EMN EUROPEAN MIGRATION NETWORK

Italian National Contact Point

Managed Migration and the Labour Market.

The Health Sector

by IDOS – EMN National Contact Point

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Study conducted in collaboration with the
Società Italiana di Medicina delle Migrazioni (Italian Society of Migration Medicine)
and the Caritas/Migrantes Dossier Statistico Immigrazione
with the support of the Ministry of the Interior

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Written by

Chiara Mellina, Franco Pittau, Antonio Ricci

Data calculations

Maria Pia Borsci

Scientific Committee

Mario Affronti – University of Palermo and Italian Society of Migration Medicine (SIMM)
Carmelita F. Ammendola – Ministry of Interior
Giovanna Dallari - Department for Social and Health Integration Ausl Bologna
Salvatore Geraci – Italian Society of Migration Medicine (SIMM)
Fuad Oadi – Italian Association of Foreign Physicians (AIMS)
Silvia Pacurar – Nurses cooperative "La Speranza"

Headquarters**:** Viale F. Baldelli, 41 - 00146 Roma - Italy
tel. +39.06.54192300 - fax +39.06.54192252

info@emnitaly.it

www.emnitaly.it

Project's team – Centro Studi e Ricerche IDOS
Antonio Ricci antonio.ricci@emnitaly.it
Susanna Garavini susanna.garavini@emnitaly.it
Franco Pittau fpittau@caritasitaliana.it

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1. The main points of question and the most significant aspects of the study

Over the 1990's there was an elevated, increasing need for additional manpower within the Italian labour market. Currently, one out of every 4 persons hired is a foreign worker, and this phenomenon is particularly intense in some work sectors.[1]

At the quantitative level the sector that is most affected by immigration is family assistance, which, according to recent statistics provided by the National Social Insurance Institute (Istituto Nazionale Previdenza Sociale - INPS), employs approximately 500,000 foreigners, or rather 5 out 6 workers, and this number is likely to increase in the future.[2] More and more often domestic tasks and duties are being confused with nursing ones, giving rise to the phenomenon of "caregiverism", or rather continual assistance 24 hours a day.[3]

Other important work sectors are construction and agriculture. In these fields the contribution of non-EC workers is a constant throughout the country. The healthcare sector also deserves special attention. Foreign workers in this area are primarily nurses rather than doctors. There are approximately 12,000 foreign doctors, which is half the number of foreign nurses, and they are primarily from the European Community. Their numbers are not likely to increase, since Italy has an excess of doctors with respect to its needs, so much so that doctors have begun to leave the peninsula in limited numbers.

Foreign nurses, however, are primarily non-EU citizens and their numbers are likely to increase significantly both because the aging of the Italian population is causing greater pressure on the healthcare system and because the lack of appreciation for these category of healthcare workers has driven the younger, indigenous population away from this occupation. In fact, the new generation no longer satisfies the needs of this sector. The number of open positions is greater than the number of persons seeking employment. Therefore, one can easily hypothesise a scenario where the most demanding forms of healthcare for Italians, or rather hospitalisation or assistance for the elderly, will be increasingly characterised by the presence of foreigners. If we consider that Italian families have been affected by the presence of foreign nurses for some time now, it becomes clear that it is misleading in cultural terms to equate "immigration" with "extraneousness".

As the National Contact Point designated by the Ministry of the Interior within the European Migration Network programme of the European Community, this Centro Studi IDOS study has been conducted in collaboration with the experts of the Italian Society of Migration Medicine (SIMM-Società Italiana di Medicina delle Migrazioni) and the Dossier Statistico Immigrazione team of Caritas/Migrantes.

The first section on the **socio-economic context** delineates the regulatory and structural evolution of the National Healthcare Service (Servizio Sanitario Nazionale - SSN) and provides the basic numbers on SSN operators and users. The subsequent **summary of the sources** indicates the archives that were referenced and gives an idea of the complexity of the study, which, due to its comprehensive nature engulfing various issues, had to take advantage of many specific contributions as well as attempt to provide an original summary of them.

With regard to the **migration policy** for healthcare workers, in light of the growing need for nurses, it should be stated that this category has been authorised to settle in Italy outside of the annually established quotas. This section illustrates the recruitment mechanisms, which are still bureaucratic and complex, as demonstrated by the lack of uniform laws on some principles, such as the requisite of citizenship.

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[1] Pittau Franco, *Trentacinque anni di immigrazione in Italia*, in Caritas-Migrantes, *Dossier Statistico Immigrazione 2005*, Idos, Rome, 2005, pgs. 69-76.

[2] Istituto Nazionale Previdenza Sociale - Dossier Statistico Immigrazione Caritas-Migrantes, *Immigrazione e collaborazione domestica: i dati del cambiamento*, Rome, December 2004.

[3] Spano P., *Le convenienze nascoste. Il fenomeno badanti e le risposte del welfare* , Portogruaro (VE), Nuova Dimensione, 2006.

In the section on **data,** which provides a comparative reference to other national situations, we have focused on the potential of local manpower and the need for additional foreign workers. The analysis refers to both doctors and nurses, but special attention has been given to the latter since there is greater request and because operating problems (search, recruitment, salary) are more extensive.

The information provided in the section regarding **education, training, qualifications and the recognition of degrees** is of fundamental importance because every nation autonomously regulates education and qualifications. In Italy the recognition of degrees, for example, involves very complex procedures for persons coming from a non-EU country, whereas within the EC, European regulations have made it possible to take significant steps toward the free circulation of workers, free settlement and the free performance of services.

The last section (**other significant aspects: the healthcare coverage system for foreigners in Italy**) moves from foreign workers to foreign healthcare users, looking at the methods used to access the SSN by the various categories of immigrants, including those without a regular residence permit.

This study is evocative since it throws light on the deficiencies of the healthcare employment market (in this case in reference to the public health service) and demonstrates once again how immigration, which is not always viewed positively within the EU, is an indispensable resource. The multiple organisational problems that occur while managing persons in movement, indicate, moreover, that the regulations on immigration, both nationally and at the Community level, still require great improvements.

In this study, the immigration of healthcare workers has been examined in reference to the needs of Italian society. However, it should be recalled that the Assembly of the World Health Organisation recognised that the international migration of qualified healthcare professionals also constitutes a serious challenge for the national healthcare systems of the poorest countries.[4]

The current system of pull and push factors indicates that there will be a continual exodus for a number of decades. Higher salaries, the opportunity to send savings to one's homeland, better working conditions, a healthcare system with better resources, career and training opportunities, political and economic stability and opportunities to travel are just some of the pull factors, whereas the push factors include low wages, poor working conditions or the lack of resources, limited opportunities to grow professionally or at the level of training, the impact of the spread of AIDS, dangerous work environments, economic instability and more.

It is reasonable to think about immigration without neglecting the problems of development, and, therefore, the international community agrees on the need to implement tools to protect human resources from the departure countries. In order to protect the interests of developing nations bi-lateral twinning and staff exchange agreements have been made to cover training costs, development programmes for the healthcare sector and training, and the creation of an ethical recruitment code.[5] The urgency of this problem was also confirmed by the Green Paper on an EU Approach to Managing Economic Migration, produced by the European Commission in January 2005, and by the numerous debates that followed it. We have limited ourselves to these reflections because greater analysis would require a separate discussion.

[4] World Health Organization, *International migration and health personnel: a challenge for health systems in developing countries*, Agenda item 12.11. Fifty-seventh World Health Assembly: Health Systems Including Primary Care, Geneva, 22 May 2004.

[5] World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians, *A code of practice for the international recruitment of health professionals: the Melbourne manifesto.* WONCA, 2002.

2. The socio-economic context with reference to healthcare

In 1978 at the international conference of Alma Ata on health, the World Health Organisation[6] decreed that "**health**, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, **is a fundamental human right** and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector."

At the national level, **Italian regulations** on the protection of the health of citizens are amongst the most advanced in Europe, since they extend the right to health and healthcare assistance to all people present in the Italian territory, including foreign citizens who are residing irregularly, guaranteeing them urgent, essential, ongoing care and preventive medicine programmes at healthcare facilities that operate on behalf of Italian citizens. In this way Italy concretised the principle of human solidarity and the need for collective prevention and put into effect art. 32 of the Constitution: "The Italian Republic protects health as a fundamental right of the individual and collective interest and guarantees free care to the indigent."

The National Healthcare Service (Servizio Sanitario Nazionale - SSN) was established in 1978 based on the need to bring together all of the various existing health insurance funds in order to guarantee a unified assistance system. Over time it has undergone reforms that have decentralised it, granting the Regions authority over finances and healthcare policies. Since the beginning of the 1990's politicians have been more greatly concerned with containing costs and amongst Italian citizens there is a low level of satisfaction in terms of performance (for example, for the differences in services provided at the regional level or for the length of waiting lists).

With regard to authority, the Ministry of Health is responsible for defining the objectives of the health policy through the National Health Plan (Piano Nazionale Salute) and the legislative framework and for distributing resources to the Regions. It is assisted by the Consiglio Superiore di Sanità (Superior Council of Health) and other organisations and bodies at the national level, such as the Istituto Superiore di Sanità (Superior Institute of Health), Istituto Superiore per la Prevenzione e Sicurezza del Lavoro (Superior Institute for Prevention and Occupational Health), Agenzia per i Servizi Sanitari Regionali (Agency for Regional Sanitary Services), Istituti di Ricovero e Cura a Carattere Scientifico (Scientific Institutes for Admission and Care), and Istituti Zooprofilattici Sperimentali (Experimental Animal Health Care Institutes).

At the territorial level the Regions and Autonomous Provinces have been programming and organising services and activities for the defence of health since 1992, coordinating and controlling the actions of the Local Health Unit Companies (Aziende Unità Sanitarie Locali - AUSL) and hospitals.

Following the unifications of 2004, there are now 183 AUSLs that enjoy complete organisational and administrative autonomy and manage healthcare within their territory, providing it through public structures or private accredited institutions. In 2003 healthcare costs in Italy were 8.4% of the GDP, or rather 2,258 dollars per capita, while pharmaceutical costs were 500 dollars per capita, according to the statistics taken from the Organisation for Economic Co-operation and Development (OECD). Approximately 60% of the expenses of the National Healthcare Service are financed with local income and the remaining 40% with allocations provided by the State. There are approximately 1,600 **hospitals** (40% of which are private), offering a total of 232,501 regular hospital beds (20.5% private). Residential beds total 334,718 units, of which 78,517 are for elderly assistance residence (23.2%) and 62,597 for elderly social-health residence (18.7%). There are 47,111 general medicine physicians employed by the AUSLs, 39,493 of whom with full availability pay (one physician every 1,223 residents). [7] **The private sector** employs approximately 80,000 people, one-fifth of whom are physicians (16,000) and one-third of whom are paramedics (26,600).

[6] OMS, WHO, World Health Organization, UN organization.
[7] ISTAT, *HFA Database - Health For All Italia*, Rome, December 2005.

The remaining 37,400 employees carry out jobs that are not directly involved in the care of patients.[8] A characteristic of the socio-health sector is that there are more physicians than are needed, both in the public and private sectors. Although there is a great shortage of professional nurses with respect to the standards of the OECD, and some jobs remained unfilled, the surplus of licensed medical personnel makes Italy the leading country in the world in terms of the number of physicians.[9]

Finally, if we take into consideration the entire health sector, from the level of industry, in the strictest sense of the term, to commercial distribution to family services, according to Confindustria there are almost 1.4 million workers, or rather more than 6% of the employed work force (the estimate of the total number of workers rises to 2.5 million if we also look at allied industries)[10]. In production terms, "healthcare" companies are the third largest group in the country with an 11% incidence on GDP.

In 2003 there was a total of approximately 12.8 million **hospitalised Italian and foreign citizens**, 14% of whom used private-sector facilities. The hospitalisation of foreign patients is continually increasing in step with their growing numbers: hospitalised patients rose from 238,000 in 1998 to 401,000 in 2003.[11] The average stay is 7.6 days per year.

According to information provided by the 6th National Congress of Italian Society of Migration Medicine (VI Congresso Nazionale della Società Italiana di Medicina delle Migrazioni, held in Lampedusa on May 5-8, 2004), immigrants finance the SSN more than Italians because they pay the same taxes but utilise healthcare facilities much less. Whereas an Italian uses healthcare facilities for an average cost of approximately 1,300 euros per year, an immigrant costs a maximum of 5/600 euros per year.[12]

[8] Unioncamere-Ministero del Lavoro, *Progetto Virgilio. Settori in cerca di lavoro*, Rome, 2001.
[9] OECD, *Health Data 2005: Statistics and Indicators*, Paris, 2005.
[10] Confindustria (edited by Nicola Querino), *Il contributo della filiera della salute al prodotto nazionale*, Rome, March 2006.
[11] Geraci Salvatore, *La sfida della medicina delle migrazioni*, in Caritas/Migrantes, *Dossier Statistico Immigrazione 2005*, Idos, Rome, 2005, pgs. 179-188.
[12] Aa.Vv., *Atti VIII della Consensus Conference sulla Immigrazione e VI Congresso Nazionale SIMM. Lampedusa, 5 – 8 May 2004*, Roma, 2004.

3. Overview of sources

The sources for gathering and analysing socio-health data can be divided into three main areas:

a) ***institutional statistical sources***.

These sources come from the Ministries responsible for the admission, employment and, therefore, the recognition or pursuit of degrees of foreign citizens, such as the Ministry of Health, the Ministry of Education, Universities and Research, the Ministry of Labour and, obviously, the Ministry of the Interior. More specifically, we used the Immigration Database, which is published online by the National Council for Economy and Labour (Consiglio Nazionale Economia e Lavoro - CNEL) and managed by the Caritas/Migrantes Dossier Statistico Immigrazione team.[13] To these sources we should add the healthcare databases of the National Statistical Institute (Istituto Nazionale di Statistica - ISTAT) at the national level (ISTAT, Health For All Database), and the database of the OECD at the international level (OECD, Health Data 2005);

b) ***labour market sources*.**

These are the databases of the Industrial Injury Compensation Board (Istituto Nazionale Assicurazioni e Infortuni sul Lavoro - INAIL) for recruitments and the National Social Insurance Institute (Istituto Nazionale Previdenza Sociale-INPS) for payments and contributions; Unioncamere – Ministry of Labour Excelsior Information System for the forecasting of additional immigrant manpower;

c) ***sector sources*.**

These data are provided by various professional societies, organisations and associations that operate in the socio-healthcare sector in Italy, including: Federazione Nazionale dei Collegi di Infermieri Professionali, Assistenti Sanitari e Vigilatrici d'Infanzia (IPASVI-The National Federation of Italian Nurses), Società Italiana di Medicina delle Migrazioni (SIMM-Italian Society of Migration Medicine), Associazione Italiana Ospedalità Privata (AIOP-Italian Association of Private Hospitalization), Ente Nazionale di Previdenza e Assistenza dei Medici e degli Odontoiatri (ENPAM – National Institute for Physicians and Dentists' Social Insurance and Assistance), and Associazione Medici di Origine Straniera in Italia (AMSI-Association of Foreign Physicians in Italy).

Literature on medicine and nursing is extensive, whereas information on socio-healthcare labour market issues is lacking. In order to get around these difficulties for this study we used press reviews from national newspapers and relied on the collaboration of the Caritas/Migrantes Dossier Statistico Immigrazione team, the assistance of the Società Italiana della Medicina delle Migrazioni (SIMM) and the indications of experts in the socio-healthcare sector.

The periodical reports of the Ministry of Health, the Istituto Superiore di Sanità (ISS), the IPASVI, the Osservatorio sulla Funzionalità delle Aziende Sanitarie Italiane (OASI-Observatory on the Functionality of Italian Health Companies), and the Centro di Ricerche sulla Gestione dell'Assistenza Sociale e Sanitaria of Bocconi University in Milan (Cergas Bocconi-Research Centre on Social and Sanitary Assistance) were also of fundamental importance as were the studies of various institutes, including the Social and Economic Research Institue (Istituto di Ricerche Economiche e Sociali – IRES) of the Confederazione Generale Italiana del Lavoro (CGIL-Italian Trade Union). Sector magazines were also helpful, such as "Rivista dell'Infermiere", "Assistenza infermieristica e ricerca", "L'infermiere", "Infermiere Oggi", and "Infermiere informazione".

Amongst the most important materials used to write this study were the *Annual Reports (Rapporti Annuali)* of the Observatory on the Functionality of Italian Healthcare Unit Companies (Osservatorio sulla funzionalità delle Aziende Unità Sanitarie Italiane - OASI). These summaries offers substantial documentation that focuses on the functionality and role of the national healthcare system with particular reference to the regional healthcare system, organisational structures,

[13] The Immigration Database can be accessed directly at the home page of the institutional website of the CNEL: www.cnel.it

programming and control systems, information-accounting systems, personnel management policies and communication and marketing policies. The analysis and observations of these reports are based on the combination of numerous research tools: document analysis, the processing of statistical data, questionnaires, case analyses, and desk-research activities. Every annual report looks at specific themes. In 2005, for example, the OASI pre-selected the theme of the corporatization of healthcare. At the regional level the 2005 report analyses the Regional Healthcare Plans, the organisational structure of the facilities, the balances of the Regional Healthcare Services (Servizi Sanitari Regionali - SSR) and the government decisions on general medicine. At the company level the report looks at the role of the wards, the hospital pharmacies, and the control of management in light of the recent process of institutional restructuring. Analysis also regards the different company decisions with regard to accreditation and the certification of quality, programming and control for primary therapy, analytical accounting, the introduction of Enterprise Resource Planning (ERP) systems, and the recourse to the leasing and temporary employment of nurses.

Other useful documentation for the writing of this study included statistical data on the university training of nurses published by the Federazione Nazionale dei Collegi di Infermieri Professionali, Assistenti Sanitari e Vigilatrici d'Infanzia. Since 2000 the IPASVI Observatory has been publishing an annual report based on data gathered from the collaborating coordinators of university nursing classes at 39 Italian academic institutions. An online data gathering system has been used for monitoring. The *2004/2005 Study on the University Training of Nurses* (*Indagine sulla formazione universitaria degli infermieri 2004/2005*) was used to determine the availability of spots assigned for the matriculation of students to the university course for a nursing degree and to verify progress and the coverage of the assigned spots. The report offers statistical information on matriculated students, graduates, students and the resources and structures for teaching. Also of great interest for the analysis of the healthcare situation is the *IPASVI Report on the Specialised University Degree in Nursing Sciences* (*Rapporto Ipasvi sulla laurea specialistica in scienze infermieristiche*), which describes the admission criteria for the university course and offers statistical information on candidates (age, sex, territorial origin) and admission rates.

Amongst the examined sources, the *Fourth Report on Immigration* (*Quarto Rapporto sull'immigrazione*) by the IRES-CGIL contains an interesting study on the employment of foreign nurses in Italy, especially the paper by Adriana Bernardotti. It also offers a general view of the characteristics of the sector, analyses recruitment regulations, the entry and stay of foreign nurses, contractual methods and workplace discrimination amongst this group.

4. The migration policy and the healthcare sector

The Italian State allows non-EU citizens who move to Italy for short or long periods to practice a healthcare profession based on some requisites. The regulations that govern this subject are Legislative Decree 286/98 - Consolidation Act on Immigration Regulations (Testo unico delle disposizioni sull'immigrazione) and Presidential Decree 394/99 - Implementation Regulations (Regolamento di attuazione). These regulations have allowed non-EU citizens to register with professional associations and rolls, providing an exception to the requirement of citizenship. At the application level, the Circular of April 12, 2000 of the Ministry of Health defined both the procedures for recognising qualifying professional healthcare titles granted in a non-EU country and the procedures for obtaining authorisation to practice the profession itself.

