

What do future general practitioners think about their training pathway? Findings from a nationwide survey in Italy

In Italy, general practitioners (GPs), pivotal figures in the healthcare system, face growing challenges due to limited support and a healthcare system misaligned with modern complexities.¹ The capitation model requires them to manage over 1500 patients each, limiting meaningful engagement. The lack of integrated multidisciplinary teams and impending retirements further strains the workforce. To address these issues, the Italian government has launched reforms, such as the National Recovery and Resilience Plan (Mission 6), allocating substantial resources to strengthen primary care through new structures, including the Case della Comunità (Community Health Houses). However, their implementation is still inconsistent across regions, and critical questions regarding GPs' roles, contractual status and training remain unresolved.²

The training of future GPs is a key but often neglected area of reform. The 3-year Specific Training Course in General Practice (STCGP) remains fragmented, lacking a national core curriculum and differing significantly across regions, leaving trainees uncertain and disconnected from the population's needs.^{3–5} In contrast, several European countries invest in coherent GP training, promoting patient-centred care, teamwork and attention to social determinants of health.^{6,7} As part of the *MedicInRete* project, our study surveyed 301 Italian GP trainees about key competencies, training adequacy and the future of the STCGP as a possible university-based speciality.

The questionnaire, distributed online from March to July 2024, covered eight key areas of primary care practice. Respondents were mainly in their third year (56.8%), the

majority were women (58.1%) and most were based in Sicily (65.4%), aged 31–40. Although the regional concentration might potentially affect representativeness, no significant differences were observed in the analyses, suggesting a limited impact on the findings. The public was not involved in the design, conduct, report or dissemination plans of the research. Ethical approval was not required. Medical trainees voluntarily completed an anonymous survey, and all data were securely collected and analysed in compliance with EU-GDPR.

Findings (online supplemental tables S1 and S2) reveal a misalignment between essential competencies and training coverage. While clinical and patient management competencies were rated highly, less than one-third felt adequately trained. Similar gaps appeared in epidemiology, administrative skills and teamwork, areas increasingly central to modern healthcare. Trainees also reported feeling only partially prepared in communication, conflict management and community engagement, despite their recognised importance.

Regarding reform, half (50.8%) fully supported transforming GP training into a university-based specialisation, while 23.9% were moderately and 13% partially in favour. Only a minority disagreed: 6.0% not at all and 6.3% slightly. Supporters viewed reform as a way to improve the organisation of the training programme, clinical preparation, academic recognition and access to research and career paths, while also stressing the need for financial parity with other specialities. Those less convinced, nearly one in four, feared losing the identity of general practice or doubted the feasibility, while a small minority preferred the current system or gradual change.

Our findings reveal a clear gap between the competencies GP trainees consider essential, namely clinical skills, multidisciplinary teamwork, conflict management and community engagement, and the structure of current training. This highlights systemic difficulties in recognising

the evolving role of GPs and reflects growing awareness among trainees of the need for a more integrated, community-based approach. The gap between perceived needs and training outcomes underscores the urgency of reform. Priorities include defining a national curriculum, formalising general practice as an academic discipline and ensuring continuous dialogue with trainees. These actions would strengthen professional identity, restore motivation and better align training with today's primary care.

In conclusion, as robust primary care forms the foundation of a resilient and equitable health system,⁸ investing in the training and recognition of future GPs is essential to meet Italy's current and future healthcare challenges.

Annette Corrado ¹, Luigi Maria Bracchitta,¹ Martina Consoloni,¹ Pier Mannuccio Mannucci,² Alessandro Nobili¹

¹Health Policy, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan, Lombardy, Italy

²Angelo Bianchi Bonomi Hemophilia and Thrombosis Center, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Lombardy, Italy

Correspondence to Annette Corrado; annette.corrado@marionegri.it

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Ethics approval This study involved the voluntary participation of medical trainees in an anonymous online survey. In accordance with EU-GDPR (Recital 26), all data were collected anonymously, stored securely and analysed without any possibility of identifying the respondents. No personal or sensitive data were processed. In line with institutional guidelines and applicable legislation, ethical approval was not required for this type of research. All participants were informed about the objectives of the study and provided their informed consent before beginning the questionnaire.

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ORCID iD

Annette Corrado <http://orcid.org/0009-0003-0338-5081>

REFERENCES

- 1 OECD, European Commission. Health at a glance: Europe 2024: state of health in the EU cycle. Paris OECD Publishing; 2024.
- 2 Mauro M, Giaccotti M. The 2022 primary care reform in Italy: Improving continuity and reducing regional disparities? *Health Policy* 2023;135.
- 3 Cegolon L, Heymann WC, Lange JH, *et al.* Improving Italian general practice training: the role of academia. *BJGP Open* 2017;1.
- 4 Serafini A, Pascucci F, Petri D, *et al.* Towards a core curriculum for Italian family medicine: results of a transparent, participatory and collective writing [conference abstract]. 92nd EGPRN Meeting (virtual); 2021 Available: <https://archive.egprn.org/92-virtual/foyer/article/1a341206-364b-4b32-8b9a-45ad39d6af1b.html>
- 5 Forte V, Pelligra C, Bracchitta LM, *et al.* Come si formano i futuri medici di medicina generale in Italia? Studio pilota descrittivo di comparazione dei corsi di formazione specifica in medicina generale. *Recenti Prog Med* 2022;113:601–8.
- 6 Bednár J, Buchanan J, Michels NR, *et al.* European requirements for gp/fm continuous medical education. European Academy of Teachers in General Practice/Family Medicine (EURACT); 2020.
- 7 Harding A, Vallersnes OM, Carelli F, *et al.* European standards for undergraduate medical education in general practice; a blueprint - for action. *Educ Prim Care* 2023;34:2–6.
- 8 Starfield B. Is primary care essential? *Lancet* 1994;344:1129–33.