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Are we training too many doctors, or too few? The challenge of the increased residency slots

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To the Editor,

In Italy, after graduation in Medical School, a physician may opt for a residency training program or become a general practitioner. In the last 10 years, residency slots have been insufficient compared to the number of new graduated medical doctors, creating an imbalance between supply and demand for residency training programs. In this way, access to residency have become increasingly difficult. Also, the increased slots for access to the Medical School course, has amplified the phenomenon of the training funnel, that is the difference between the number of admissions to the degree course and the number of residency slots.

It is important to remember that the "limited slots" available for the Medical School course has a dual purpose: 1) to ensure the quality of the training based on settings and facilities and 2) to guarantee employment after graduation. On the other hand, any change in the number of admissions to the Medical School degree leads to a consequences in 10-12

years. Given the number of available residency slots each year, has been estimated that in the 2024 there will be over 20,000 graduated doctors without the possibility to get into a residency training program (**figure 1**).

There is no doubt that the training funnel creates serious generational damage with important implications for the doctor's professionalization. Furthermore, it should be emphasized that the shortage of medical staff in hospital wards and local services risks further abrupt acceleration with the introduction of the new pension rules, *i.e.*, "Quota 100". Physicians employed by the NHS, today retire with an average seniority of about 65 years old. In 2018, began the exit from the system of those born in 1953 (about 7,000 doctors). In the three-year period 2019-2021 (which will essentially affect those born between 1954 and 1956), are expected between 6,000 and 7,000 doctors to leave each year, for a total of about 20,000 units.

As found in the ANAAO study (1), about half (52,500) of the approximately 105,000 medical spe-

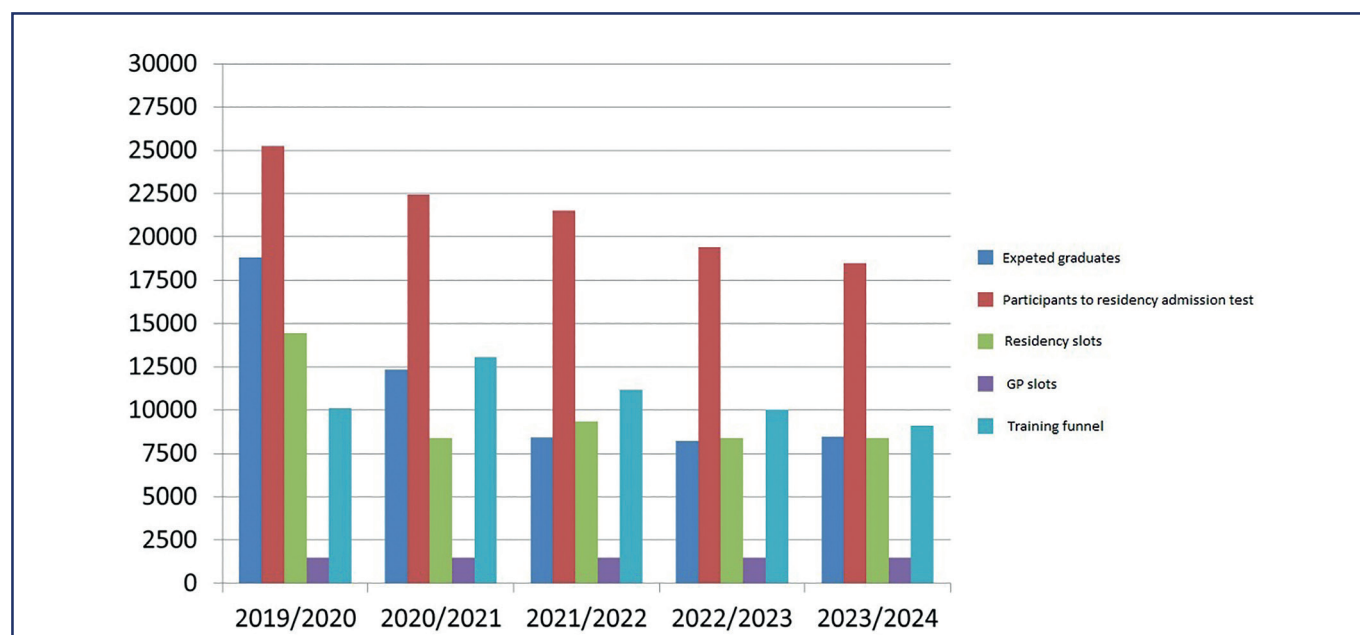


Figure 1. Training funnel between 2020 and 2024.

Adapted from ANAAO study. Available from <http://www.quotidianosanita.it/allegati/allegato893679.pdf>. Accessed 03/05/2021.

cialists currently employed in public health, will retire between 2018 and 2025.

For the above reasons in recent years the government has progressively increased the number of residency slots. Regarding *Obstetrics and Gynecology Residency Training Program*, in the 2020, there has been 463 slots available. In the 2015 only 239 slots were available. It means almost 100% increase in 5 years. During this period, almost none of the residency training programs (or in any case the vast minority) carried out a rescheduling of the training plan or substantial changes to the regulations to cope with this “revolution”. We believe that most schools are not at all equipped to cope with this increase and this situation is destined to worsen in the coming years, if no action is taken (2). Moreover, we need to face the challenge during a pandemic. A recent study showed that among Italian residents in obstetrics and gynecology, COVID-19 pandemic was associated with a significant training impairment (3). We do see a reduction in the number of hours that physicians and trainee work, generally, over time for both male and female physicians, that can have an effect on training.

We discussed this issue with all representatives of the obgyn trainees, within the AGUI (AGUI Specializzandi), and we recommend the following:

- increase the possibility of training in external facilities, also increasing the current 18-month threshold;
- improve the possibility of exchanges for training between the different residency training programs;

- wiser use of training networks, also by increasing the available locations;
- use of family counseling centers;
- use of the common trunk;
- change in rotations based on the trainees number;
- possible increase in the number of incall shifts (*i.e.*, 12/24 hours shifts) based on the number of trainees.

In summary, a national doctor planning model is urgently needed. We can take advance from the pandemic to face the problem of the training in the obgyn residency training program.

CONFLICT OF INTERESTS

The authors declare that they have no conflict of interests.

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