As indicated by the Ministry of Health,[14] the recognised healthcare professions presuppose a qualifying title and allow for the carrying out of activities for prevention, diagnosis, care and rehabilitation.

Some **healthcare professions** are formed into Orders and Colleges, with headquarters in each of the provinces of the national territory.[15] The following orders and colleges currently exist:

- Provincial orders for surgeons and dentists;
- Provincial orders of veterinarians;
- Provincial orders of pharmacists;
- Provincial colleges of midwives;
- Provincial colleges of professional nurses (IPASVI);
- Provincial colleges of medical radiology healthcare technicians (TSRM).

These structures have decision-making authority on regulations, maintain professional registers and hold elections for the governing bodies. Through their measures it is possible to present an appeal to the Central Commission for Professional Healthcare Workers (Commissione Centrale per gli Esercenti le Professioni Sanitarie - CCEPS).

In order to practice these professions one must possess the following **requisites**:

- a degree recognised by the Ministry of Health;
- registration with the professional roll of the profession's Order or College;
- registration with the Special List of the Ministry of Health whenever the profession does not have an Order or College;
- knowledge of written and spoken Italian (which is certified through an interview and a written test).

There are **various procedures** to be followed and documents that must be presented depending on whether the person received his/her degree in Italy, an EU country or a non-EU country.

Based on law 189/2002 and the new activating regulation (Presidential Decree no. 334/2004) and the lack of non-physician professional healthcare specialists, foreign nurses are allowed to enter Italy for work reasons outside of the quotas set by the government flows decree. Therefore, foreigners with degrees in nursing can enter Italy independently of the availability of the quotas established by the flows decree.[16] Moreover, Presidential Decree no. 334/2004, art. 37 paragraph 21 indicates that professional nurses can stipulate an open-ended work contract and, therefore even a residence permit is normally extendible in Italy. Presidential Decree no. 334/2004, art. 37 paragraph 23 indicates that foreign nurses can extend their residence permits even if they change employers at any time, provided that they are still working as a nurse. In cases where the contract is terminated, the worker can remain in Italy for the guaranteed, 6-month period of

[14] This was taken from the institutional website of the Ministry of Health (www.ministerosalute.it).

[15] Law no. 43 of February 1, 2006, "Regulations on the nursing, midwife, rehabilitation, technical-health professions and the prevention and delegation to the Government for the institution of the relative Orders."

[16] Law 189/2002 (art. 22, paragraph 1, sub-paragraph a), introducing the sub-paragraph r-bis) of art. 27 of the Consolidation Act on immigration (dedicated to the "Entry for work in specific cases"), placed the figure of professional nurse as one of the workers excluded from flow quotas.

unemployment as provided for by Law189/2002. Previously, in order to be hired by a different facility, it was necessary to return to one's country of origin and reinitiate the authorisation procedure or rather apply for the *nulla osta* for recruitment from abroad. To obtain work authorisation, however, their degree must still be recognised by the Ministry of Health.

In order to participate in **public competitions** for positions at public facilities, foreign physicians and healthcare workers must possess Italian or EC citizenship. Non-EU foreigners without citizenship can work at public facilities either by way of a direct call with a fixed-length contract or by being hired by contracting nursing services cooperatives recognised by the Ministry of Health or temporary employment agencies. The third-party recruitment procedure predominates among foreign born nurses and has made their work situation very vulnerable.

National sector work contracts are used for foreign workers placed through **temporary employment agencies**, whereas for nurses who are hired through contracting nursing services cooperatives a national contract with fewer guarantees and lower pay is utilised. Therefore, on one hand the hiring of foreign nurses at public facilities has been facilitated, but, on the other, discriminatory behaviour (contractual segmentation, greater work flexibility, lower pay, less protection of rights) has resulted. Some unscrupulous agencies and cooperatives even act illegally.

The **immigration policy programming document for the three year period between 2004-2006** included a section specifically dedicated to the medical profession (i.e., surgeons or specialised physicians, dentists, veterinarians and pharmacists). Usually, upon receiving their degree, foreign physicians practice their professions in an independent, non-subordinate manner. In order to determine the quotas for physicians who work independently, the Ministry of Health seeks out the assistance of sectorial Orders and Federations. For physicians who work as subordinate employees the need for manpower is established by the healthcare facilities that publish public competitions for which Italian or European citizenship is generally required. As a result, non-EU citizens are excluded despite the fact that recent court decisions have indicated otherwise.

Beyond the aforementioned jobs for nurses, technicians and rehabilitation personnel, the three year period between 2004-2006 also provides for healthcare technicians in the fields of radiology and physical therapy.

Despite the high ratio of physicians to the resident population and the resulting surplus, there is a lack of personnel in some specialisations (anaesthesia, radiodiagnostics and radiotherapy). The immigration policy programming document for the three-year period between 2004-2006 expresses the hope for a policy of select admissions, but based on current regulations medical professionals are admitted through a vague quota reserved for autonomous work.[17]

As previously indicated, the requisite of citizenship for full recruitment in the public sector as foreign physicians or nurses has been placed under discussion by some recent court rulings. For example, based on Legislative Decree 286/98, which sanctions full, absolute equality between Italian, EC and non-EC citizens, the Court of Pistoia upheld the appeal of a non-EU physician on May 7, 2005, granting him the right to participate in a public competition for the Director of Cardiology, and, in March 2006, the Court of Appeals in Florence, confirmed the first-degree sentence of the Court of Pistoia, defining the exclusion of foreign physicians from a public competition for healthcare directors as illegitimate. Previously, the Court of Genoa as well (sentence April 21, 2004) abrogated the requisite of citizenship for access to a public position based on current immigration regulations. However, even as far back as 2001 the Regional Administrative Court (T.A.R.) ruled in favour of a Moroccan nurse, who received his degree in Italy and was excluded from a competition in Liguria.

[17] Presidency of the Council of Ministers , *Documento programmatico relativo alla politica dell'immigrazione e degli stranieri nel territorio dello Stato per il 2004-2006,* Rome, 2005, Chapter I: "Le politiche per il lavoro degli stranieri e le linee generali per la definizione dei flussi di ingresso nel territorio italiano", §1.3 "La programmazione dei flussi e l'analisi del fabbisogno lavorativo nel mercato del lavoro italiano. Valutazione dei meccanismi di stima esistenti e nuovi programmi".

Healthcare professions

The healthcare professions recognised by the Italian State are licensed with a degree to carry out the activities of prevention, diagnosis, care and rehabilitation. They include:

- *Medical healthcare professions:* Pharmacist, Surgeon, Dentist, Veterinarian.
- *Nursing and midwife healthcare professions:* Nurse, Midwife, and Paediatric Nurse.
- *Rehabilitating healthcare professions*: Podiatrist; Physical Therapists; Speech Therapist; Orthopist – Assistant of Ophthalmology; Neurological and Psychomotility Therapist for the Age of Development; Psychiatric Rehabilitation Technician; Occupational Therapist; Professional Education.
- *Technical Healthcare Professions:*
  - *Diagnostic Technical Area*: Audiometry Technician; Biomedical Laboratory Healthcare Technician; Medical Radiology Healthcare Technician; Neurophysiopathology Technician;
  - *Medical Technician Area:* Orthopaedic Technician; Hearing Aid Specialist; Technician of Cardiocirculatory Physiopathology and Cardiovascular Perfusione; Dental Hygienist; Dietician.
- *Technical Prevention Professions:* Technician of Prevention in the Environment and in the Workplace; Healthcare Assistant.
- *Auxiliary healthcare professions:* Optician; Dental Technician.

(Source: Ministry of Health)

5. Data on the presence of foreign healthcare workers

5.1 The world healthcare situation

To better **understand healthcare at the global level** of persons working in the sector, "The World Heath Report 2006", published by the World Health Organisation, is helpful.[18] There are almost 60 million healthcare workers. A little less than 40 million of them are physicians and nurses, whereas the remaining persons are involved in management and other related activities. Unfortunately, most of these 60 million workers are concentrated in the wealthiest countries and in cities while poor countries suffer from an exodus of skilled personnel. Only 3% of all medical and paramedical personnel in the world are found in these countries, which require one quarter of worldwide "healthcare needs".

In black Africa, for every ten thousand inhabitants there are just 2.3 physicians, whereas in Europe the values are ten times as high (18.9). Thirty seven percent of the workforce is found in the United States and Canada, where healthcare needs are 10% of the worldwide total.

More than one billion three hundred million people in the world do not receive minimum care. In developing countries the request for physicians and nurses is around 2,300,000 units, whereas 1,800,000 other professional figures are needed for support and assistance activities. There are 57 countries that suffer the most, and Africa is the area where interventions are most urgent. The shortage of medical personnel is most acute in 36 African nations. There are numerous types of emergencies of varying nature. Personnel are needed to vaccinate children, to help women during pregnancy and childbirth, and to provide treatments against AIDS, malaria and tuberculosis. Infections diseases and pregnancy and childbirth complications alone kill more than 10 million people. In the sub-Saharan areas there are approximately 750,000 physicians and nurses who must deal with 682 millions of people, according to the report.

The needs of these countries are even more acute than in other places because many doctors, often the best ones, leave to go in search of better salaries and opportunities and greater social recognition. Today almost one-fourth of physicians trained in Africa (23%) work in one of the nations of the OECD area. In these countries physicians earn up to 15 times more than they would in their country of origin, according to the estimates of the WHO.

5.2 The Italian healthcare situation

In Italy the demand for physicians in general is significantly lower than the number of doctors available in the public and private sectors. The inevitable consequence of this overcrowding is underemployment and the decision to work abroad. The British Healthcare Service, for example, hired 13 Italian psychiatrists at the beginning of 2005, and the University of Pavia and Servizio EURES[19] collaborated with the British Embassy in Rome to recruit others for hospitals in Essex County in the United Kingdom.[20] Development work is another foreign employment sector for these doctors: the non-governmental organisation "Doctors Without Borders" alone relies on the temporary contribution of 200 Italian doctors and nurses.

As previously mentioned, Italy is the leading country in the world in terms of the number of physicians based on **OECD statistics**.[21] The ratio is 4 physicians for every one thousand citizens, compared to 3 for the world average. In terms of absolute values, the National Federation of the Order of Surgeons and Dentists (Federazione Nazionale Ordine dei Medici Chirurgi e Odontoiatri - FNOMCEO) provides the most recent estimates on the number of persons registered with the

[18] World Health Organization, *The world health report 2006: working together for health*, Geneva, 2006.

[19] L'EURES (European Employment Services - Servizi europei per l'impiego), a cooperation network that includes Switzerland, facilitates the free circulation of workers within the European economic space. The partners of the network include public employment services, trade unions and organisations of employers. The network is coordinated by the European Commission.

[20] La Repubblica Lavoro, 11 April 2005.

[21] OECD, *Health Data 2005: Statistics and Indicators*, Paris, 2005.

individual professional orders, which is 354,000 physicians. Although for the past several years the university faculties of Medicine and Surgery have limited the number of students, according to the OECD, the number of new graduates continues to surpass needs. Even in terms of the ratio between physicians and nurses the former group is greater (0.90 nurses for every physician), whereas, according to the OECD, the ideal average would be one physician for every five nurses.

For some time now the OECD has indicated that there is a significant shortage of nurses in Italy. Between 2002 and 2003 the average was 5.4 nurses per one thousand inhabitants, with a much lower incidence in terms of the average sought by the OECD (6.9 per thousand) and the average found in other European Union countries (France 7.3 per thousand, United Kingdom 9.1 per thousand, Germany 9.7 per thousand, Holland 12.8 per thousand, Ireland 14.8 per thousand) or in countries of the OECD area (United States 7.9 per thousand, Canada 9.8 per thousand, Switzerland 10.7 per thousand).

However, it should be noted that at the international level there is a certain amount of confusion since the parameters for defining the roles of a physician and nurse differ. The European Observatory on Healthcare Systems has denounced that in some countries nurses possess basic training skills whereas in others, like Italy, ad hoc university courses and specific skills allow nurses to act independently of doctors. Faced with the general shortage of physicians in most of Europe, responsibilities that were once reserved for doctors are now being shifted to other workers, especially professional nurses, who are shifting their basic nursing duties to less qualified figures.[22]

5.3 Italy: an advanced healthcare system with a shortage of nurses

According to the IPASVI,[23] the professional order for nurses, there are 342,000 persons employed in this profession, 70% within the National Healthcare System, 20% at private facilities and 10% as freelance professionals.

Currently, **the shortage of personnel** is approximately 62,000-99,000 units, depending on whether we consider workers registered with IPASVI Colleges or nurses who work at Local Health Authorities (Azienda Unità Sanitaria Locale - AUSL) and hospitals. The minimum number required is approximately 10,000 nurses in some areas (Northeast, Centre, Islands) and a little more than 20,000 nurses in the Northwest and South.

According to the greatest estimates, the national need for new nurses at healthcare facilities in 2004 was 98,870 units,[24] distributed as follows: 37,000 in the North (28,000 in the Northeast and 9,000 in the Northwest), almost 15,000 in the Centre, 31,000 in the South and 14,000 on the islands of Italy. At the regional level the most critical situations are primarily in Lombardy, which has a need for 12,000 new nurses, and in Campania, where at least 9,900 are needed. Other Regions that have a great need for nurses are Sicily and Piedmont for a total of 7,700 and 7,500 new nurses respectively. The situation is also difficult in Calabria (-5,000), Lazio (-4,600), Puglia (-4,100), Trentino Alto Adige (-3,500) and Veneto (-3,200).

The shortage of nurses is so serious that in 2005 the government issued a decree that even authorises the re-hiring of retirees as well as fixed-length, one-year contracts or the payment of overtime at freelance rates.[25]

[22] European Observatory on Health Systems and Policies, *Human resources for health in Europe,* Open University Press, New York, 2006.
[23] Federazione Nazionale dei Collegi di Infermieri Professionali, Assistenti Sanitari e Vigilatrici d'Infanzia, *Rapporto annuale sulla formazione universitaria degli infermieri*, Rome, 2006.
[24] This estimate excludes the growing need for home care.
[25] Il Messaggero, 27 June 2005.

ITALY. Estimate of need for new nurses (2004)

	Registered with IPASVI	IPASVI Estimate of Need	OECD Employees	OECD Estimate of Need
Northwest	*87,972*	*-22,237*	*60,170*	*-27,802*
Northeast	*73,342*	*-9,910*	*63,957*	*-9,385*
North	161,314	-32,147	124,127	-37,187
Centre	67,006	-10,592	52,068	-14,938
South	76,860	-20,320	45,025	-31,835
Islands	37,093	-8,882	22,181	-14,912
Italy	**342,273**	**-61,117**	**243,403**	**-98,870**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from Ministry of Health, IPASVI College, and OECD data.

In Italy nurses are one of the most difficult professional figures to find in the labour market. According to an international study carried out by *Manpower* on the most sought after professions, in Italy nurses rank 5th, following specialised workers, restaurant personnel, administrative services personnel and drivers.[26]

Moreover, the annual turnover (around 13/14,000 units per year) is greater than the number of new nursing graduates who are hired. According to MIUR data the latter group is a mere 9,000 units per year.

In Italy various factors contribute to the structural shortage of nurses: the length of the shifts, the inadequacy of nurses' salaries, the lack of social prestige and the long and difficult required training (a secondary school diploma, a three-year university degree and a training period where, according to the ISFOL, the trainees are paid 486.58 euros per month[27]). New recruits have also been discouraged by the replacement of free regional nursing schools[28] with university nursing courses requiring the payment of a fee.

The Italian situation is in line with the statements of the 2006 WHO Report on Health, which underlined the need for new interventions for training and the development of healthcare workers, especially nurses.[29]

The aging of the population due to the reduction in mortality at an advanced age has generated a subsequent increase in the elderly population requiring assistance at both the clinical/therapeutic level and at home. In 2004 a national bill was proposed to increase the number of persons to be admitted as personal assistants to the same level as professional nurses. This group was to be admitted as an exception to yearly quotas and were to be granted the total deductibility of social security and welfare contributions. The bill, however, was not successful.

Over the past few years the private sector has been a very dynamic market whereas in the public sector the turnover of retirees was allowed in only 50% of cases.

5.4 Occupational trend in the healthcare sector

Using the archive of registered insured workers of the Industrial Injury Compensation Board (Istituto Nazionale per l'Assicurazione contro gli Infortuni sul Lavoro – INAIL) it is possible to analyse **the territorial trends of the private healthcare sector for 2004**. There were more than 3,000 recruits in each of the two northern hemispheres, almost 2,000 in the Centre and less than 1,000 in the South, for a total of almost 13,000 recruitments of non-EU workers (in the previous year the number was much lower at 10,756 units). At the provincial level one thousand non-EU

[26] Manpower, *Talent Shortage Survey*, Milwaukee, 2006.

[27] Istituto per lo Sviluppo della Formazione Professionale dei Lavoratori – ISFOL, *Rapporto ISFOL 2005*, Rome, November 2005.

[28] During the three-year period between 1986-1989, for example, the professional school for nurses in the Lazio Region, excluding a modest contribution for scholastic taxes, provided textbooks free of charge and reimbursed approximately 60,000 lire in monthly expenses the first year, 100,000 lire the second year and 140,000 lire the third year.

[29] World Health Organization, *The world health report 2006: working together for health*, Geneva, 2006.

workers were hired during the year in Milan, and between 400 and 500 were hired in Rome, Turin, and Bergamo. At the end of the year only one-third of these contracts were still in existence, confirming not so much the lesser need of these persons as much as the fact that recruitments are primarily carried out as fixed-length contracts even if the expiration is provided for upon renewal (perhaps registered late in the INAIL archive).

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: territorial areas (2003-2004)

	2003				2004			
	Recruitments	Terminations	Balances	Incidence B/R	Recruitments	Terminations	Balances	Incidence B/R
Northwest	*3,420*	*2,061*	*1,359*	*39.7*	*3,768*	*2,623*	*1,145*	*30.4*
Northeast	*3,090*	*1,835*	*1,255*	*40.6*	*3,332*	*1,955*	*1,377*	*41.3*
North	6,510	3,896	2,614	40.2	7,100	4,578	2,522	35.5
Centre	1,571	895	676	43.0	1,895	1,110	785	41.4
South	500	383	117	23.4	599	405	194	32.4
Islands	164	125	39	23.8	204	121	83	40.7
Not Attributed	125	49	76	60.8	152	79	73	48.0
Not Divided	1,886	1,429	457	24.2	2,979	2,038	941	31.6
ITALY	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

The INAIL archive of registered insured workers also makes it possible to identify **the areas of origin for foreign workers employed in the private healthcare sector**: half are European (amongst these, one thousand are from the new member states of the EU), more than 3,000 are American, 2,000 are African and much less than 1,000 are Asian. In terms of the country of origin, almost one-fifth of new recruits were from Romania (2,392), which was followed by Peru (1,100 recruits), Poland (892), Albania (757) and Morocco (742).

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: continents of origin. (2003-2004)

	2003				2004			
	Recruitments	Terminations	Balances	Incidence B/R	Recruitments	Terminations	Balances	Incidence B/R
New EU members	*796*	*421*	*375*	*47.1*	*1,037*	*619*	*418*	*40.3*
Other European Countries	*4,396*	*2,463*	*1,933*	*44.0*	*5,485*	*3,382*	*2,103*	*38.3*
Europe	5,192	2,884	2,308	44.5	6,522	4,001	2,521	38.7
Africa	1,843	1,426	417	22.6	2,195	1,551	644	29.3
Asia	708	483	225	31.8	767	557	210	27.4
America	2,955	1,950	1,005	34.0	3,389	2,190	1,199	35.4
Oceania	58	34	24	41.4	57	33	24	42.1
Total	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

Every year **Unioncamere** uses the **Excelsior study**, conducted in collaboration with the Ministry of Labour, to estimate **the need of new recruits by private Italian enterprises**.[30] For 2005, the Excelsior estimate was 30,410 persons, which was a significant increase with respect to the previous two years (24,519 in 2003 and 21,910 in 2004). Doctors (360) were one-fourth of the number of pharmacists (1,250), who surpassed physical therapists (1,380). The latter were, in turn, bypassed by nurses (4,230).

