundamental differences: children under 14 years old are registered with special paediatric general practitioners, and some clinical areas, such as gynaecology and contraception, have been abdicated almost totally to hospital specialists. Italian general practitioners in towns do little or no casualty work.

One striking difference lies in health education and prevention. Although lifestyle health promotion and secondary prevention is accepted to be a general practice task, it is openly admitted that it is neither well-organized nor well-executed. A parallel health service system offers most childhood immunizations and gynaecologists do most cervical cancer screening. On visits to a number of practices, there was no evidence of systematic call and recall for preventive care, nor of repeat prescribing registers or disease registers.

There is no satisfactory Italian word for 'audit' and no evidence was encountered of audit in general practice. The only information gathering seen was in one practice, for a research project. There was no reference in conversation to value for money, prevention targets, process and outcome measures, minimum standards or higher degrees. While this absence made a refreshing change, it served to illustrate a significant difference between general practice in the two countries.

Most postgraduate education courses are run by hospital doctors. General practitioners attend at their own expense and there is no reimbursement. The vast majority of articles in publications aimed at addressing the continuing educational needs of general practitioners are written by non-general practitioners.

Research

All the doctors interviewed agreed that research by general practitioners was near to non-existent. A key question asked was 'Can you name one important research finding by an Italian general practitioner working alone or with other general practitioners?' The answer was always negative.

The situation may not be quite as gloomy as this suggests. The *Societa Italiana di Medicina Generale* has identified general practice research as a key area for action and it is planning research in hypertension, hyperlipidaemia and diabetes. The *Centro Studi e Ricerche in Medicina Generale* has carried out multipractice studies in hypertension (Caimi V, *et al,* unpublished results),[19] and although it has fewer members it is probably better placed to carry forward research in general practice, which may ultimately be passed on to university departments of general practice.

Most research in general practice is, however, carried out by epidemiologists, either employed by the health service[20-22] or based in national research bodies.[23] The questions being asked and the hypotheses being generated, are therefore primarily those of non-general practitioners.

Discussion

To older general practitioners in the UK this account of Italian general practice must sound familiar. The parallels with British general practice before the 1966 general practice charter are striking. Despite this, morale among Italian general practitioners seems high. However, the contract that they work under has created a climate in which there are multiple disincentives to organization, teamwork, delegation and prevention. The level of esteem in which general practice is held, probably primarily as a result of the effects of the contract, is inhibiting the development of the academic side to the discipline.

Italian general practice faces substantial challenges on many fronts. It needs to define its area of clinical responsibility and to defend incursions by demonstrating quality of care. It needs to institute and nurture an academic base in medical schools and in primary care research. Lastly, it needs to take control of its own education, both in vocational training and in continuing postgraduate education. While the task in the UK may be smaller because we started earlier, this is our agenda too. We face common problems and we are testing common solutions; there is enormous potential for British and Italian general practitioners to learn from each other to the benefit of all our patients.

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Acknowledgements

My thanks to Alexan Alexanian, Vittorio Caimi, Claudio Cricelli, Philip Evans, Gaetano Fara, Hugh Faulkner, Silvio Garattini, Bruno Glaviano, Michele Glaviano, Paulo de Marco, Mark McCarthy, Franco Merletti, Aldo Pagni, Edoardo Parma, Gianluigi Passerini, Alan Rowe, Marco Tam, Francesco Taroni, Carlo Vetere and Paul Wallace. In particular I would like to thank Gigi Passerini for his tireless efforts in organizing my visits and making introductions, and Violetta Passerini for her generous hospitality.

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