

Breaking the Stalemate: How Italy's Non-Medical Health Professions Are Trapped by Redundant Roles and Ineffective Degrees

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Dear Editor,

I would like to bring to your attention an issue that significantly impacts non-medical health professions in Italy, a situation further complicated by the recent recognition of osteopathy as a new health profession. Currently, the Italian healthcare system acknowledges 20 non-medical health professions: nurse, pediatric nurse, midwife, physiotherapist, speech therapist, podiatrist, therapist in neuro and psychomotor therapy of developmental age, psychiatric rehabilitation technician, occupational therapist, professional educator, medical radiology technician, biomedical laboratory technician, orthopedic technician, audiometry technician, hearing aid technician, dental hygienist, dietitian, neurophysiopathology technician, cardiovascular and perfusion technician, and, most recently, osteopath [1]. This multiplicity of professional roles, instead of enriching the healthcare system, often leads to overlapping competencies and operational inefficiencies. The abundance of these roles not only creates confusion and redundancy but also weakens the potential for any individual profession to progress and gain recognition within the healthcare hierarchy.

One of the critical issues at play here is the limited impact of advanced educational degrees, particularly the master's degree, which in theory, should signify a substantial leap in a professional's education and career trajectory. However, within the Italian context, this academic title fails to offer any tangible advantage over a three-year bachelor's degree. Professionals who complete a master's degree often find themselves with the same operational skills and job opportunities as those with only a bachelor's degree, with no access to roles of greater responsibility or advanced specialization [2]. Compounding this problem is the proliferation of university master's programs, which promise advanced specializations and skills but rarely translate into meaningful professional progress. These postgraduate programs are often marketed as opportunities for differentiation, but in practice, they offer little recognition or advancement within healthcare institutions or the job market. Consequently, many professionals accumulate titles that do not lead to real career progression, resulting in frustration and a sense of professional stagnation.

Adding to these challenges is the reluctance of the medical profession to grant greater autonomy and operational freedom to non-medical health professionals, even when they have completed advanced training programs. This resistance stems from a historical hierarchical division between doctors and other health professions, where doctors often maintain strict control over all clinical decisions, even in areas where other professionals could operate autonomously due to their specialized training. This attitude not only stifles the recognition of the competencies of non-medical health professionals but also contradicts the primary objective of any healthcare system: the well-being of the patient [3, 4].

Moreover, this resistance and lack of professional advancement opportunities contribute to the declining appeal of certain health professions, such as nursing, while leaving other lesser-known professions struggling to attract new entrants. Economic factors also play a crucial role, as these professions become less financially viable for aspiring healthcare workers, leading to workforce shortages in critical areas.

At the European level, there has been little effort to standardize or unify training pathways for non-medical health professions. This lack of harmonization is starkly evident when comparing the scope of practice across countries. For instance, in the United Kingdom, physiotherapists can perform acupuncture, prescribe medications, and order diagnostic tests, thanks to additional years of study and advanced competencies. In contrast, their Italian counterparts remain confined to a much narrower scope of practice, highlighting the disparity in professional development and autonomy within the European Union [5, 6].

The introduction of new health professions such as osteopathy, along with the proliferation of advanced academic titles, underscores the inherent contradictions in the Italian healthcare system. To truly improve our system, it is essential to reduce the overlaps between professions, reform the advanced education system, and promote greater autonomy for non-medical health professionals. Only by addressing these issues can we ensure that every healthcare worker can fully express their competencies, ultimately keeping the patient at the center of care.

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Authors' contributions

Author have accepted responsibility for the entire content of this manuscript and approved its submission.

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