For 2004 there are disaggregate data on recruitments by Unioncamere, which we provide hear to offer a greater understanding of the sector.

In the healthcare sector and private healthcare services for 2004 there was a balance of 5,490 units compared to 25,530 incoming ones (approximately 1 balance for every 5 recruitments), almost equally divided between unskilled and skilled personnel.

The balances were divided primarily amongst Lombardy (1,147), Emilia Romagna (753), Campania (523), Lazio (518) and Piedmont and Veneto (each region with more than 400 units).

For these recruitments young persons between the ages of 25 and 30 were requested. Two-thirds of the contracts were open-ended, whereas one-fifth were part time contracts.

A total of 27.3% of the recruitments were women, 6.8% were men and 65.9% were for both sexes, who were judged to be equally suited (for nurses the opportunity to hire personnel of both sexes is 86.9%).

Almost half of these recruitments were considered difficult to find, especially since the requested professional figure was not greatly available. Moreover, the sector of healthcare and private healthcare services are fields that require one of the highest levels of education (university, secondary or professional schools). In four-fifths of the cases previous experience was requested, be it general or limited to one year (this was sufficient in 52% of the cases).

In the sector of healthcare and private healthcare services half of enterprises carried out personnel training course either internally or externally (with regard to 2003), but less than one-third of all personnel was able to take advantage of the opportunity (29.2%).

It is expected that 4,945 nurses will be hired in 2004 and in three-quarters of the cases they will be difficult to find. This difficulty is attenuated (one out of three cases) for other specialists in the health sciences field (1,229), such as physicians (338) and pharmacists (888). The other professional figures that are most requested are socio-healthcare aides at institutions and at home (9,410 and 1,740 respectively) and physical therapists and other similar occupations (1,450).

Overall, in the sector of healthcare and private healthcare service, there were 11,003 high and medium specialisation figures that companies planned to hire in 2004 (the need rose to 14,270 in 2005).

The recruitment of non-EU workers for 2004 ranged from a minimum of 4,915 to a maximum of 10,948: in the former case 19.4%, in the latter case 43.2% of the total expected recruitments. These workers were so necessary that in a third of the cases they were sometimes hired regardless of whether they had specific experience.

[30] Unioncamere (Italian Union Chambers of Commerce) – Ministry of Labour Excelsior System, *Il lavoro che ci aspetta, Progetto Excelsior 2005, Le figure professionali richieste dalle imprese*, Rome, 2005.

ITALY. Need for new recruitments in the healthcare sector and for private healthcare services (2003-2005)

		2003	%	2004	%	2005	%	Var. 2004-05
Healthcare Science Specialists (except nursing assistance)	Doctors	258	1.1	340	1.6	360	1.2	59
	Pharmacists	970	4.0	890	4.1	1.250	4.1	40.4
	tot	**1,228**	**5.0**	**1,230**	**5.6**	**1.610**	**5.3**	**30.9**
Paramedic Technicians (except nursing assistance)	Healthcare assistants	3,036	124	60	0.3	60	0.2	0.0
	Physical Therapists and similar	1,325	5.4	1,450	6.6	1.380	45	-4.8
	Paramedic Technicians	876	36	90	0.4	70	0.2	-22.2
	Other professions	-	-	280	1.3	330	11	17.9
	tot	**5,237**	**21.4**	**1,880**	**8.6**	**1.840**	**6.1**	**-21**
Professional Nurses and Midwives	Professional nurses	4,677	19.1	4,860	22.2	4.230	13.9	-13.0
	Other professions	5	0.0	90	0.4	-	-	-
	tot	**4,682**	**19.1**	**4,950**	**22.6**	**4,230**	**13.9**	**-14.5**
Social Workers	**tot**	**1,497**	**6.1**	**2,700**	**12.3**	**8,460**	**27.8**	**213.3**
Other aid workers	Socio-healthcare aids at institutions	9,377	38.2	9,410	42.9	12,050	39.6	28.1
	Socio-healthcare aids at home	2,498	10.2	1,740	7.9	2,220	7.3	27.6
	tot	**11,875**	**48.4**	**11,150**	**50.9**	**14,270**	**46.9**	**28.0**
TOTAL		**24,519**	**100.0**	**21,910**	**100.0**	**30,410**	**100.0**	**38.8**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from Unioncamere – Ministry of Labour Excelsior Information System data.

The number of recruitments is only available for 2003 (almost 11,000) and 2004 (13,000), whereas for 2005 only forecasted recruitment data are available.

In light of this legitimate comparison it appears evident that additional health sector manpower is destined to grow and increasingly involve non-EU workers, if one considers that every year more than half of the positions offered remain unfilled.

a) Foreign Nurses

According to the Statistical Office of the Ministry of Education, University and Research (MIUR), in 2004/2005 there were 9,400 **graduates in nursing sciences** in Italy (see the tables in the Statistical Appendix). In 2005 the physiological turnover of these workers in the case of satisfactory offerings is 15,265 positions according to the estimate provided by the Regions or 17,200 according to the IPASVI. There were approximately 11,000 **enrolled students**, which is a slight increase with respect to previous years, confirming employment opportunities in this sector, in which newly graduated students generally find work within three months from the termination of their degrees. The 2005 annual study conducted by the inter-university consortium Alma Laurea one year post-graduation, showed that 97% of graduates were employed as nurses or midwives with respect to 77% of graduates in Medicine and Surgery.[31]

Nevertheless, approximately 14.5% of the spaces available at Italian nursing schools are not utilised due to the lack of enrolments, a percentage that decreases to 7.3% in Southern Italy. A total of 71% of enrolled students are women, who are, on average, 22.6 years old and their numbrs are slightly but constantly increasing. The most widespread degree is the diploma received at technical institutes (31.0%), followed by secondary schools with an emphasis on the humanities (27.9%) and professional institutes (15.6%).[32]

Immigrant nurses, who are not subject to annual quotas and thereby have an easier time entering the country, must receive **recognition of their degrees**, which lengthens the amount of time needed for this procedure. EC citizens, on the other hand, need only receive the *nulla osta* from the Ministry of Health. The recognition of degree equivalency for foreign nurses, which is

[31] Alma Laurea, *Condizione Occupazionale dei Laureati 2005. VIII Indagine*, Bologna, 2006.

[32] IPASVI, *Laurea specialistica in Scienze infermieristiche: i candidati, gli ammessi e le prove. Rapporto 2004-2005.* Rome, 2006.

carried out by the National Commission of the Ministry of Health, opens the way to registration with the IPASVI College in the location in which the immigrant works or resides, but only under the condition that he/she has passed an exam on ethics and professional regulations as well as an Italian language test (the latter is not mandatory for EC citizens).

The method for registering oneself with the College can vary from province to province, a practice that can create disorientation for work agencies, which in the 2005 OASI report denounced the obstructionism of some offices.[33]

According to **IPASVI data**, during the three year period between 2002-2005 foreign nurses in Italy increased by 4,118 units, rising from 2,612 to 6,730. In 2005 69% of this group was from countries on the European continent (30% from new Community countries and 39% Europeans from non-EU countries). The rest of the group of non-Italian nurses was made up of Americans (12.5%, mostly from South America), Asians (12.2%), and Africans (6.6%), with the remaining 0.4% coming from Oceania. The incidence of Europeans remained more or less the same (however, the incidence of non-EC nurses decreased following the extension of the EU to the new Member States), whereas the incidence of Asians and the incidence of Africans increased (but not in absolute values). The most significant variations were in nurses from the EU, thanks to the integration of the new member countries, and from Oceania, although the data for the latter group is insignificant in terms of size.

ITALY. Foreign nurses: continents of origin (2002 and 2005)

	2002	%	2005	%	Variat. % 2002-05
EU	*16*	*0.6*	*1,989*	*29.6*	*12,331.3*
Non-Community Europe	*1,821*	*69.7*	*2,616*	*38.9*	*43.7*
Europe	1,837	70.3	4,605	68.5	150.68
Africa	366	14.0	443	6.6	21.0
Asia	105	4.0	820	12.2	681.0
America	302	11.6	838	12.5	177.5
Oceania	2	0.1	24	0.4	1,100.0
Tot. non-Community nurses	**2,596**	**99.4**	**4,741**	**70.4**	**82.6**
Total nurses	**2,612**	**100.0**	**6,730**	**100.0**	**157.7**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from 2002 and 2005 IPASVI data

According to IPASVI data for 2002, foreign nurses came primarily from Romania (37.2%), Poland (16.3%) and Tunisia (12.7%). Countries providing less than 8% of the total were Peru (7.8%), Albania (5.3%), India (3.4%), Croatia (2.9%) and Serbia-Montenegro (2.8%). Bosnia-Herzegovina and Cuba were less important but still present with 1.8% and 1.2% respectively.

ITALY. Foreign nurses: countries of origin (2002)

	a.v.	**%**
Romania	971	37.2
Poland	427	16.3
Tunisia	331	12.7
Peru	205	7.8
Albania	138	5.3
India	90	3.4
Croatia	76	2.9
Serbia-Montenegro	74	2.8
Bosnia-Herzegovina	45	1.8
Cuba	30	1.2
Total	**2,612**	**100.0**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from 2002 IPASVI data.

[33] Cergas Bocconi, *Rapporto OASI 2005. L'aziendalizzazione della Sanità in Italia*, Egea, Milan, 2005.

Nevertheless, according to the IPASVI, in Italy there are already 20,000 foreign nurses active at hospitals, hospices and nursing homes. The most pressing requests for the recruitment of new nurses are from private clinics, rest homes and institutions for the elderly and disabled persons who are not self-sufficient. In the past year approximately 8/9,000 non-EU nurses received equivalency. They were primarily from Peru, Colombia, Brazil, Romania, Bulgaria, and Albania.

At least 8,000 foreign nurses are active in the regions of the North, where the emergency is greater. Numbers vary from facility to facility. At hospitals in big metropolises like Turin, the percentage of immigrant nurses may be as high as 60% of the total depending on the facility. At Ospedale Maggiore in Trieste, 10% of the staff is foreign, primarily from nearby Slovenia and the other republics of the former Yugoslavian state. From Florence on down the percentages are lower, whereas in the autonomous regions of Val d'Aosta and Trentino Alto Adige the languages of French and German are requested respectively.

Even the private hospital sector, as the association AIOP has indicated, has resorted to the use of non-EU and EU nurses since 2001 by working in collaboration with the Ministry of Health and the Ministry of Labour on the Eures Project. Between 2001 and 2004 the AIOP placed 700 foreign nurses at private hospitals alone. A total of 440 of these nurses were associated with the Italian-Spanish project signed in Madrid on June 23, 2003 and 250 of them were placed through the Tunisia Cooperation Government Agency (Agenzia Governativa di Cooperazione Tunisina) with the support of the Italian Embassy in Tunisia. A new project is being completed with the Eures network in Finland.[34]

Also playing an important role in the health sector are the Assistance Workers within the Hospitals (Operatori Tecnici dell'Assistenza presso gli Ospedali-OTA). Usually they are nurses in their countries of origin, while in Italy are recruited as workers supporting nurses in the assistance activities, without a real official recognition of their qualifications.

Recruitment procedures

Law no. 30 of February 14, 2003 (the Biagi Law) entrusts **recruitment to temporary employment agencies**, which are able to operate directly abroad. It is estimated that for the nursing sector the turnover of these temporary employment agencies may reach 300 million euros per year, based on the need of 40,000 employees,[35] since in exchange for completing the paperwork to obtain degree equivalency and the search for lodgings, these agencies require 20-25% of the gross monthly salary of nurses.[36]

One of the first experiences was with the temporary employment agency ALI, which by 2004 had already stipulated agreements in Hungary with approximately fifteen professional Magyar schools to offer a scholarship for training and the selection of nursing personnel for a total value of 3,500 euros pro capita, with a transfer bonus included.[37]

Currently, according to the 2005 OASI Report, there are eight employment agencies active in the nursing sector (Adecco Italia, ALI, Archimede, Ge.Vi., La Dominus, Obiettivo Lavoro, Quanta, and Temporary). Of these, six administer foreign personnel exclusively, investing directly in international recruitment.[38] Generally, their activities are supported with specialised branches, or they utilise help wanted adverts and word-of-mouth. In most cases they offer language and training courses, both before and after departure, and lodging assistance services directly in the country of employment.

[34] Mondo salute, no. 2, April 2004, pgs. 52-53.
[35] Ires-Cgil, *Quarto Rapporto sull'immigrazione*, Ediesse, Rome, 2006.
[36] Il Mondo, 9 September 2005, pg. 29.
[37] Il Sole 24 Ore, 1 December 2004.
[38] Cergas Bocconi, *Rapporto OASI 2005. L'aziendalizzazione della Sanità in Italia*, Egea, Milan, 2005.

It seems that private and public institutions look to agencies to rectify the shortage of local nursing personnel with foreign workers. In the public sector this occurs in order to circumvent the limits established for recruitments or to resolve serious temporary personnel shortages.

Operating on the market are **cooperatives** that have been created in part by foreign nurses in Italy or by associated professional studios, which instead of administering personnel manage services (*outsourcing*).

These cooperatives provide the salaries granted by private and public contracts for professional nurses. However, of abuse, wherein immigrants receive worse payments from the cooperatives with respect to their colleagues hired directly by the hospitals, are not unusual.[39] This situation has been denounced by the Foreign Nurses Association (Associazione Stranieri Infermieri) in Italy.[40]

During the recent renewal of the private contract the percentage of nursing personnel hired with fixed-term contracts was brought to 40% of the contingent of open-ended contract workers for the clear purpose of promoting new recruitments. Moreover, the IPASVI and the Ministry of Health are promoting selection strategies in the countries of origin, especially in North Africa and Latin America, in collaboration with administration agencies, although an exam is still administered by a commission made up of representatives of the Order and the Ministry of Health.[41] The Province of Parma, for example, is collaborating with the local hospital and the IPASVI College to sign an agreement with the University of Babes-Bolyai in Cluj-Napoca (Romania) and with the local Italian Culture Centre to facilitate the employment of professional nurses. In 2003 an integrative course for professional nurses with university degrees was instituted at the University in Cluj-Napoca in order to provide specific preparation in terms of language, healthcare legislation, and the code of ethics for Italian medicine. Starting in 2005 the IIC of Cluj-Napoca was placed in charge of language training for nursing personnel with a university degree who planned to work at one of the healthcare facilities in the Province of Parma. In 2005, twenty-six Romanian nurses were hired by healthcare facilities in Parma, whereas in 2006 another forty should arrive.[42]

Despite the worrisome shortage of nurses, at the local level a sort of "work protectionism" exists in defence of Italian nurses. The Regional Health Councillorship of the Veneto Region was sued for this reason.[43] On the contrary, a quota of autochthonous nurses, although minor, promotes the recruitment of foreign nurses and health workers, in order to support the process of internationalization of the personnel working in the public and private health institutions.

From many areas well-founded doubts and misgivings have been raised regarding training, linguistic skills and ministerial degree recognition.[44] Undoubtedly, the question of linguistic skills, which is fundamental for communicating adequately with patients, doctors and the team of caregivers, cannot be resolved with an accelerated course in Italian prior to departure. In this regard, we should mention the experience of 60 Polish nurses who were hired by the AUSL of Modena in 2001. In response to the competition of the public institution, a part of the group took advantage of admission through sponsorisation (which was abolished right afterward with law no. 189/2002) and concluded their paperwork for degree recognition and attended language courses in Italy directly.[45]

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[39] There are increasing more journalistic investigations of this subject: to cite just the most recent articles see: Panorama, 25 August 2005, pg. 59; La Stampa, 3 January 2006, pg. 39; Il Manifesto, 7 February 2006; Metropoli. Supplement of Repubblica, 26 February, 2006, pg. 7. Even the television media has shown itself to be very interested in this theme: for example, in January 2006 the RAI public television network broadcast the anonymous testimony of a Romanian nurse who was a victim of the illegal hiring of nurses for low wages through an agent (TG3 Shukran).

[40] Redattore Sociale, 26 October 2004.

[41] Il Sole 24 Ore, 4 July 2005.

[42] L'Informazione, 21 February 2006, pg. 17.

[43] Corriere del Veneto, 18 February 2006, pg. 1.

[44] Il Giornale, 22 June 2005. pg. 23.

[45] Il Nuovo, 26 June 2001.

The experience of the autonomous Friuli Venezia Giulia Region, reported in an OECD study on bilateral work agreements, testifies to the trend of highly specialised Romanian nurses to accept jobs as general nurses in order to guarantee themselves an opportunity to work abroad. In this situation it has emerged that there is an enormous difference in the salary of an expert nurse with 15 years of experience in her homeland with respect to one who has just started her first job in Italy: the latter earns 10 times as much and is able to save the money needed to buy a new house in Romania in a short amount of time.[46]

As far as regards **the salaries of immigrants**, regular recruits are given a private or public contract salary for professional nurses. In the National Collective Work Contracts (Contratti Collettivi Nazionali del Lavoro - CCNL) of the public and private healthcare sectors, nurses are defined as *personnel with a university degree*, whereas in "social cooperation"[47] contracts (to which social enterprises that operate within the public and private institutions of the National Healthcare Service are subject) nurses are not considered as part of personnel with a university degree.

"Social cooperation" contracts offer less advantageous economic and regulatory conditions. A total of 90% of social cooperation takes place in the socio-welfare sector and has a hegemonic position on this market, since it offers services at lower costs with respect to the CCNL.

According to a study by the IRES CGIL, nurses who are employed by cooperatives work longer hours (165 hours compared to 156), receive lower pay, and often do not have the right to any type of bonuses (for night time and holiday shifts, for home care, SerT[48] bonus, etc.) with respect to their colleagues who work directly for healthcare facilities (so-called structured facilities).

In the North salaries are 20-25% lower on average with respect to structured facilities and elsewhere even more than 42%. In addition, salaries for nurses who work for cooperatives are not uniform throughout Italy. In Rome the rate for cooperative workers is very low (approximately 7-8 euros per hour compared to 8-10 in Northern Italy).[49]

The first job for a foreign nurse generally pays a net monthly salary of approximately 1,100 euros, which with the shift and ward bonus (approximately 5 euros per day) can be a few hundred dollars more per month. For socio-healthcare workers, who are not required to have a secondary school degree since they are hired as general workers, the salary is between 900 and 1,050 euros.

[46] Barbin Jean Gabriel, *Recruitment of nurses in Romania by the Friuli Venezia Giulia region in Italy*, in OECD, *Migration for Employment. Bilateral agreements at a crossroads*, OECD, Paris, 2004, pgs. 215-216.
[47] Law no. 381 of November 8, 1991 (in Official Gazette no. 23 of December 3, 1991) Regulations of social cooperatives.
[48] Services for drug addiction.
[49] IRES CGIL, *Quarto Rapporto sull'immigrazione*, Ediesse, Rome, 2006 pgs. 61-191.

Gross annual values for specific professional bonus corresponding with twelve monthly salaries

PROFILE	Gross annual value bonus
cleaning attendant – office boy - clerk – specialised aid	---
specialised assistant (former specialised socio-healthcare assistant)	278.89
technical operator – administrative aid – expert administrative aid	---
specialised technical operator – socio-healthcare operator	---
coordinating technical operator	483.40
masseur-physiotherapist – masseur	516.46
nursery nurse	640.41
generic and psychiatric nurse with a year of coursework	764.36
masseur-physiotherapist – expert masseur	516.46
expert nursery nurse	640.41
expert generic and psychiatric nurse with one year of coursework	764.36
administrative assistant - programmer – technical assistant	---
expert specialised technical operator (1)	---
professional healthcare aide (excluding the profiles of the next point) – religious assistant – professional social assistant – professional administrative aide – technical-professional aide	---
professional healthcare aide: a) a) nurse – paediatric nurse – healthcare assistant – midwife; b) b) medical radiology healthcare technician.	 433.82 1,239.50
expert professional healthcare aide (excluding profiles in the next point) – expert professional administrative aide – expert technical-professional aide – expert professional social assistant	---
expert professional healthcare aide: a) a) former professional executive operator; b) b) medical radiology healthcare technician.	 340.86 1,239.50

(1) Except provisions of art. 18, paragraph 6 2002-2005 CCNL (This table replaces table F attached to the National Collective Work Contract – CCNL - of September 20, 2001, regarding the 2nd two-year period of 2000-2001, in accordance with art. 28, paragraph 3 of this contract).

SOURCE: 2002-205 National Collective Work Contract (Contratto Collettivo Nazionale del Lavoro – CCNL)

b) Foreign physicians

The presence of foreign physicians in Italy is characterised primarily by two factors: although their numbers are significant, they tend to increase less as a group than nurses, and, secondly, they are composed primarily by EC citizens or by persons coming from industrialised countries.

Also foreign physician cannot be directly recruited by the public hospitals; therefore, many of them work within these institution as freelances and are paid through a system of attendance fees, although they work within the same hospital for long periods. This procedure is particularly widespread in the private sector, although in the private sector the foreign physicians could be recruited.

According to the **data gathered by the ENPAM, in collaboration with the Provincial Orders**, there are 12,527 foreign surgeons and dentists working in Italy. University graduates in medicine and surgery totalled 10,433 units, those in dentistry 1,294. Those enrolled in both associations totalled 808 units. Women make up 37% (4,753) of the total. The most representative

age range is between 41 and 50 years old, whereas there are 514 men and 112 women over the age over seventy.[50]

ITALY. Foreign physicians: divided by territory of employment (2004)

Region	a.v. physicians	% territorial division	% of total residents
Northwest	3,338	26.6	34.0
Northeast	3,248	25.9	25.3
Centre	3,437	27.4	27.1
South	1,668	13.3	9.9
Islands	836	6.7	3.7
Total	**12,527**	**100.0**	**100.0**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from ENPAM and Ministry of the Interior data.

Half of foreign physicians registered with the Order are concentrated in four **regions**: Lazio and Lombardy with a little more than 2,000 physicians, followed by Veneto and Emilia Romagna with a little more than 1,200. At the level of capitals Rome and Milan lead the list and have 1,855 and 1,035 physicians each respectively.

One out of two foreign physicians come from Europe (47.8%), with a preponderance of physicians from EC and new EC countries (30.6%). They are followed by physicians from America (20.1%), Asia (18.6%) and Africa (12.7%). Compared to the percentage of residents, EC citizens and Americans have the greatest incidence by presence of physicians. Separating **the data at the level of countries of origin**, the list is led by Germany (1,034), followed by Switzerland (760), Iran (713), France (649), Greece (646) and the United States (602). Physicians from Venezuela and Argentina are lesser in number but there are 500 in total, whereas physicians from the former Yugoslavia and Romania total 437 and 389 units respectively.

ITALY. Foreign physicians: continental areas of origin (2004)

	a.v.	%	% Residents 2004
EU 25	3,829	30.6	47.3
Rest of Europe	2,149	17.2	
Africa	1,590	12.7	17.2
Asia	2,328	18.6	18.6
America	2,524	20.1	20.1
Oceania	107	0.9	0.9
Total	**12,527**	**100.0**	**100.0**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from ENPAM and Ministry of the Interior data

Comparing the data on foreign residents as of 31-12-2004 with the foreign physicians operating in Italy as of the same date, it can be seen that the Northeast and the Centre have approximately the same percentage of residents and physicians. The Northwest has a lower share of physicians with respect to residences (-7.4 percentage points) and the South and the Islands have a higher share of physicians (each area has 3 percentage points more). The regions with a margin of at least 2 percentage points more of physicians compared to residents are: Trentino Alto Adige, Lazio, Abruzzo and Sicily. It is difficult with the current state of things to interpret these differences, indicating that more detailed studies must be conducted on the various territorial situations. It would be interesting to evaluate the influence of the existence in the territory of specialized universities and of foreign communities, motivating the youngest migrants to choose these type of studies.

ITALY. Foreign physicians: countries of origin (2004)

[50] Perelli Marco Ercolini, *I medici stranieri in Italia*, in: http://www.assimedici.it/espertorisponde.htm .

	a.v. physicians	% territorial breakdown	estimate residents
Germany	1,034	8.3	47,191
Switzerland	760	6.1	22,646
Iran	713	5.7	7,851
France	649	5.2	33,705
Greece	646	5.2	8,395
United States	602	4.8	61,322
Venezuela	575	4.6	5,667
Argentina	526	4.2	18,482
Yugoslavia	437	3.5	152,788
Romania	389	3.1	304,067
Total	**12,527**	**100.0**	**2,786,340**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from ENPAM and Ministry of the Interior data.

6. Education, training, qualifications and recognition of degrees[51]

University course in Medicine

The **university course in Medicine and Surgery** lasts six years and concludes with an exam that includes the discussion of a graduation thesis.[52] To work as a physician, candidates must receive their license by taking a state exam. After receiving a university degree in Medicine and Surgery it is possible to specialise at one of **the Schools of Specialisation in Medicine** (Scuole di Specializzazione in Medicina - SSM), which are divided into 53 specific areas.

The schools provide for a programmed number based on the national need of specialist physicians in the various areas according to procedures that are under the Ministry of Education, Universities and Research (MIUR). The coursework for each individual school of specialisation, which generally lasts 4 years, is defined in the didactic regulations of the school, in accordance with EEC regulations, with Legislative Decree no. 257 of August 8, 1991. Admission to a School of Specialisation is based on Ministerial Decree no. 99 of February 25, 2003, which implements art, 36 of Legislative Decree no. 368 of August 17, 1999. Training is carried out at university structures and at authorised hospitals.

To access a school of specialisation a foreign physician must receive a scholarship from an institution recognised by the Ministry of Foreign Affairs or financed by the embassy of his country of origin. For 2004/2005 there were 21 scholarships reserved for specialising foreigners.[53] For 2005/2006, the Ministry of Education, Universities and Research provided the following indications for the admission of foreign physicians at medical Schools of Specialisation for the 2005/2006 academic year:

- Community physicians access the Schools of Specialisation under the same conditions (competition) and with the same requisites of Italian citizens (university degree and professional qualification);
- physicians who are refugees are on an equal basis with EC citizens;
- physician foreign citizens coming from Developing Countries participate in the admission competition for medical Schools of Specialisation for excess spots, once the receptive abilities of university structures have been verified (Legislative Decree no. 386/99, art. 35, last

[51] The data reported here are from the website of the Ministry of Health: www.ministerosalute.it.

[52] It should be recalled that directive 93/16/EC established six years of university training for physicians and three for nurses.

[53] MIUR, decree of February 9, 2005 regarding the assignment to the Universities of the scholarships for the admission of physicians to Schools of Specialisation in the 2004/2005 academic year.

paragraph) and on the basis of the assignment of scholarships of the Ministry of Foreign Affairs (Law. no. 49/87);

- non-EU physicians are admitted to the competition on an equal basis with Italians if: they possess a residence card or residence permit for subordinate or autonomous work, for family reasons, for political or humanitarian asylum, or for religious reasons; possess a university degree and Italian qualification or recognition of a degree completed abroad.

University degree in Nursing

Nursing schools date back to Royal Decree no. 1832 of August 15, 1925. They were only renewed with law 341 of November 19, 1990, which reformed the university degree course programme from first level university degree to Nursing Sciences. Legislative decree no. 502/1992 and subsequent modifications sanctioned the definitive passage to university training, for which the granted degree is qualified as a "university diploma".

Currently, to become a nurse it is necessary to follow **a three-year university course**. The degree course programme is defined by national regulations (Inter-ministerial Decree of April 2, 2001 *Determination of the university degree classes for healthcare professions,* published in O.S. no. 136 of Official Gazette no. 128 of June 5, 2001), but they can be modified by universities for up to a third of the standard programme. These modifications are limited to the addition or removal of some subjects in the various scientific-regulations sectors and are closely connected to healthcare needs and the local market and the organisation of the individual curriculum. The flexibility of the programme makes it possible to train nursing personnel in a way that responds better to the needs and local problems of the Regional Healthcare Service.

As it has already been noted, persons who receive a university degree in this subject area can work at public and private healthcare facilities as well as offer assistance at home either as a subordinate or freelance worker. Once the university degree has been completed, it is possible to continue with permanent training initiatives or enrol in a first level master's programme or specialist degree.

The master's degree makes it possible to acquire clinical, organisational, didactic/training or research university training credits. EEC regulations have already regulated post-basic clinical-assistance training to be guaranteed at the European level, accepting as nursing "specialisations" postgraduate and master's courses in Psychiatric, Geriatric, Community Medicine and Paediatrics. In many universities there are first level master's degrees for administration and management and coordination.

In 2004 a specialised university course was created for the healthcare professions (soon after called “magisterial” due to Ministerial Decree no. 270 of 2004), which in the 2004/05 academic year involved 15 institutions for a total of 578 students.

The specialised university degree in nursing sciences provides the bases for developing the ability to analyse needs, to plan, to programme as well as to manage interventions, evaluate and carry out research at an elevated level within clinical-assistance contexts,. The range of positions and skills that one acquires with the specialist degree are numerous and vary, including: the direction of nursing services to the coordination of a ward or complex unit, or a team, case management, the coordination of staff refresher courses and permanent training, and the role of trainer, teacher and tutor.

In February 2006 the Cultural and Social Affairs Commission (Commissione Cultura e Affari Sociali) of the Chamber of Deputies voted for an important resolution with which the Government is responsible for completely satisfying training needs through so-called "long-distance learning", which, nevertheless, does not replace training, as the IPASVI has pointed out.[54] On February 10, 2006 a **Technical Table** was established to find a definitive solution to the nursing shortage with representatives of the Ministry of Health, the Ministry of Education-Universities-

[54] Il Sole 24 Ore. Sanità, 14-20 February 2006, pg. 35.

Research, the Conference of the Medical Health Facilities, the Conference of the Regions and the IPASVI Colleges.

New students, registered students, and graduated students of Italian academic institutions[55]

The most updated **data of the Statistical Office of the MIUR** regard new students and registered students for the 2004/2005 academic year and graduated students for the 2003/2004 academic year. In that academic year there were 29,439 new graduates, divided as follows: 6,592 Medicine and Surgery, 9,444 Nursing and Midwife Sciences, 13,403 Physical Therapy, etc. There were 899 newly graduated foreigners, half of whom were new physicians (450), 265 of whom were nurses, and 184 of whom were physical therapists.

As far as regards **Medicine and Surgery**, the schools of the North East (151) and South (100) were the main finishing institutes for the university training of foreign students, especially the University of Bologna (71 new graduates), La Sapienza in Rome (49) and Padua (39). For **Nursing Sciences** the primary institutions were in the North West (119), and the top school was Cattolica in Milan (41), followed by Tor Vergata in Rome (25) and Padua (20). The newly graduated students in **Physical Therapy** or another field, were concentrated in Central Italy (104) and especially in Rome (64 Rome La Sapienza and 16 Rome Tor Vergata).

During the academic year 2004-2005 there have been 258 new graduated coming from Greece, out of 459 registered students in Medicine and Surgery, followed by 26 Israeli, 25 foreigners from Cameroon and 22 from Albania. Among new nurses, the first ones are foreign students from Romania (30 out of 268), Peru (28), Poland (24), India (20), and among new physiotherapists, technicians and others, Israel (65) and Greece (20).

As far as regards registered students, the traditional numbers for the Medicine faculty were confirmed with 4,495 registrations (1,605 with Nursing Sciences and 787 with the other areas, including physical therapy), even if at the level of new students nursing candidates have surpassed future physicians (579 compared to 386).

Almost half of the foreign students enrolled for Medicine and Surgery faculty comes from Greece (2.056 out of 4.495), followed by Albania (690), Israel (436), Cameron (265) and Lebanon (195); the situation of the students enrolled for Nursery Sciences if very different: the first country of origin is Albania (227 out of 1.605), followed by Peru (219), Romania (175), Poland (99), India (95) and Cameron (87). Finally, as regards Physiotherapy, Albanians come first (176 out of 764), before Greeks (110).

The foreign students registered with these faculties are approximately one-fourth of the total of registered students, who have totalled around 30,000 units over the past few years. It is not a very elevated number if one considers that it is lower than the number of Italian students who go abroad for their university training.

ITALY. Foreign students according to university degrees (academic year 2004-2005)

Continental areas of origin	**Medicine**			**Nursing sciences and Obstetrics**			**Physiotherapy, Technicians and others**		
	Matriculate	**Registered student**	**Graduated**	**Matriculate**	**Registered student**	**Graduated**	**Matriculate**	**Registered student**	**Graduated**
European Union	*19*	*2,230*	*282*	*65*	*184*	*44*	*24*	*185*	*32*
Centre-East Europe	*146*	*896*	*62*	*207*	*523*	*63*	*74*	*268*	*21*
Other EU Countries	*15*	*92*	*15*	*18*	*45*	*19*	*8*	*41*	*11*
Europe	**180**	**3,218**	**359**	**290**	**752**	**126**	**106**	**494**	**64**
North Africa	*3*	*40*	*1*	*17*	*52*	*12*	*7*	*17*	*3*
West Africa	*2*	*23*	*1*	*26*	*72*	*19*	*2*	*6*	*0*

[55] Extract by: Ricci Antonio, *Gli studenti stranieri nelle Università italiane: una frequenza a rischio*, in Pfoestl Eva (edited by), *La condizione degli stranieri in Italia*, Istituto di Studi Politici San Pio V, Rome, 2006.

Centre-East Africa	*4*	*65*	*4*	*16*	*39*	*13*	*1*	*10*	*0*
Centre-South Africa	*52*	*292*	*30*	*58*	*136*	*12*	*14*	*29*	*8*
Africa	**61**	**420**	**36**	**117**	**299**	**56**	**24**	**62**	**11**
West Asia	*132*	*690*	*47*	*10*	*32*	*2*	*45*	*114*	*73*
Centre-South Asia	*0*	*18*	*2*	*40*	*107*	*21*	*4*	*11*	*1*
East Asia	*2*	*16*	*0*	*5*	*27*	*4*	*3*	*5*	*1*
Asia	**134**	**724**	**49**	**55**	**166**	**27**	**52**	**130**	**75**
North America	*1*	*40*	*2*	*0*	*9*	*2*	*1*	*7*	*2*
Centre-South America	*10*	*76*	*9*	*135*	*376*	*52*	*21*	*67*	*19*
America	**11**	**116**	**11**	**135**	**385**	**54**	**22**	**74**	**21**
Oceania	**0**	**1**	**0**	**0**	**2**	**1**	**0**	**1**	**1**
Stateless	**0**	**16**	**4**	**0**	**1**	**3**	**0**	**3**	**0**
Not attributed	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
TOTAL	**386**	**4,495**	**459**	**597**	**1,605**	**268**	**204**	**764**	**172**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione on MIUR-URST data.

The Italian university system, especially for these fields, has been made enticing by the closed number in certain faculties both in Greece and in Germany or in other countries and by the interest of the second generations of Italian emigrants as far as regards Switzerland and United States.

However, in the first group, graduates do not seem interested in finding work on the Italian labour market, even though art. 14 of Presidential Decree 334/2004 regulates the conversion of the resident permit upon the completion of one's studies.

There are also students from countries upset by civil wars or continual human rights violations (for example, the Republics of former Yugoslavia or especially Iran since the beginning of the 1980's).

Since the 1990's there has been a decrease in the number of Asian, African and American university students, and the number of European students has risen dues to the increasing arrival of Albanians.[56]

However, in general **the procedure for receiving a visa and for the preliminary recognition of a degree in one's homeland** also remains difficult. Annually, the Ministry of Foreign Affairs, working in collaboration with the MIUR, emanates a decree that establishes the maximum number of entry visas and residence permits for access to university instruction by non-resident foreign students based on the availability indicated by the academic institutions by December 31st of the current year. For the 2005-2006 academic year, for example, the number of available spots was set at 40,268 units, much greater than estimated flows, which will reach 10,000 new students with difficulty. However, candidates for enrolment must still request a visa from the Italian consulate or embassy in their country specifying just one academic institution and one degree course with the risk of not falling within the quotas although they may be suitable.

Mandatory documentation to be included with the pre-registration application includes the final secondary school degree, corresponding to the 13 years of the Italian school system. The original copy of the degree must be presented and legalised by the competent authorities of one's country. Then it is translated and a declaration of the value is made. Every produced certificate, must be officially translated into Italian by the applicant and confirmed by the diplomatic authority.

The applicant must then demonstrate that he has sufficient means to support himself, or rather 350.57 euros per month, which is a little more than 4,000 euros per year. He must then

[56] Demaio Ginevra, *Gli studenti di cittadinanza estera*, in Caritas-Migrantes, *Dossier Statistico Immigrazione 2005*, IDOS, Rome, 2005, pgs. 169-178.

indicated that he has suitable lodgings, the money needed for repatriation and insurance for medical care and hospitalisation (art.39, Consolidation Act no. 286/1998).

The embassies or consulates verify the requisites for granting the student visa, which is converted into a residence permit in Italy within eight days from entry once all of the economic guarantees and all of the other documentation needed to obtain the visa have been presented.

At this point, prior to registration it is necessary to pass admission tests at the chosen university and language tests. Only those students registered outside of the ministerial quotas are exonerated since they are in possession of the recognised language certificates. In cases where the student is acceptable but does not fall within the quota provided by the department of the University, it is possible to take the same university course on another campus or to request admission to another university course at the same campus or on another campus where there are unassigned vacancies. In addition, the University is responsible for recognising the degrees received in a foreign country and may, therefore, reject the application presented by the foreign student, even though the application has been recognised by diplomatic authorities for the granting of a student visa. Recognition is, however, automatic in cases of specific agreements between Italy and the country that granted the degree.

If, in the meantime, the residence permit has not been obtained, the student is registered with reserve up until December 31st of the same year, although many institutions now in practice immediately accept the registrations of foreign students who only possess the receipt of their request for a residence permit.

The renewal of the residence permit is annual and based on the passing of at least one examination in the first year and two in subsequent years up to a maximum of three years beyond the prescribed time for graduation. If the student is unsuccessful, he must leave the country once the residence permit expires, thereby finishing his university career in Italy.

Exempt from these procedures (except for the recognition of degrees) are EU foreign students, new EU foreign students or their equivalents (from Norway, Iceland, Liechtenstein, Switzerland and San Marino), persons with dual citizenship, foreigners already residing in Italy and recipients of scholarships provided by the Italian Government or the countries of origin for the entire duration of the course of study and within the scope of agreements between Italian universities and interested countries. EU candidates can immediately obtain a residence card but are not required to present it to register for university. As far as regards refugees, Servizio Sociale Internazionale in Rome (International Social Service) acts as an intermediary for the recognition of degrees given the delicacy of their position.

6a. Recognition of academic and specialist professional degrees in the healthcare sector

Practice of healthcare professions

In Italy healthcare professions can be practiced by those who have completed a degree and license abroad and have had them recognised by the Ministry of Health. To this end, it is necessary to fill out a specific form, which also indicates the certificates that need to be presented.

This practice can also be undertaken by foreigners who are not yet in Italy. The recognition of degrees is generally bound to the quotas defined by the flows decree for autonomous or subordinate activities, with the exception, as we have seen, of some groups such as professional nurses as far as regards the healthcare sector.

For those who have acquired their healthcare degree in Italy and plan to practice their profession abroad, the Ministry of Health, following the request of the interested party, grants a certificate of conformity indicating that training meets the requisites of EC directives.

Recognition of healthcare degrees earned abroad

Degrees that can be recognised are those that have been completed by EU and non-EU citizens in the healthcare professions and auxiliary trades, of which there are 28 types.

If the degree has been earned in a "European Union Country", it is possible to request either the right to establishment or the right to the free providing of services.

Right to establishment. Those who possess a professional degree that has been entirely earned in an EC country and plan to stably carry out their healthcare profession in Italy can present an application for the recognition of their degree in order to exercise the right of establishment.

The procedure differs based on the profession. For the professions of surgeon, veterinarian, pharmacist, dentist, nurse and midwife, EC regulations have created the same set of rules for all EU countries, by which the procedure for recognition becomes a control of the regularity of the presented documentation. For all of the other professions, the procedure follows a simpler, standardised criteria.

For non-EU citizens, professional practice in Italy is subordinate to the regulations that govern their entry and stay in the country.

Right to the free providing of services. Sector directives regarding the professions of surgeon, veterinarian, pharmacist, dentist, nurse or midwife also provide for the possibility, exclusively in the case of European Union citizens, of providing occasional professional services without residing definitively in Italy and, therefore, without having to register with an Italian professional roll. To exercise this right, the professional must occasionally notify the Ministry of Health with regard to the facility of employment and the duration of employment.

Those who have completed a degree in a non-EU country must present an application for its recognition in order to receive authorisation to practice in Italy. Even when the degree has been recognised in another European Union country, the procedures used for non-EU degrees are applied, although any additional training and professional activities carried out in an EU country are taken into consideration.

Recognition of the degree for professional nurses

Based on the Circular of the Ministry of Health of April 12, 2000, which deals with the procedure for the recognition of a degree for professional nurses, foreign non-EU citizens who move to Italy for short or long periods in order to practice a healthcare profession must possess a degree that authorises them to do so and it must be recognised by the Ministry of Health. They must also register with the professional roll of the Order or College or, when there is none, with the special list kept by the Ministry of Health. The degree can be presented at the Italian embassy in the country of origin.

It has been seen that Law 189/2002 excluded nurses from the quotas set every year by the flows decree, allowing for recruitments that go beyond the quotas throughout the year. For the **recruitment of foreign nurses**, it is necessary to present an application at the Single Desks for Immigration at the Prefecture, and the authorisation for recruitment will be granted only if the degree is recognised by the Italian state. The formal act of recognising the degree is a decree from the General Director of Human Resources and Healthcare Professions of the Ministry of Health. Various Regions (Calabria, Lazio, Umbria, Campania, Liguria, Veneto, Emilia Romagna, Lombardy, and Valle d'Aosta) and the Autonomous Provinces of Trento and Bolzano have been authorised to autonomously handle the preliminary investigation of degree recognition applications for nurses and medical radiology technicians carried out in non-EU countries, but the Ministry of Health is still responsible for issuing the decree of recognition. In order to practice the profession, the foreign nurse must ask to be registered with the provincial College in her place of work or domicile. Registration with a professional association is subordinate to the passing of an Italian language test and an exam on ethical and professional regulations. To take the exams expenses must be paid by the interested party and the individual Colleges require the paying of a tax (approximately 250 euros). It is possible to take the exam again if it is not passed the first time (see the cited circular of the Ministry of Health of April 12, 2000). The Colleges generally provide candidates with a booklet containing the code of ethics and nursing regulations, but in some local contexts, more is done and Italian language and healthcare legislation courses are organised for foreigners.

7. Other relevant aspects: the healthcare coverage system for foreigners in Italy

The basic healthcare facility

Foreign citizens residing in Italy with a regular residence permit have **the right to healthcare** provided by the National Healthcare Service (Servizio Sanitario Nazionale - SSN) on level with Italian citizens.

To obtain healthcare, foreign citizens must register with the SSN directly at the Local Healthcare Unit Company (Azienda Unità Sanitaria Locale - AUSL) in the area where they live. At the AUSL they can:

- choose a family physician and paediatrician,
- receive medical certificates and requests for examinations and specialist visits,
- request home healthcare,
- receive mandatory vaccinations.

Healthcare card. The healthcare card is a document that demonstrates that a person has registered with the Regional Healthcare System. It is granted by the AUSL. Since November 1, 2004 the European Card for Illness Insurance (Tessera Europea di Assicurazione Malattia – TEAM) has also been in effect. This card makes it possible to take advantage of healthcare services that were previously covered by forms E110, E111, E119 and E128.

There are two types of registration with the healthcare service: mandatory and optional registration.

Mandatory registration with the SSN.[57] Foreigners with residence permits for one of the following reasons must be mandatory registered with the National Healthcare Service:

- subordinate work,
- autonomous work,
- family reasons,
- asylum (in accordance with the Geneva Convention),
- humanitarian reasons,
- asylum seekers (in accordance with the Geneva Convention),
- awaiting adoption,
- awaiting foster care,
- awaiting the attainment of citizenship,

Dependent family members also have the right to healthcare.

One has the right to register with the SSN even when renewing a residence permit.

Moreover, starting from January 1, 2000 all foreign prisoners have the right to be registered with the SSN for the period of detention, be they regularly residing or illegal, and they do not have to pay medical charges. Prisoners in a state of semi-freedom are also registered as well as those persons who are subjected to alternative methods of punishment.

Voluntary registration with the SSN.[58] Foreign citizens who are not in one of categories in which registration is mandatory must, nevertheless, insure themselves against the risk of illness and accidents, and to this end, they can choose to stipulate a healthcare policy with an insurance company or register with the SSN.

Foreigners who cannot register with the SSN.[59] Foreign citizens with a residence permit of less than three months are required to stipulate a private insurance policy against the risk of illness and accidents. Therefore, they can access services provided by the SSN by paying the relative rates determined by the Regions and Autonomous Provinces in accordance with article 8, paragraphs 5 and 7 of Legislative Decree no. 502 of December 30, 1992.

If there is an agreement between the country of origin of the foreign citizen and Italy that provides for the reciprocal recognition of healthcare assistance, the foreigner can use the healthcare

[57] Art. 33, cc. 1,2 Leg. Decree 286/98; art. 42, cc. 1,2,3,4 Pres. Decree 394/99.
[58] Art. 34, cc.3,4,6,6,7 Leg. Decree 286/98; art. 42, cc. 5,6 Pres. Decree 394/99.
[59] Art. 35, cc.1,2 Leg. Decree 286/98; art. 43, c.1 Pres. Decree 394/99.

service by paying the medical charges for the requested service just like persons who are registered with the SSN. In these cases, the foreign citizen must show the specific form provided by the competent healthcare authority in his country before receiving the service.

Costs. To register with the SSN a payment of 388.00 euros must be made. Those who pay the taxes through their income-tax return do not need to pay a specific contribution since the quota due to the SSN is included in their taxes. Foreign citizens residing for study reasons must, however, pay a minor contribution of 149.77 euros. Foreign au pairs must pay 219.49 euros. For students and au pairs it is possible to extend healthcare assistance to dependent family members, paying the full quota of 388.00 euros.

Registration with the SSN is free if the foreign citizen:

- is unemployed with a residence permit and registered with the employment rolls;
- is a refugee with a regular certificate attesting to his status as a refugee and asylum seeker;
- is married and dependent on an Italian citizen;
- is a minor with a parent residing in Italy who belongs to one of the aforementioned categories.

Illegal foreigners.[60] Foreigners who are not in line with the entry and residence laws of Italy have the right to outpatient clinic care and urgent or essential hospital care, even if ongoing, for illness or an accident at public or authorised facilities. To receive medical care it is necessary to ask for a 18 types code called STP (straniero temporaneamente presente – temporarily present foreigner) at an AUSL. It is valid for six months but can be renewed. To receive the STP it is not necessary to exhibit a document of identification. The foreigner needs to merely declare basic details.

Access to healthcare facilities cannot require notification to public authorities except in the most serious cases in which a report is mandatory as it is for Italian citizens. For example, reports are made for reasons of public order or if healthcare service has been made necessary in relation to crimes (for example, weapon wound).

With the STP card immigrants have the right to basic healthcare and outpatient or urgent hospital care both at public and accredited facilities. More specifically, they have the right to the following services:

a) urgent or essential outpatient and hospital care, even if ongoing, for illness or accidents. By “urgent care” it is meant care that can not be postponed without danger to one's life or person. By “essential care” it is meant healthcare and diagnostic and therapeutic care regarding pathologies that are not immediately dangerous or dangerous in the short term but which over time could create greater damage to one's health or cause complications or problems;

b) preventive medicine interventions and care related to them, to protect the health of an individual or the collective whole. For example, the protection of a pregnancy or maternity, the protection of the health of a minor, vaccinations, international preventive treatment interventions, the diagnosis and care of infective diseases, the prevention, care and rehabilitation of addictions.

Family Clinics. Family clinics, which are in operation at every AUSL, are held by law to provide free assistance and can be directly accessed without a medical request for a service. At the clinics assistance and information is provided with regard to substance addiction, mental illness, and the protection of maternity and childhood. Vaccinations, preventive controls and other services are offered.

Family clinics must also assist all pregnant women, even those without a residence permit, free of charge as well as their children until they become adults. These clinics provides services to help keep women healthy in general, not just in the case of pregnancy or the abortion of a pregnancy, but in other areas as well, such as gynaecological assistance, the prevention and diagnosis of tumours of the female genitalia, family mediation, information on adoptions and foster care, vaccinations for German measles for women in their fertile years and more.

[60] Art. 35 Legis. Decree 286/98; art. 43 Pres. Decree 394/99.

Pregnancy healthcare. Complete healthcare is provided to pregnant women, who, therefore, have the right to be exempt from paying medical charges for all diagnostic and laboratory tests and for all specialist services that serve to protect the pregnancy. Italian law also allows women to have an abortion within 90 days from conception. Once 90 days have passed, the pregnancy can be aborted only if the woman's life is in danger or if the unborn child has deformities that endanger the physical or mental health of the mother. To abort a pregnancy a woman needs the assistance of a physician, a family clinic or an AUSL.

7.a Hospitalisation of foreigners in Italy[61]

In 2003 a total of 401,069 **foreigners** were **hospitalised**, which is a 41.2% increase with respect to 2000. In the same period, legally residing foreigners increased 59%. As far as regards **the origin of the patients**, we find Romanians at the top of the list with approximately 40,000 hospitalisations, followed closely by Albanians and Moroccans. Ecuador has doubled with respect to 2000, reaching fourth place with 13,600 hospitalisations, followed by Ukraine with more than 12,000 hospitalisations, and then China, Serbia and Montenegro, Tunisia, Peru and Nigeria.

The trend regarding hospitalisations does not follow the one of the residing foreigners, both concerning gender and nationalities.

The greatest percentage of hospitalisations regarded women (62% at regular hospitals and 71% at day hospitals) and the most recurring reasons were childbirth and pregnancy. Amongst men, the most frequent cause of hospitalisation was tied to traumas, as it has been in the past (in 2003 there were approximately 17,500 hospitalisations, or rather 26%, compared to 23% in 2000), and digestive illnesses (more than 9,200 hospitalisations, from 12% to 14%).[62]

In summary, immigrants seek out hospital assistance primarily in response to physiological events (pregnancies) or accidents (traumas), which may indicate that immigrants enjoy a satisfactory level of health.

The increase in hospitalisations for reasons connected to degenerative and cardiac diseases and chemotherapy, is contained but indicates a change in the current health profile of immigrants over the medium- to long-term period. This shift may be caused by lifestyle changes with respect to their countries of origin, the different socio-demographic characterisation of the new immigrant flows and the progressive aging of this population.

[61] Section from: Salvatore Geraci, *La sfida della medicina delle migrazioni*, in Caritas/Migrantes, *Dossier Statistico Immigrazione 2005*, Idos, Rome, 2005, pgs. 182-188.

[62] The data refer to the hospitalisation of patients in the year of reference and not single individuals. Therefore, it is possible that the same person may have been hospitalised more than once.

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10. Statistical Appendix

ITALY. Foreign students matriculated, registered and graduated: regional breakdown (academic year 2004/2005 – graduated: academic year 2003/2004)

	Medicine			Nursery Sciences and Obstetrics			Physiotherapy, Technicians and others		
	Matriculate	**Registered student**	**Graduated**	**Matriculate**	**Registered student**	**Graduated**	**Matriculate**	**Registered student**	**Graduated**
Piedmont	22	213	26	60	134	23	6	19	1
Liguria	13	114	6	14	49	8	8	41	3
Lombardy	58	611	60	117	357	88	43	126	30
North West	**93**	**938**	**92**	**191**	**540**	**119**	**57**	**186**	**34**
Veneto	26	323	50	82	209	33	24	76	11
Friuli V. G.	12	103	6	3	11	3	2	12	4
Emilia Romagna	89	910	95	103	233	38	20	97	10
North East	**127**	**1,336**	**151**	**188**	**453**	**74**	**46**	**185**	**25**
Toscana	35	331	27	39	122	16	24	89	11
Umbria	18	207	-	6	17	-	8	33	-
Marche	14	100	-	16	33	-	24	7	13
Lazio	51	641	57	134	388	41	1	109	80
Centre	**118**	**1,279**	**84**	**195**	**560**	**57**	**57**	**238**	**104**
Abruzzo	15	308	36	5	11	4	10	51	3
Campania	5	224	46	7	11	8	10	24	8
Puglia	8	200	16	6	15	2	17	60	7
Calabria	7	28	2	-	9	-	1	8	2
South	**35**	**760**	**100**	**18**	**46**	**14**	**38**	**143**	**20**
Sicily	6	126	16	4	4	1	3	7	1
Sardinia	7	56	7	1	2	-	3	5	-
Islands	**13**	**182**	**23**	**5**	**6**	**1**	**6**	**12**	**1**
Italy	**386**	**4,495**	**450**	**597**	**1,605**	**265**	**204**	**764**	**184**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from MIUR-URST data.

ITALY. Foreign students matriculated, registered and graduated: countries of origin (academic year 2004/2005 – graduated: academic year 2003/2004)

Countries of origin	Medicine			Nursery Sciences and Obstetrics			Physiotherapy, Technicians and others		
	Matriculate	Registered student	Graduated	Matriculate	Registered student	Graduated	Matriculate	Registered student	Graduated
Austria	0	3	0	0	0	0	1	4	0
Belgium	0	4	1	1	5	0	1	3	0
Cyprus	1	5	1	0	0	0	0	1	0
Denmark	0	0	0	0	0	1	0	0	0
Estonia	0	0	0	0	0	0	1	2	0
Finland	0	2	0	0	0	0	0	0	0
France	1	33	4	5	12	6	2	11	4
Germany	8	49	6	5	30	8	2	16	2
Greece	3	2,056	258	0	2	1	6	110	20
Latvia	0	1	1	1	1	0	0	0	0
Lithuania	0	1	0	0	1	0	0	0	0
Luxemburg	0	2	0	0	0	0	0	0	0
The Netherlands	0	1	1	2	3	0	0	1	1
Poland	2	20	3	40	99	24	5	19	2
Portugal	1	4	0	0	1	1	0	0	0
United Kingdom	1	4	1	2	3	0	3	8	0
Slovakia	1	4	2	1	4	0	0	1	1
Slovenia	0	23	0	1	1	0	0	1	0
Spain	1	3	0	4	12	2	1	5	0
Sweden	0	2	1	0	0	1	0	1	0
Hungary	0	4	2	0	3	0	2	1	1
European Union	***19***	***2,230***	***282***	***65***	***184***	***44***	***24***	***185***	***32***
Albania	112	690	22	85	227	14	49	176	8
Belarus	0	0	2	0	3	1	2	2	0
Bosnia-Herzegovina	1	5	0	2	2	2	0	3	1
Bulgaria	0	9	4	3	9	6	1	6	0
Croatia	2	40	2	2	10	2	6	16	4
Yugoslavia (Serbia-Montenegro)	7	27	4	5	9	1	1	8	0
Macedonia	0	9	0	2	4	0	0	3	0
Moldavia	3	21	6	16	28	1	0	1	0

Romania	12	50	11	65	175	30	12	35	5
Russia	5	23	9	8	24	5	3	12	3
Turkey	0	2	1	0	0	0	0	0	0
Ukraine	4	20	1	19	32	1	0	6	0
Centre-Eastern Europe	***146***	***896***	***62***	***207***	***523***	***63***	***74***	***268***	***21***
Andorra	1	1	0	0	0	0	0	0	0
Monaco	0	0	0	0	1	0	0	0	0
Norway	0	2	0	2	2	0	0	0	0
San Marino	8	23	7	10	22	7	4	19	5
Switzerland	6	66	8	6	20	12	4	22	6
Other EU Countries	***15***	***92***	***15***	***18***	***45***	***19***	***8***	***41***	***11***
Europe	**180**	**3,218**	**359**	**290**	**752**	**126**	**106**	**494**	**64**
Algeria	0	3	1	1	4	0	2	1	1
Egypt	0	2	0	1	2	0	1	2	0
Libya	0	7	0	0	0	0	2	5	0
Morocco	1	15	0	13	43	10	1	5	0
Sudan	0	0	0	1	1	1	0	0	0
Tunisia	2	13	0	1	2	1	1	4	2
Northern Africa	***3***	***40***	***1***	***17***	***52***	***12***	***7***	***17***	***3***
Benin (Dahomey)	0	1	0	1	1	0	0	0	0
Burkina Faso (Alto Volta)	2	4	0	0	9	9	2	4	0
Capo Verde	0	0	0	0	2	1	0	0	0
Ivory Coast	0	0	0	9	12	3	0	0	0
Ghana	0	0	0	2	4	1	0	0	0
Guinea	0	2	0	0	1	0	0	0	0
Guinea Bissau	0	2	1	2	5	1	0	0	0
Niger	0	0	0	0	1	0	0	0	0
Nigeria	0	12	0	8	24	3	0	1	0
Senegal	0	1	0	3	6	1	0	1	0
Sierra Leone	0	1	0	0	1	0	0		0
Togo	0	0	0	1	6	0	0	0	0
Western Africa	***2***	***23***	***1***	***26***	***72***	***19***	***2***	***6***	***0***
Burundi	0	0	0	2	5	2	0	0	0
Eritrea	0	27	1	1	3	1	0	5	0

Ethiopia	1	6	1	0	4	0	1	0	0
Gibuti	1	12	0	0	0	0	0	0	0
Kenya	0	6	1	1	2	1	0	1	0
Madagascar	0	1	0	4	6	4	0	0	0
Mauritius	0	2	0	1	2	0	0	0	0
Mozambique	0	0	0	0	0	0	0	1	0
Rwanda	0	1	0	6	7	2	0	0	0
Somalia	1	8	1	0	6	3	0	1	0
Tanzania	0	1	0	1	2	0	0	2	0
Uganda	1	1	0	0	1	0	0	0	0
Zimbabwe (Rhodesia)	0	0	0	0	1	0	0	0	0
Centre-Eastern Africa	***4***	***65***	***4***	***16***	***39***	***13***	***1***	***10***	***0***
Angola	1	6	0	2	8	0	0	0	0
Botswana	0	0	0	0	0	1	0	0	0
Cameron	48	265	25	42	87	6	10	20	6
Chad	0	0	2	0	1	0	0	1	0
Congo	2	9	2	6	19	3	3	5	
Democratic Congo Republic (Zaire)	0	8	1	7	20	2	1	2	1
Gabon	0	1	0	0	0	0	0	0	0
Sao Tomè e Principe	0	1	0	1	1	0	0		0
South Africa Republic	1	2	0	0	0	0	0	1	1
Centre-Southern Africa	***52***	***292***	***30***	***58***	***136***	***12***	***14***	***29***	***8***
Africa	**61**	**420**	**36**	**117**	**299**	**56**	**24**	**62**	**11**
Saudi Arabia	0	1	1	0	0	1	0	0	0
Armenia	0	5	0	0	2	0	0	0	0
Azerbaijan	0	0	0	1	1	0	0	0	0
Bahrein	0	1	0	0	0	0	0	0	0
Georgia	0	0	1	0	1	0	0	1	0
Jordan	1	31	2	1	1	1	1	3	1
Iran	4	71	7	6	15	0	11	31	4
Iraq	0	2	0	0	0	0	1	2	2
Israeli	108	436	26	0	2	0	31	59	65
Lebanon	18	115	9	1	7	0	1	8	0
Palestine	1	19	1	1	1	0	0	6	0

Syria	0	8	0	0	1	0	0	2	1
Yemen	0	1	0	0	1	0	0	2	0
Western Asia	***132***	***690***	***47***	***10***	***32***	***2***	***45***	***114***	***73***
Bangladesh	0	0	0	1	1	0	0	0	0
India	0	13	2	33	95	20	3	7	1
Kazakhstan	0	1	0	0	0	0	1	2	0
Pakistan	0	2	0	2	3	1	0	1	0
Sri Lanka (Ceylon)	0	1	0	3	6	0	0	1	0
Uzbekistan	0	1	0	1	2	0	0	0	0
Centre-Southern Asia	***0***	***18***	***2***	***40***	***107***	***21***	***4***	***11***	***1***
China	1	10	0	1	1	0	1	3	0
South Korea	0	0	0	0	1	0	0	0	0
Philippines	0	0	0	3	20	3	1	2	1
Japan	1	2	0	0	0	0	0	0	0
Indonesia	0	0	0	1	4	0	0	0	0
Myanmar (Birmania)	0	2	0	0	0	0	0	0	0
Taiwan (Formosa)	0	2	0	0	1	0	0	0	0
Vietnam	0	0	0	0	0	1	1	0	0
Eastern Asia	***2***	***16***	***0***	***5***	***27***	***4***	***3***	***5***	***1***
Asia	**134**	**724**	**49**	**55**	**166**	**27**	**52**	**130**	**75**
Canada	0	7	0	0	7	1	1	6	0
United States of America	1	33	2	0	2	1	0	1	2
Northern America	***1***	***40***	***2***	***0***	***9***	***2***	***1***	***7***	***2***
Argentina	2	9	4	4	13	1	1	6	1
Bolivia	0	3	0	1	8	1	0	1	0
Brazil	4	15	0	17	32	4	9	19	4
Chile	0	3	0	1	9	3	0	1	0
Colombia	0	5	1	7	22	4	4	6	1
Cuba	1	8	1	1	8	1	0	3	1
Dominican Republic	0	0	1	3	7	0	0	0	0
Ecuador	0	3	0	18	31	4	2	4	2
El Salvador	0	1	0	2	7	0	0	1	2
Guatemala	0	0	0	1	2	0	0	0	0
Honduras	0	0	0	0	1	0	0	0	0

Haiti	0	0	0	0	0	1	0	0	0
Mexico	0	2	0	0	2	1	0	0	2
Nicaragua	0	0	0	0	0	1	0	0	0
Panama	0	1	0	0	0	0	0	0	0
Paraguay	0	2	0	1	2	0	0	1	0
Peru	3	17	1	74	219	28	5	22	3
Saint Vincent e Grenadine	0	0	0	0	0	0	0	1	0
Uruguay	0	1	0	1	4	1	0	0	1
Venezuela	0	6	1	4	9	2	0	2	2
Centre-Southern America	***10***	***76***	***9***	***135***	***376***	***52***	***21***	***67***	***19***
America	**11**	**116**	**11**	**135**	**385**	**54**	**22**	**74**	**21**
Australia	0	1	0	0	2	1	0	1	1
Oceania	**0**	**1**	**0**	**0**	**2**	**1**	**0**	**1**	**1**
Stateless	**0**	**16**	**4**	**0**	**1**	**3**	**0**	**3**	**0**
Not Attributed	**0**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**
TOTAL	**386**	**4,495**	**459**	**597**	**1,605**	**268**	**204**	**764**	**172**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from MIUR-URST data.

ITALY. Matriculated foreign and Italian students: regional breakdown (academic year 2004/2005)

University	Medicine and Surgery				Nursery Sciences and Obstetrics				Physiotherapy, Technicians and others				*TOT. Departments*	
	Foreign students		Italian + Foreign		Foreign Students		Italian + Foreign		Foreign students		Italian + Foreign		*Foreign*	*Ita+ Foreign*
	% Females	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	***Total***	***Total***
Eastern Piedmont	40.0	5	59.4	64	84.2	19	70.4	321	100.0	1	68.9	357	25	*742*
Turin	64.7	17	60.9	297	85.4	41	79.0	538	40.0	5	74.7	748	63	*1,583*
PIEDMONT	**59.1**	**22**	**60.7**	**361**	**85.0**	**60**	**75.8**	**859**	**50.0**	**6**	**72.9**	**1,105**	**88**	***2,325***
Genoa	53.8	13	64.3	185	92.9	14	80.7	233	62.5	8	66.8	579	35	*997*
LIGURIA	**53.8**	**13**	**64.3**	**185**	**92.9**	**14**	**80.7**	**233**	**62.5**	**8**	**66.8**	**579**	**35**	***997***
Brescia	25.0	8	58.1	155	89.3	28	74.7	352	50.0	12	67.6	709	48	*1,216*
Insubria	53.3	15	50.0	100	100.0	3	74.7	166	83.3	6	60.5	344	24	*610*
Milan	63.6	11	60.7	247	84.6	39	65.9	378	91.7	12	67.3	830	62	*1,455*
Milan Bicocca	66.7	6	62.6	91	100.0	7	85.3	279	100.0	1	76.3	358	14	*728*
Milan Cattolica	75.0	4	55.2	221	95.5	22	71.2	379	77.8	9	60.8	811	35	*1,411*
Milan San Raffaele	-	-	53.0	83	85.7	7	87.1	62	0.0	0	79.0	119	7	*264*
Pavia	35.7	14	64.5	186	72.7	11	66.3	163	66.7	3	56.3	455	28	*804*
LOMBARDY	**50.0**	**58**	**58.4**	**1,083**	**88.0**	**117**	**73.4**	**1,779**	**74.4**	**43**	**65.1**	**3,626**	**218**	***6,488***
Padua	47.4	19	59.2	196	82.9	35	74.8	616	46.7	15	54.6	1,186	69	*1,998*
Verona	57.1	7	63.9	108	83.0	47	79.2	620	55.6	9	73.2	810	63	*1,538*
VENETO	**50.0**	**26**	**60.9**	**304**	**82.9**	**82**	**77.0**	**1,236**	**50.0**	**24**	**62.1**	**1,996**	**132**	***3,536***
Trieste	50.0	10	56.0	84	66.7	3	63.8	58	100.0	2	62.8	145	15	*287*
Udine	-	2	56.3	71	-	-	78.8	151	0.0	0	65.1	292	2	*514*
FRIULI V. G.	**41.7**	**12**	**56.1**	**155**	**66.7**	**3**	**74.6**	**209**	**100.0**	**2**	**64.3**	**437**	**17**	***801***
Bologna	51.2	43	61.2	255	78.3	60	70.1	472	28.6	7	65.1	637	110	*1,364*
Ferrara	35.7	14	58.7	121	100.0	7	71.9	242	85.7	7	59.4	485	28	*848*
Modena and R.Emilia	23.1	13	52.0	127	78.6	14	68.0	306	100.0	1	66.3	377	28	*810*
Parma	26.3	19	57.9	152	86.4	22	73.4	177	20.0	5	50.8	437	46	*766*
EMILIA ROM.	**39.3**	**89**	**58.2**	**655**	**81.6**	**103**	**70.4**	**1,197**	**50.0**	**20**	**60.7**	**1,936**	**212**	***3,788***
Florence	50.0	20	65.4	185	75.0	16	68.5	254	58.3	12	58.2	550	48	*989*
Pisa	42.9	7	63.7	168	100.0	16	75.0	268	60.0	5	66.2	541	28	*977*
Siena	37.5	8	55.2	125	100.0	7	68.2	217	42.9	7	60.9	506	22	*848*
TUSCANY	**45.7**	**35**	**62.1**	**478**	**89.7**	**39**	**70.8**	**739**	**54.2**	**24**	**61.7**	**1,597**	**98**	***2,814***
Perugia	44.4	18	59.1	181	83.3	6	86.1	79	50.0	8	65.3	199	32	*459*
UMBRIA	**44.4**	**18**	**59.1**	**181**	**83.3**	**6**	**86.1**	**79**	**50.0**	**8**	**65.3**	**199**	**32**	***459***
Rome Biomedico	-	2	50.0	56	100.0	5	93.8	32	0.0	0	93.8	48	7	*136*
Rome La Sapienza	50.0	46	67.1	483	89.4	66	71.2	1,208	70.6	17	61.3	2,064	129	*3,755*
Rome Tor Vergata	66.7	3	56.5	154	82.5	63	65.1	753	71.4	7	58.7	1,253	73	*2,160*
LAZIO	**49.0**	**51**	**63.3**	**693**	**86.6**	**134**	**69.2**	**1,993**	**70.8**	24	**60.8**	**3,365**	209	***6,051***
Chieti	18.2	11	50.4	127	66.7	3	68.2	855	50.0	6	63.0	2,735	20	*3,717*
L'Aquila	50.0	4	66.2	74	100.0	2	75.6	135	50.0	4	68.2	286	10	*495*

ABRUZZO	**26.7**	**15**	**56.2**	**201**	**80.0**	**5**	**69.2**	**990**	**50.0**	**10**	**63.5**	**3,021**	**30**	***4,212***
Marche	35.7	14	62.9	116	62.5	16	71.5	291	100.0	1	65.5	328	31	*735*
MARCHE	**35.7**	**14**	**62.9**	**116**	**62.5**	**16**	**71.5**	**291**	**100.0**	**1**	**65.5**	**328**	**31**	***735***
Naples Federico II	50.0	4	57.1	191	100.0	6	67.6	364	62.5	8	61.4	611	18	*1,166*
Naples II	100.0	1	52.8	195	100.0	1	66.4	339	0.0	2	53.4	502	4	*1,036*
CAMPANIA	**60.0**	**5**	**54.9**	**386**	**100.0**	**7**	**67.0**	**703**	**50.0**	**10**	**57.8**	**1,113**	**22**	***2,202***
Bari	50.0	8	69.1	262	83.3	6	66.5	373	18.8	16	66.1	840	30	*1,475*
Foggia	-	-	56.9	58	-	-	79.6	98	100.0	1	62.2	251	1	*407*
PUGLIA	**50.0**	**8**	**66.9**	**320**	**83.3**	**6**	**69.2**	**471**	**23.5**	**17**	**65.2**	**1,091**	**31**	***1,882***
Catanzaro	-	7	58.6	111	-	-	71.8	472	0.0	1	52.3	1,161	8	*1,744*
CALABRIA	**-**	**7**	**58.6**	**111**	**-**	**-**	**71.8**	**472**	**0.0**	**1**	**52.3**	**1,161**	**8**	***1,744***
Catania	16.7	6	51.6	192	100.0	1	71.3	115	0.0	1	65.5	177	8	*484*
Messina	-	-	52.7	186	-	-	63.8	469	0.0	2	56.4	782	2	*1,437*
Palermo	-	-	59.6	228	100.0	3	74.1	174	0.0	0	70.5	376	3	*778*
SICILY	**16.7**	**6**	**55.0**	**606**	**100.0**	**4**	**67.3**	**758**	**0.0**	**3**	**61.6**	**1,335**	**13**	***2,699***
Cagliari	100.0	1	71.2	104	100.0	1	72.0	25	0.0	0	53.3	107	2	*236*
Sassari	66.7	6	59.4	69	-	-	78.6	70	66.7	3	73.2	97	9	*236*
SARDINIA	**71.4**	**7**	**66.5**	**173**	**100.0**	**1**	**76.8**	**95**	**66.7**	**3**	**62.7**	**204**	**11**	***472***
ITALY	**44.8**	**386**	**59.8**	**6,008**	**85.1**	**597**	**71.7**	**12,104**	**56.4**	**204**	**62.6**	**23,093**	***1,187***	***41,205***

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from MIUR-URST data.

ITALY. Registered foreign and Italian students: regional breakdown (academic year 2004/2005)

University	Medicine and Surgery				Nursery Sciences and Obstetrics				Physiotherapy, Technicians and others				*TOT. Departments*	
	Foreign students		Italian + Foreign		Foreign Students		Italian + Foreign		Foreign students		Italian + Foreign		*Foreign*	*Ita+ Foreign*
	% Females	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	**% Females**	**Total**	***Total***	***Total***
Eastern Piedmont	50.0	38	63.1	534	86.8	38	72.8	783	75.0	4	66.5	233	*80*	1,550
Turin	52.6	175	60.9	2,462	82.3	96	78.1	1,623	40.0	15	65.1	1,053	*286*	*5,138*
PIEDMONT	**52.1**	**213**	**61.3**	**2,996**	**83.6**	**134**	**76.4**	**2,406**	**47.4**	**19**	**65.4**	**1,286**	***366***	***6,688***
Genoa	55.3	114	60.9	1,613	87.8	49	76.1	827	63.4	41	55.9	1,532	*204*	*3,972*
LIGURIA	**55.3**	**114**	**60.9**	**1,613**	**87.8**	**49**	**76.1**	**827**	**63.4**	**41**	**55.9**	**1,532**	***204***	***3,972***
Brescia	47.1	136	61.9	1,573	92.9	56	79.5	828	66.7	30	59.0	1,356	*222*	*3,757*
Insubria	48.5	103	63.0	968	93.8	16	80.0	509	52.9	17	53.7	693	*136*	*2,170*
Milan	58.4	149	61.6	2,426	86.8	114	69.8	1,521	85.7	35	59.1	2,418	*298*	*6,365*
Milan Bicocca	67.9	28	65.2	663	90.2	41	83.8	881	50.0	2	66.8	449	*71*	*1,993*
Milan Cattolica	52.6	19	57.1	1,460	88.3	77	72.8	1,270	65.4	26	57.9	1,466	*122*	*4,196*
Milan San Raffaele	-	4	61.3	488	95.2	21	76.7	180	-	-	68.4	215	*25*	*883*
Pavia	40.1	172	63.7	1,613	81.3	32	73.0	618	62.5	16	51.8	1,437	*220*	*3,668*
LUMBARDY	**48.9**	**611**	**61.7**	**9,191**	**88.8**	**357**	**75.4**	**5,807**	**69.0**	**126**	**57.8**	**8,034**	***1,094***	***23,032***
Padoa	52.2	249	63.2	2,244	81.5	108	76.9	1,728	44.4	54	47.8	2,139	*411*	*6,111*
Verona	41.9	74	63.9	960	81.2	101	80.1	1,733	54.5	22	61.3	806	*197*	*3,499*
VENETO	**49.8**	**323**	**63.4**	**3,204**	**81.3**	**209**	**78.5**	**3,461**	**47.4**	**76**	**51.5**	**2,945**	***608***	***9,610***
Trieste	46.4	84	57.6	739	88.9	9	70.3	239	30.0	10	55.7	566	*103*	1,544
Udine	47.4	19	60.3	559	100.0	2	80.2	455	-	2	48.0	504	*23*	*1,518*
FRIULI V. G.	**46.6**	**103**	**58.8**	**1,298**	**90.9**	**11**	**76.8**	**694**	**25.0**	**12**	**52.1**	**1,070**	***126***	***3,062***
Bologna	42.6	530	59.2	2,911	74.1	108	71.5	1,349	42.9	28	55.4	946	*666*	*5,206*
Ferrara	50.7	140	64.5	1,170	88.6	35	75.7	675	51.6	31	55.0	1,248	*206*	*3,093*
Modena and Reggio Emilia	54.4	90	58.4	969	81.4	59	67.1	1,067	72.7	11	67.1	550	*160*	*2,586*
Parma	45.3	150	61.6	1,392	83.9	31	72.4	474	48.1	27	48.3	1,043	*208*	*2,909*
EMILIA ROMAGNA	**45.5**	**910**	**60.6**	**6,442**	**79.4**	**233**	**71.1**	**3,565**	**50.5**	**97**	**55.0**	**3,787**	***1,240***	***13,794***
Florence	52.6	135	64.2	1,758	84.2	57	73.3	1,088	51.2	41	49.0	2,051	*233*	*4,897*
Pisa	64.4	59	64.1	1,861	97.6	41	76.6	1,301	53.3	15	63.6	1,282	*115*	*4,444*
Siena	51.8	137	61.2	1,150	95.8	24	71.3	750	57.6	33	53.2	1,879	*194*	*3,779*
TUSCANY	**54.4**	**331**	**63.5**	**4,769**	**91.0**	**122**	**74.2**	**3,139**	**53.9**	**89**	**54.1**	**5,212**	***542***	***13,120***
Perugia	46.9	207	60.5	1,769	82.4	17	77.5	355	57.6	33	55.2	811	*257*	*2,935*
UMBRIA	**46.9**	**207**	**60.5**	**1,769**	**82.4**	**17**	**77.5**	**355**	**57.6**	**33**	**55.2**	**811**	***257***	***2,935***
Rome Biomedico	-	1	52.0	402	100.0	10	97.1	104	-	-	86.0	50	*11*	556
Rome La Sapienza	47.2	519	62.3	5,831	91.2	193	72.7	3,710	61.5	65	55.6	3,532	*777*	*13,073*
Rome Tor Vergata	52.1	121	62.6	1,588	83.8	185	69.4	2,679	63.6	44	52.6	2,267	*350*	*6,534*
LAZIO	**48.0**	**641**	**61.8**	**7,821**	**87.9**	**388**	**71.8**	**6,493**	**62.4**	**109**	**54.7**	**5,849**	***1,138***	***20,163***
Chieti	34.0	106	56.4	1,354	100.0	5	68.5	1,443	56.3	16	57.5	2,887	*127*	5,684

L'Aquila	41.1	202	59.2	868	100.0	6	74.2	655	42.9	35	58.4	838	*243*	*2,361*
ABRUZZO	**38.6**	**308**	**57.5**	**2,222**	**100.0**	**11**	**70.3**	**2,098**	**47.1**	**51**	**57.7**	**3,725**	***370***	***8,045***
Marche	51.0	100	64.6	992	78.8	33	73.3	986	71.4	7	52.2	347	*140*	*2,325*
MARCHE	**51.0**	**100**	**64.6**	**992**	**78.8**	**33**	**73.3**	**986**	**71.4**	**7**	**52.2**	**347**	***140***	***2,325***
Naples Federico II	45.6	103	56.1	2,288	100.0	8	64.4	1,209	56.3	16	52.6	1,305	*127*	*4,802*
Naples II	43.0	121	52.3	3,199	100.0	3	63.2	1,141	37.5	8	44.8	1,081	*132*	*5,421*
CAMPANIA	**44.2**	**224**	**53.9**	**5,487**	**100.0**	**11**	**63.8**	**2,350**	**50.0**	**24**	**49.0**	**2,386**	***259***	***10,223***
Bari	47.0	181	64.5	2,961	85.7	14	67.7	1,446	25.0	56	61.8	1,718	*251*	*6,125*
Foggia	47.4	19	59.2	654	100.0	1	79.5	365	75.0	4	54.7	961	*24*	*1,980*
PUGLIA	**47.0**	**200**	**63.6**	**3,615**	**86.7**	**15**	**70.1**	**1,811**	**28.3**	**60**	**59.2**	**2,679**	***275***	***8,105***
Catanzaro	25.0	28	60.9	783	75.0	4	67.0	1,622	57.1	7	47.4	3,094	*39*	*5,499*
CALABRIA	**25.0**	**28**	**60.9**	**783**	**75.0**	**4**	**67.0**	**1,622**	**57.1**	**7**	**47.4**	**3,094**	***39***	***5,499***
Catania	27.5	91	56.2	2,148	100.0	4	69.2	442	25.0	4	54.8	551	*99*	*3,141*
Messina	36.4	11	56.7	1,655	-	-	61.8	1,173	-	2	51.4	1,435	*13*	*4,263*
Palermo	45.8	24	58.6	2,234	100.0	5	72.7	542	100.0	2	59.5	966	*31*	*3,742*
SICILY	**31.7**	**126**	**57.2**	**6,037**	**100.0**	**9**	**66.1**	**2,157**	**37.5**	**8**	**54.7**	**2,952**	***143***	***11,146***
Cagliari	35.7	14	68.0	1,370	100.0	1	75.5	102	-	-	53.9	596	*15*	2,068
Sassari	38.1	42	67.0	814	100.0	1	78.5	158	40.0	5	54.2	190	*48*	*1,162*
SARDINIA	**37.5**	**56**	**67.6**	**2,184**	**100.0**	**2**	**77.3**	**260**	**40.0**	**5**	**53.9**	**786**	***63***	***3,230***
ITALY	**47.0**	**4,495**	**60.7**	**60,423**	**85.9**	**1,605**	**72.5**	**38,031**	**53.9**	**764**	**55.0**	**46,495**	**6,864**	**144,949**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from MIUR-URST data.

ITALY. Graduated foreign and Italian students: regional breakdown (academic year 2003/2004)

University	Medicine and Surgery				Nursery Sciences and Obstetrics				Physiotherapy, Technicians and others				*TOT. Departments*	
	% Females		Total		% Females		Total		% Females		Total		% Females	Total
	% Females	Total	% Females	Total	% Females	Total	% Females	Total	% Females	Total	% Females	Total	*Total*	*Total*
Eastern Piedmont	40.0	5	66.7	75	91.7	12	79.9	139	-	-	60.6	71	*17*	285
Turin	71.4	21	63.5	307	90.9	11	86.5	384	100.0	1	60.0	160	*33*	*851*
PIEDMONT	**65.4**	**26**	**64.1**	**382**	**91.3**	**23**	**84.7**	**523**	**100.0**	**1**	**60.2**	**231**	**50**	**1.136**
Genoa	33.3	6	63.2	171	87.5	8	74.5	200	100.0	3	63.5	422	*17*	*793*
LIGURIA	**33.3**	**6**	**63.2**	**171**	**87.5**	**8**	**74.5**	**200**	**100.0**	**3**	**63.5**	**422**	***17***	***793***
Brescia	33.3	12	58.0	138	100.0	7	84.8	224	50.0	4	61.6	177	*23*	*539*
Insubria	50.0	12	63.2	68	75.0	4	82.8	238	-	-	66.5	215	*16*	*521*
Milan	73.3	15	64.8	352	75.0	16	71.0	362	75.0	8	61.5	559	*39*	*1.273*
Milan Bicocca	-	-	65.0	117	100.0	4	86.6	216	-	-	64.9	97	*4*	*430*
Milan Cattolica	83.3	6	62.9	202	87.8	41	79.6	319	72.7	11	63.9	319	*58*	*840*
Milan San Raffaele	-	-	54.2	59	87.5	8	75.6	41	-	-	67.4	46	*8*	*146*
Pavia	66.7	15	60.6	165	87.5	8	80.7	435	57.1	7	72.0	1,199	*30*	*1.799*
LUMBARDY	**60.0**	**60**	**62.3**	**1,101**	**86.4**	**88**	**79.9**	**1,835**	**66.7**	**30**	**67.3**	**2,612**	**178**	**5.548**
Padoa	43.6	39	57.3	314	65.0	20	82.4	688	57.1	7	68.2	666	*66*	*1.668*
Verona	36.4	11	66.3	95	92.3	13	81.5	384	100.0	4	74.1	528	*28*	*1.007*
VENETO	**42.0**	**50**	**59.4**	**409**	**75.8**	**33**	**82.1**	**1,072**	**72.7**	**11**	**70.8**	**1,194**	**94**	**2.675**
Trieste	50.0	2	71.2	59	-	-	75.6	45	50.0	4	52.9	155	*6*	259
Udine	50.0	4	65.9	82	100.0	3	88.1	134	-	-	62.0	142	*7*	*358*
FRIULI V. G.	**50.0**	**6**	**68.1**	**141**	**100.0**	**3**	**84.9**	**179**	**50.0**	**4**	**57.2**	**297**	**13**	**617**
Bologna	50.7	71	58.8	369	81.8	11	72.2	212	33.3	3	50.0	164	*85*	*745*
Ferrara	36.4	11	58.0	100	87.5	8	77.3	110	75.0	4	71.5	214	*23*	*424*
Modena and Reg. Emilia	75.0	8	57.4	101	88.2	17	77.6	335	50.0	2	64.3	154	*27*	590
Parma	100.0	5	63.8	80	100.0	2	82.7	98	100.0	1	72.9	96	*8*	*274*
EMILIA ROMAGNA	**53.7**	**95**	**59.1**	**650**	**86.8**	**38**	**76.7**	**755**	**60.0**	**10**	**64.3**	**628**	**143**	**2.033**
Florence	71.4	7	67.7	189	100.0	7	81.7	186	25.0	4	54.9	277	*18*	*652*
Pisa	-	4	64.2	148	75.0	4	83.5	224	100.0	1	59.6	245	*9*	*617*
Siena	43.8	16	59.6	136	100.0	5	81.6	245	16.7	6	65.9	1,200	*27*	*1.581*
TUSCANY	**44.4**	**27**	**64.3**	**473**	**93.8**	**16**	**82.3**	**655**	**27.3**	**11**	**63.2**	**1,722**	**54**	**2.850**
Perugia	-	-	62.8	172	-	-	78.1	178	-	-	48.8	125	-	*475*
UMBRIA	**-**	**-**	**62.8**	**172**	**-**	**-**	**78.1**	**178**	**-**	**-**	**48.8**	**125**	**-**	***475***
Rome Biomedico	-	-	52.6	38	100.0	5	100.0	18	-	-	95.5	22	*5*	78
Rome La Sapienza	49.0	49	60.0	597	90.9	11	78.0	300	87.5	64	68.0	641	*124*	*1.538*
Rome Tor Vergata	37.5	8	64.1	153	84.0	25	69.3	986	56.3	16	69.3	1,550	*49*	*2.689*
LAZIO	**47.4**	**57**	**60.4**	**788**	**87.8**	**41**	**71.7**	**1,304**	**81.3**	**80**	**69.2**	**2,213**	**178**	**4.305**
Chieti	57.9	19	58.4	185	100.0	2	77.3	696	100.0	1	64.8	1,204	*22*	*2.085*
L'Aquila	23.5	17	52.2	69	100.0	2	80.5	226	50.0	2	63.4	366	*21*	*661*

ABRUZZO	**41.7**	**36**	**56.7**	**254**	**100.0**	**4**	**78.1**	**922**	**66.7**	**3**	**64.5**	**1,570**	**43**	**2.746**
Marche	-	-	-	-	-	-	-	-	69.2	13	63.0	378	13	378
MARCHE	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**69.2**	**13**	**63.0**	**378**	**13**	**378**
Naples Federico II	46.7	15	55.0	211	100.0	2	62.6	522	100.0	2	50.2	251	*19*	984
Naples II	38.7	31	50.6	399	100.0	6	66.7	258	50.0	6	57.1	359	*43*	*1.016*
CAMPANIA	**41.3**	**46**	**52.1**	**610**	**100.0**	**8**	**64.0**	**780**	**62.5**	**8**	**54.3**	**610**	**62**	**2.000**
Bari	50.0	14	57.1	245	50.0	2	66.5	331	28.6	7	70.8	325	*23*	*901*
Foggia	50.0	2	63.0	54	-	-	74.7	75	-	-	70.5	88	*2*	*217*
PUGLIA	**50.0**	**16**	**58.2**	**299**	**50.0**	**2**	**68.0**	**406**	**28.6**	**7**	**70.7**	**413**	**25**	**1.118**
Catanzaro	100.0	2	56.7	60	-	-	73.2	168	50.0	2	67.6	256	*4*	*484*
CALABRIA	**100.0**	**2**	**56.7**	**60**	**-**	**-**	**73.2**	**168**	**50.0**	**2**	**67.6**	**256**	***4***	***484***
Catania	21.4	14	56.3	284	-	-	69.9	113	-	-	51.1	141	*14*	*538*
Messina	-	-	59.1	181	-	-	62.1	256	-	-	61.3	344	-	*781*
Palermo	50.0	2	61.9	336	100.0	1	70.8	72	100.0	1	46.2	104	*4*	*512*
SICILY	**25.0**	**16**	**59.3**	**801**	**100.0**	**1**	**65.5**	**441**	**100.0**	**1**	**56.2**	**589**	**18**	**1.831**
Cagliari	100.0	1	63.5	170	-	-	92.3	26	-	-	61.7	128	*1*	324
Sassari	16.7	6	65.8	111	-	-	-	-	-	-	66.7	15	*6*	126
SARDINIA	**28.6**	**7**	**64.4**	**281**	**-**	**-**	**92.3**	**26**	**-**	**-**	**62.2**	**143**	**7**	**450**
ITALY	***48.7***	***450***	***60.3***	***6,592***	***86.8***	***265***	***76.4***	***9,444***	***69.6***	***184***	***65.1***	***13,403***	***899***	***29.439***

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from MIUR-URST data.

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: regional breakdown (2003-2004)

	2003				2004			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
Piedmont	883	529	354	40.1	1,069	737	332	31.1
Val D'Aosta	6	1	5	83.3	18	11	7	38.9
Liguria	223	123	100	44.8	260	167	93	35.8
Lombardy	2,308	1,408	900	39.0	2,421	1,708	713	29.5
North-West	**3,420**	**2,061**	**1,359**	**39.7**	**3,768**	**2,623**	**1,145**	**30.4**
Trentino A. A.	301	116	185	61.5	277	176	101	36.5
Veneto	836	511	325	38.9	1,089	556	533	48.9
Friuli V. G.	403	207	196	48.6	353	253	100	28.3
Emilia Romagna	1,550	1,001	549	35.4	1,613	970	643	39.9
North-East	**3,090**	**1,835**	**1,255**	**40.6**	**3,332**	**1,955**	**1,377**	**41.3**
Toscana	504	316	188	37.3	642	380	262	40.8
Umbria	101	78	23	22.8	108	63	45	41.7
Marche	341	187	154	45.2	308	276	32	10.4
Lazio	625	314	311	49.8	837	391	446	53.3
Centre	**1,571**	**895**	**676**	**43.0**	**1,895**	**1,110**	**785**	**41.4**
Abruzzo	122	94	28	23.0	141	99	42	29.8
Molise	12	16	- 4	-33.3	33	17	16	48.5
Campania	171	115	56	32.7	197	116	81	41.1
Puglia	124	102	22	17.7	132	112	20	15.2
Basilicata	24	20	4	16.7	23	25	- 2	-8.7
Calabria	47	36	11	23.4	73	36	37	50.7
South	**500**	**383**	**117**	**23.4**	**599**	**405**	**194**	**32.4**
Sicily	128	92	36	28.1	165	97	68	41.2
Sardinia	36	33	3	8.3	39	24	15	38.5
Islands	**164**	**125**	**39**	**23.8**	**204**	**121**	**83**	**40.7**
Not Attributed	125	49	76	60.8	152	79	73	48.0
Total Provinces	8,870	5,348	3,522	39.7	10,210	6,460	3,750	36.7
Not Divided	1,886	1,429	457	24.2	2,979	2,038	941	31.6
ITALY	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: continents of origin (2003-2004)

	2003				**2004**			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
New EU Member States	796	421	375	47.1	1,037	619	418	40.3
Other European countries	4,396	2,463	1,933	44.0	5,485	3,382	2,103	38.3
Europe	**5,192**	**2,884**	**2,308**	**44.5**	**6,522**	**4,001**	**2,521**	**38.7**
North Africa	927	716	211	22.8	1,114	811	303	27.2
East Africa	577	448	129	22.4	703	488	215	30.6
West Africa	188	157	31	16.5	209	149	60	28.7
Centre-South Africa	151	105	46	30.5	169	103	66	39.1
Africa	**1,843**	**1,426**	**417**	**22.6**	**2,195**	**1,551**	**644**	**29.3**
West Asia	80	53	27	33.8	85	76	9	10.6
Centre-South Asia	409	266	143	35.0	445	311	134	30.1
East Asia	219	164	55	25.1	237	170	67	28.3
Asia	**708**	**483**	**225**	**31.8**	**767**	**557**	**210**	**27.4**
North America	130	108	22	16.9	135	124	11	8.1
Centre-South America	2,825	1,842	983	34.8	3,254	2,066	1,188	36.5
America	**2,955**	**1,950**	**1,005**	**34.0**	**3,389**	**2,190**	**1,199**	**35.4**
Oceania	**58**	**34**	**24**	**41.4**	**57**	**33**	**24**	**42.1**
Total	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: provincial breakdown (2003-2004)

	2003				2004			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
Alessandria	118	53	65	55.1	95	79	16	16.8
Asti	39	35	4	10.3	44	47	-3	-6.8
Biella	102	30	72	70.6	125	63	62	49.6
Cuneo	109	71	38	34.9	145	124	21	14.5
Novara	47	36	11	23.4	84	37	47	56.0
Torino	432	266	166	38.4	474	328	146	30.8
Verbania	15	15	0	0.0	31	21	10	32.3
Vercelli	21	23	-2	-9.5	71	38	33	46.5
Piedmont	**883**	**529**	**354**	**40.1**	**1,069**	**737**	**332**	**31.1**
Aosta	6	1	5	83.3	19	11	7	38.9
Val D'Aosta	**6**	**1**	**5**	**83.3**	**18**	**11**	**7**	**38.9**
Genova	112	60	52	46.4	144	82	62	43.1
Imperia	43	28	15	34.9	43	26	17	39.5
La Spezia	24	9	15	62.5	18	16	2	11.1
Savona	44	26	18	40.9	55	43	12	21.8
Liguria	**223**	**123**	**100**	**44.8**	**260**	**167**	**93**	**35.8**
Bergamo	315	216	99	31.4	377	296	81	21.5
Brescia	323	173	150	46.4	258	256	2	0.8
Como	278	142	136	48.9	280	215	65	23.2
Cremona	54	31	23	42.6	56	37	19	33.9
Lecco	31	13	18	58.1	33	9	24	72.7
Lodi	77	53	24	31.2	47	79	-32	-68.1
Mantua	133	71	62	46.6	199	141	58	29.1
Milan	855	516	339	39.6	966	521	445	46.1
Pavia	84	59	25	29.8	74	43	31	41.9
Sondrio	8	7	1	12.5	13	9	4	30.8
Varese	150	127	23	15.3	118	102	16	13.6
Lombardy	**2,308**	**1,408**	**900**	**39.0**	**2,421**	**1,708**	**713**	**29.5**
Bolzano	132	45	87	65.9	79	46	33	41.8
Trento	169	71	98	58.0	198	130	68	34.3
Trentino A. A.	**301**	**116**	**185**	**61.5**	**277**	**176**	**101**	**36.5**
Belluno	58	50	8	13.8	60	62	-2	-3.3
Padova	88	44	44	50.0	152	88	64	42.1
Rovigo	16	9	7	43.8	21	15	6	28.6
Treviso	245	110	135	55.1	281	146	135	48.0
Venezia	80	50	30	37.5	88	55	33	37.5
Verona	176	186	-10	-5.7	194	126	68	35.1
Vicenza	173	62	111	64.2	293	64	229	78.2
Veneto	**836**	**511**	**325**	**38.9**	**1,089**	**556**	**533**	**48.9**
Gorizia	16	14	2	12.5	19	13	6	31.6
Pordenone	107	49	58	54.2	90	58	32	35.6
Trieste	105	36	69	65.7	66	85	-19	-28.8
Udine	175	108	67	38.3	178	97	81	45.5
Friuli V. G.	**403**	**207**	**196**	**48.6**	**353**	**253**	**100**	**28.3**
Bologna	310	198	112	36.1	351	198	153	43.6
Ferrara	44	25	19	43.2	56	33	23	41.1
Forlì	259	179	80	30.9	207	152	55	26.6
Modena	239	167	72	30.1	196	182	14	7.1
Parma	256	152	104	40.6	310	139	171	55.2
Piacenza	60	50	10	16.7	81	47	34	42.0
Ravenna	191	105	86	45.0	252	110	142	56.3
Reggio Emilia	107	75	32	29.9	85	47	38	44.7
Rimini	84	50	34	40.5	75	62	13	17.3
Emilia Romagna	**1,550**	**1,001**	**549**	**35.4**	**1,613**	**970**	**643**	**39.9**
Arezzo	18	8	10	55.6	37	13	24	64.9
Firenze	286	176	110	38.5	312	199	113	36.2
Grosseto	15	16	-1	-6.7	14	5	9	64.3

	2003				2004			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
Livorno	31	20	11	35.5	44	30	14	31.8
Lucca	21	11	10	47.6	36	10	26	72.2
Massa Carrara	13	6	7	53.8	15	10	5	33.3
Pisa	34	24	10	29.4	36	25	11	30.6
Pistoia	19	17	2	10.5	18	5	13	72.2
Prato	12	8	4	33.3	17	14	3	17.6
Siena	55	30	25	45.5	113	69	44	38.9
Tuscany	**504**	**316**	**188**	**37.3**	**642**	**380**	**262**	**40.8**
Perugia	75	53	22	29.3	81	43	38	46.9
Terni	26	25	1	3.8	27	20	7	25.9
Umbria	**101**	**78**	**23**	**22.8**	**108**	**63**	**45**	**41.7**
Ancona	198	88	110	55.6	158	155	3	1.9
Ascoli Piceno	51	26	25	49.0	69	62	7	10.1
Macerata	61	59	2	3.3	56	42	14	25.0
Pesaro	31	14	17	54.8	25	17	8	32.0
Marche	**341**	**187**	**154**	**45.2**	**308**	**276**	**32**	**10.4**
Frosinone	127	39	88	69.3	246	122	124	50.4
Latina	14	14	0	0.0	16	7	9	56.3
Rieti	6	3	3	50.0	9	4	5	55.6
Rome	455	243	212	46.6	536	233	303	56.5
Viterbo	23	15	8	34.8	30	25	5	16.7
Lazio	**625**	**314**	**311**	**49.8**	**837**	**391**	**446**	**53.3**
Chieti	66	50	16	24.2	46	25	21	45.7
Pescara	10	13	-3	-30.0	26	26	0	0.0
L'aquila	10	4	6	60.0	17	14	3	17.6
Teramo	36	27	9	25.0	52	34	18	34.6
Abruzzo	**122**	**94**	**28**	**23.0**	**141**	**99**	**42**	**29.8**
Campobasso	6	7	-1	-16.7	19	9	10	52.6
Isernia	6	9	-3	-50.0	14	8	6	42.9
Molise	**12**	**16**	**-4**	**-33.3**	**33**	**17**	**16**	**48.5**
Avellino	40	23	17	42.5	38	23	15	39.5
Benevento	10	13	-3	-30.0	13	12	1	7.7
Caserta	25	27	-2	-8.0	43	23	20	46.5
Naples	61	33	28	45.9	75	34	41	54.7
Salerno	35	19	16	45.7	28	24	4	14.3
Campania	**171**	**115**	**56**	**32.7**	**197**	**116**	**81**	**41.1**
Bari	37	36	1	2.7	53	35	18	34.0
Brindisi	17	11	6	35.3	13	13	0	0.0
Foggia	6	4	2	33.3	6	6	0	0.0
Lecce	54	37	17	31.5	50	51	-1	-2.0
Taranto	10	14	-4	-40.0	10	7	3	30.0
Puglia	**124**	**102**	**22**	**17.7**	**132**	**112**	**20**	**15.2**
Matera	5	3	2	40.0	1	3	-2	-200.0
Potenza	19	17	2	10.5	22	22	0	0.0
Basilicata	**24**	**20**	**4**	**16.7**	**23**	**25**	**-2**	**-8.7**
Catanzaro	12	14	-2	-16.7	8	6	2	25.0
Cosenza	20	13	7	35.0	32	13	19	59.4
Crotone	5	2	3	60.0	12	6	6	50.0
Reggio Calabria	8	5	3	37.5	19	10	9	47.4
Vibo Valentia	2	2	0	0.0	2	1	1	50.0
Calabria	**47**	**36**	**11**	**23.4**	**73**	**36**	**37**	**50.7**
Agrigento	8	2	6	75.0	6	3	3	50.0
Caltanissetta	3	1	2	66.7	1	0	1	100.0
Catania	28	21	7	25.0	53	38	15	28.3
Enna	5	7	-2	-40.0	5	5	0	0.0
Messina	20	12	8	40.0	19	6	13	68.4
Palermo	23	17	6	26.1	23	11	12	52.2
Ragusa	7	9	-2	-28.6	10	13	-3	-30.0
Siracusa	10	5	5	50.0	18	4	14	77.8

	2003				2004			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
Trapani	24	18	6	25.0	30	17	13	43.3
Sicily	**128**	**92**	**36**	**28.1**	**165**	**97**	**68**	**41.2**
Cagliari	15	7	8	53.3	17	9	8	47.1
Nuoro	3	6	-3	-100.0	3	1	2	66.7
Oristano	3	6	-3	-100.0	4	7	-3	-75.0
Sassari	15	14	1	6.7	15	7	8	53.3
Sardinia	**36**	**33**	**3**	**8.3**	**39**	**24**	**15**	**38.5**
Not Attributed	125	49	76	60.8	152	79	73	48.0
Total Provinces	**8,870**	**5,348**	**3,522**	**39.7**	**10,210**	**6,460**	**3,750**	**36.7**
Not Divided	1,886	1,429	457	24.2	2,979	2,038	941	31.6
Total	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

ITALY. Annual recruitment of non-EU workers in the private healthcare sector: countries of origin (2003-2004)

	2003				2004			
	Recruitments	**Terminations**	**Balances**	**Incidence B/R**	**Recruitments**	**Terminations**	**Balances**	**Incidence B/R**
Malta	-	1	- 1	-	2	-	2	100.0
Estonia	2	-	2	100.0	1	1	-	0.0
Latvia	5	3	2	40.0	7	5	2	28.6
Lithuania	2	2	-	-	9	5	4	44.4
Poland	685	359	326	47.6	892	532	360	40.4
Czech Republic	23	9	14	60.9	17	10	7	41.2
Slovakia	30	14	16	53.3	54	31	23	42.6
Hungary	31	22	9	29.0	42	23	19	45.2
Slovenia	16	10	6	37.5	13	10	3	23.1
Cyprus	2	1	1	50.0	-	2	- 2	0.0
Total EU	**796**	**421**	**375**	**47.1**	**1,037**	**619**	**418**	**40.3**
Romania	1,824	707	1,117	61.2	2,392	1,196	1,196	50.0
Bulgaria	90	61	29	32.2	99	56	43	43.4
Albania	643	426	217	33.7	757	522	235	31.0
Ukraine	325	160	165	50.8	535	308	227	42.4
Byelorussia	13	10	3	23.1	24	13	11	45.8
Moldavia	244	130	114	46.7	415	256	159	38.3
Russia	102	56	46	45.1	105	82	23	21.9
Croatia	84	63	21	25.0	105	71	34	32.4
Bosnia-Herzegovina	35	30	5	14.3	35	23	12	34.3
Serbia-Montenegro	267	217	50	18.7	243	217	26	10.7
Macedonia	28	22	6	21.4	43	16	27	62.8
Turkey	14	14	-	-	15	15	-	0.0
Liechtenstein	-	-	-	-	-	1	- 1	0.0
Martinique	-	-	-	-	2	1	1	50.0
Principato Di Monaco	2	1	1	50.0	2	1	1	50.0
San Marino	4	4	-	-	2	4	- 2	-100.0
Switzerland	720	561	159	22.1	710	599	111	15.6
Gibilterra	1	1	-	-	1	1	-	0.0
Other European countries	**4,396**	**2,463**	**1,933**	**44.0**	**5,485**	**3,382**	**2,103**	**38.3**
Morocco	607	450	157	25.9	742	552	190	25.6
Algeria	41	35	6	14.6	57	38	19	33.3
Tunisia	211	161	50	23.7	203	149	54	26.6
Libya	22	24	- 2	- 9.1	26	25	1	3.8
Egypt	43	43	-	-	80	43	37	46.3
Sudan	3	3	-	-	6	4	2	33.3
North Africa	**927**	**716**	**211**	**22.8**	**1,114**	**811**	**303**	**27.2**
Mauritania	1	2	- 1	- 100.0	1	-	1	100.0
Mali	1	1	-	-	4	2	2	50.0
Burkina Faso	10	4	6	60.0	11	4	7	63.6
Niger	1	1	-	-	2	1	1	50.0
Capo Verde	8	10	- 2	- 25.0	12	4	8	66.7
Senegal	100	72	28	28.0	125	101	24	19.2
Gambia	-	-	-	-	-	-	-	0.0
Guinea Bissau	7	1	6	85.7	5	4	1	20.0
Guinea	9	9	-	-	8	9	- 1	-12.5
Sierra Leone	5	4	1	20.0	14	15	- 1	-7.1
Liberia	3	3	-	-	11	6	5	45.5
Ghana	88	63	25	28.4	83	51	32	38.6
Togo	10	8	2	20.0	9	10	- 1	-11.1
Benin	10	8	2	20.0	10	9	1	10.0
Nigeria	187	150	37	19.8	239	164	75	31.4
Ivory Coast	128	105	23	18.0	161	103	58	36.0
Rwanda	9	7	2	22.2	8	5	3	37.5
East Africa	**577**	**448**	**129**	**22.4**	**703**	**488**	**215**	**30.6**
Burundi	13	10	3	23.1	14	4	10	71.4
Ethiopia	62	60	2	3.2	64	53	11	17.2

Eritrea	20	13	7	35.0	23	15	8	34.8
Somalia	36	32	4	11.1	29	25	4	13.8
Kenya	10	10	-	-	17	13	4	23.5
Uganda	2	-	2	100.0	5	3	2	40.0
Tanzania	1	3	- 2	- 200.0	3	4	- 1	-33.3
Seychelles	3	-	3	100.0	7	3	4	57.1
Mozambique	1	-	1	100.0	4	1	3	75.0
Madagascar	9	3	6	66.7	9	6	3	33.3
Maurizio	26	24	2	7.7	29	19	10	34.5
Zambia	4	1	3	75.0	3	3	-	0.0
Zimbabwe	1	1	-	-	2	-	2	100.0
West Africa	**188**	**157**	**31**	**16.5**	**209**	**149**	**60**	**28.7**
Chad	-	1	- 1	-	1	-	1	100.0
Cameron	65	40	25	38.5	70	42	28	40.0
Repubblica Centrafricana	1	1	-	-	-	-	-	-
Sao Tome E Principe	1	1	-	-	-	-	-	-
Congo	6	8	- 2	- 33.3	11	9	2	18.2
Zaire	46	32	14	30.4	57	36	21	36.8
Angola	14	8	6	42.9	14	6	8	57.1
South Africa Republic	18	14	4	22.2	16	10	6	37.5
Centre-South Africa	**151**	**105**	**46**	**30.5**	**169**	**103**	**66**	**39.1**
Lebanon	9	7	2	22.2	8	11	- 3	-37.5
Syria	11	4	7	63.6	7	10	- 3	-42.9
Iraq	13	7	6	46.2	12	13	- 1	-8.3
Iran	28	22	6	21.4	40	30	10	25.0
Israel	9	5	4	44.4	5	4	1	20.0
Giordania	9	6	3	33.3	7	4	3	42.9
Emirati Arabi Uniti	-	-	-	-	-	1	- 1	0.0
Qatar	-	-	-	-	1	-	1	100.0
Kuwait	-	1	- 1	-	3	2	1	33.3
Yemen	1	1	-	-	1	-	1	100.0
West Asia	**80**	**53**	**27**	**33.8**	**85**	**76**	**9**	**10.6**
Afghanistan	3	1	2	66.7	2	2	-	0.0
Pakistan	41	54	- 13	- 31.7	57	42	15	26.3
India	242	127	115	47.5	256	175	81	31.6
Bangladesh	38	21	17	44.7	23	28	- 5	-21.7
Maldives	-	1	- 1	-	-	-	-	-
Sri Lanka	85	62	23	27.1	106	64	42	39.6
Bhutan	-	-	-	-	1	-	1	100.0
Centre-Southern Asia	**409**	**266**	**143**	**35.0**	**445**	**311**	**134**	**30.1**
Myanmar (Birmania)	-	1	- 1	-	1	-	1	100.0
Thailand	16	11	5	31.3	14	10	4	28.6
Laos	2	1	1	50.0	-	1	- 1	0.0
Vietnam	6	3	3	50.0	3	2	1	33.3
Cambodia	1	-	1	100.0	1	-	1	100.0
Indonesia	-	-	-	-	4	-	4	100.0
Philippine	175	134	41	23.4	193	131	62	32.1
Mongolia	-	-	-	-	-	1	- 1	0.0
China	13	6	7	53.8	15	17	- 2	-13.3
North Korea	-	1	- 1	-	-	-	-	-
South Korea	4	2	2	50.0	3	2	1	33.3
Singapore	-	-	-	-	-	3	- 3	0.0
Japan	2	5	- 3	- 150.0	3	3	-	0.0
East Asia	**219**	**164**	**55**	**25.1**	**237**	**170**	**67**	**28.3**
USA	65	55	10	15.4	84	70	14	16.7
Canada	63	51	12	19.0	51	52	- 1	-2.0
Bermuda (Islands)	-	-	-	-	-	1	- 1	0.0
Midway Islands	1	1	-	-	-	-	-	0.0

Normanne (Islands)	-	-	-	-	-	1	- 1	0.0
Vergini Americane (Is.)	1	1	-	-	-	-	-	0.0
North America	**130**	**108**	**22**	**16.9**	**135**	**124**	**11**	**8.1**
Mexico	17	14	3	17.6	19	16	3	15.8
Guatemala	5	2	3	60.0	3	2	1	33.3
Honduras	3	5	- 2	- 66.7	6	6	-	0.0
El Salvador	43	24	19	44.2	32	21	11	34.4
Nicaragua	2	5	- 3	- 150.0	4	5	- 1	-25.0
Costa Rica	4	3	1	25.0	7	3	4	57.1
Panama	11	11	-	-	19	16	3	15.8
Cuba	77	73	4	5.2	141	86	55	39.0
Haiti	1	4	- 3	- 300.0	3	2	1	33.3
Bahamas	-	-	-	-	-	1	- 1	0.0
Dominican Republic	197	100	97	49.2	177	123	54	30.5
Antigua E Barbuda	-	1	- 1	-	-	1	- 1	0.0
Dominica	1	1	-	-	2	2	-	0.0
Jamaica	1	-	1	100.0	1	2	- 1	-100.0
Trinidad E Tobago	1	1	-	-	1	-	1	100.0
Colombia	221	127	94	42.5	225	153	72	32.0
Venezuela	149	125	24	16.1	153	114	39	25.5
Ecuador	329	183	146	44.4	495	265	230	46.5
Peru'	996	628	368	36.9	1,100	635	465	42.3
Brazil	310	227	83	26.8	392	257	135	34.4
Chile	60	48	12	20.0	77	55	22	28.6
Bolivia	52	23	29	55.8	57	42	15	26.3
Paraguay	6	4	2	33.3	3	6	- 3	-100.0
Uruguay	31	28	3	9.7	59	39	20	33.9
Guadalupe	-	1	- 1	-	-	-	-	-
Argentina	308	204	104	33.8	278	214	64	23.0
Centre-South America	**2,825**	**1,842**	**983**	**34.8**	**3,254**	**2,066**	**1,188**	**36.5**
Australia	57	32	25	43.9	54	32	22	40.7
New Zealand	1	2	- 1	- 100.0	3	1	2	66.7
Oceania	**58**	**34**	**24**	**41.4**	**57**	**33**	**24**	**42.1**
Total	**10,756**	**6,777**	**3,979**	**37.0**	**12,929**	**8,331**	**4,598**	**35.6**

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from INAIL data.

ITALY. Foreign physicians: regional breakdown (2004)

Region	Physicians (a.v.)	% territorial breakdown	% total residents
Piedmont	805	6.4	7.8
Valle D'Aosta	27	0.2	0.2
Liguria	434	3.5	2.6
Lombardy	2,072	16.5	23.4
North West	*3,338*	*26.6*	34.0
Trentino Alto Adige	462	3.7	2.0
Veneto	1,209	9.7	10.3
Friuli Venezia Giulia	375	3.0	2.7
Emilia Romagna	1,202	9.6	10.2
North East	*3,248*	*25.9*	25.3
Toscana	754	6.0	8.0
Umbria	277	2.2	2.0
Marche	326	2.6	3.1
Lazio	2,080	16.6	14.0
Centre	*3,437*	*27.4*	27.1
Abruzzo	387	3.1	1.5
Molise	60	0.5	0.2
Campania	602	4.8	4.6
Puglia	333	2.7	2.0
Basilicata	57	0.5	0.3
Calabria	229	1.8	1.4
South	*1,668*	*13.3*	9.9
Sicily	612	4.9	3.0
Sardinia	224	1.8	0.7
Islands	*836*	*6.7*	3.7.
Total	**12,527**	100.0	100.0

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from ENPAM data in collaboration with Provincial Orders.

ITALY. Foreign physicians: provincial breakdown (2004)

Provinces	**a.v.**	**%**
Alessandria	47	0.4
Asti	21	0.2
Biella	33	0.3
Cuneo	88	0.7
Novara	59	0.5
Turin	504	4.0
Verbano-Cusio-Ossola	33	0.3
Vercelli	20	0.2
Piedmont	**805**	6.4
Aosta	27	0.2
Aosta	**27**	0.2
Genoa	244	1.9
Imperia	102	0.8
La Spezia	35	0.3
Savona	53	0.4
Liguria	**434**	3.5
Bergamo	158	1.3
Brescia	232	1.9
Como	107	0.9
Cremona	25	0.2
Lecco	33	0.3
Lodi	30	0.2
Mantova	32	0.3
Milan	1,035	8.3
Pavia	229	1.8
Sondrio	40	0.3
Varese	151	1.2
Lombardy	**2,072**	16.5
Bolzano	337	2.7
Trento	125	1.0
Trentino A. A.	**462**	3.7
Belluno	41	0.3
Padua	406	3.2
Rovigo	33	0.3
Treviso	185	1.5
Venice	135	1.1
Verona	291	2.3
Vicenza	118	0.9
Veneto	**1,209**	9.7
Gorizia	34	0.3
Pordenone	76	0.6
Trieste	117	0.9
Udine	148	1.2
Friuli V. G.	**375**	3.0
Bologna	382	3.0
Ferrara	89	0.7
Forli-Cesena	98	0.8
Modena	189	1.5
Parma	167	1.3
Piacenza	52	0.4
Ravenna	65	0.5
Reggio Emilia	64	0.5
Rimini	96	0.8

Emila Romagna	**1,202**	9.6
Arezzo	37	0.3
Florence	279	2.2
Grosseto	40	0.3
Livorno	35	0.3
Lucca	61	0.5
Massa Carrara	27	0.2
Pisa	121	1.0
Pistoia	34	0.3
Prato	30	0.2
Siena	90	0.7
Tuscany	**754**	6.0
Perugia	233	1.9
Terni	44	0.4
Umbria	**277**	2.2
Ancona	166	1.3
Ascoli Piceno	61	0.5
Macerata	40	0.3
Pesaro	59	0.5
Marche	**326**	2.6
Frosinone	75	0.6
Latina	87	0.7
Rieti	21	0.2
Rome	1,855	14.8
Viterbo	42	0.3
Lazio	**2,080**	16.6
Chieti	108	0.9
L'Aquila	85	0.7
Pescara	132	1.1
Teramo	62	0.5
Abruzzo	**387**	3.1
Campobasso	43	0.3
Isernia	17	0.1
Molise	**60**	0.5
Avellino	71	0.6
Benevento	27	0.2
Caserta	86	0.7
Naples	292	2.3
Salerno	126	1.0
Campania	**602**	4.8
Bari	171	1.4
Brindisi	23	0.2
Foggia	37	0.3
Lecce	79	0.6
Taranto	23	0.2
Puglia	**333**	2.7
Matera	18	0.1
Potenza	39	0.3
Basilicata	**57**	0.5
Catanzaro	54	0.4
Cosenza	94	0.8
Crotone	18	0.1
Reggio Calabria	45	0.4
Vibo Valentia	18	0.1
Calabria	**229**	1.8
Agrigento	59	0.5

Caltanissetta	26	0.2
Catania	129	1.0
Enna	20	0.2
Messina	138	1.1
Palermo	146	1.2
Ragusa	30	0.2
Siracusa	43	0.3
Trapani	21	0.2
Sicily	**612**	4.9
Cagliari	98	0.8
Nuoro	32	0.3
Oristano	17	0.1
Sassari	77	0.6
Sardinia	**224**	1.8
ITALY	**12,527**	100.0

Source: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from ENPAM data in collaboration with Provincial Orders.

ITALY. Estimate of need for new nurses: regional breakdown (2004)

	Registered with IPASVI	IPASVI Estimate of Need	OECD Employees	OECD Estimate of Need
Piedmont	22,373	-7,505	15,779	-6,594
Valle d'Aosta	762	-86	683	-79
Lombardy	52,008	-12,804	31,417	-20,591
Liguria	12,829	-1,842	12,291	-538
Northwest	***87,972***	***-22,237***	***60,170***	***-27,802***
Trentino	10,295	-3,570	9,857	-438
Veneto	29,229	-3,201	25,454	-3,775
Friuli V.G.	6,937	-1,376	6,796	-141
Emilia Romagna	26,881	-1,763	21,850	-5,031
Northeast	***73,342***	***-9,910***	***63,957***	***-9,385***
North	**161,314**	**-32,147**	**124,127**	**-37,187**
Tuscany	22,532	-2,296	21,459	-1,073
Umbria	4,887	-1,040	4,256	-631
Marche	7,899	-2,581	6,217	-1,682
Lazio	31,688	-4,675	20,136	-11,552
Centre	***67,006***	***-10,592***	***52,068***	***-14,938***
Abruzzo	8,535	-430	7,227	-1,308
Molise	2,304	83	1,900	-404
Campania	30,035	-9,909	16,015	-14,020
Puglia	23,954	-4,116	12,595	-11,359
Basilicata	3,170	-946	2,200	-970
Calabria	8,862	-5,002	5,088	-3,774
South	***76,860***	***-20,320***	***45,025***	***-31,835***
Sicily	26,889	-7,701	13,927	-12,962
Sardinia	10,204	-1,181	8,254	-1,950
Islands	***37,093***	***-8,882***	***22,181***	***-14,912***
Italy	**342,273**	**-61,117**	**243,403**	**-98,870**

SOURCE: Calculations by Caritas/Migrantes Dossier Statistico Immigrazione from Ministry of Health, Ipasvi, OECD data