Associazione Medici Endocrinologi:
chi siamo, dove siamo giunti e dove è necessario andare

CHI SIAMO

SOCI AME

Numero totale Soci: **1905 al 20/02/2016**

numero dei maschi: **824**

numero delle femmine: 1081 **(56,7%)**

AME conta 1905 Soci, di cui **1885** Italiani

1189 Soci esercitano esclusivamente **negli ENTI**, di cui:

- **162** in ASL/USL/ULSS

-**71** in ambito universitario

-**956** in Ospedali, Presidi Ospedalieri, Aziende Ospedaliero-Universitarie/Case di Cura convenzionate.

-**119 Soci** esercitano esclusivamente nei loro **studi privati;**

28 Soci esercitano esclusivamente come **liberi professionisti in strutture private** (poliambulatori, centri specialistici, centri diagnostici, ecc. ecc.);

377 Soci esercitano in almeno due luoghi diversi di lavoro (studi privati propri e/o poliambulatori, case di cura, centri diagnostici, ecc. ecc.)

37 Soci, già conteggiati nelle statistiche sopra riportate**, sono MMG**

-**170 specializzandi**

SOCI AME

SIE: 469

SID: 260

AMD: 228

AACE: 152

SIAMS: 60

SIO: 58

SIOMMMS: 45

AIT: 33

FADOI: 26

ESE: 18

SIUMB: 17

SIEDP: 11

DOVE SIAMO GIUNTI

Table 1. Number of Applicants per Year to Endocrinology, Diabetes, and Metabolism Fellowship Programs by Gender

	2010	2011	2013	2014	
Male	185	184	140	106	
Female	355	388	348	311	75%
No answer	1	0	0	0	
Total	541	572	488	417	
					-23%

TABLE 1: MEDICAL STUDENTS, SELECTED YEARS, 1965–2013

	APPLICANTS			ACCEPTED APPLICANTS			MATRICULANTS			FIRST-YEAR ENROLLMENT*			TOTAL ENROLLMENT			GRADUATES		
Academic Year	Total	Women	Women as % of Total	Total	Women	Women as % of Total	Total	Women	Women as % of Total	Total	Women	Women as % of Total	Total	Women	Women as % of Total	Total	Women	Women as % of Total
1965–66	18,703	1,676	9.0%	9,012	799	8.9%	8,554	799	9.3%	8,759	731[@]	8.3%	32,835	2,589	7.9%	7,574	524	6.9%
1970–71	24,987	2,734	10.9%	11,500	1,297	11.3%	11,169	1,228	11.0%	11,348	1,256	11.1%	40,487	3,894	9.6%	8,974	827	9.2%
1975–76[†]	42,282	9,590	22.7%	15,360	3,642	23.7%	14,897	3,511	23.6%	15,295	3,647	23.8%	55,818	11,417	20.5%	13,634	2,212	16.2%
1980–81	36,083	10,657	29.5%	17,141	4,948	28.9%	16,587	4,757	28.7%	17,186	4,966	28.9%	65,189[‡]	17,248	26.5%	15,632	3,898	24.9%
1985–86	32,885	11,558	35.1%	17,225	5,857	34.0%	16,268	5,520	33.9%	16,963	5,800	34.2%	66,585	21,650	32.5%	16,117	4,957	30.8%
1990–91	29,241	11,785	40.3%	17,206	6,656	38.7%	15,998	6,153	38.5%	16,876	6,550	38.8%	65,163	24,286	37.3%	15,427	5,553	36.0%
1991–92	33,296	13,699	41.1%	17,435	6,943	39.8%	16,211	6,433	39.7%	17,071	6,804	39.9%	65,602	24,962	38.1%	15,356	5,543	36.1%
1992–93	37,402	15,618	41.8%	17,465	7,257	41.6%	16,289	6,772	41.6%	17,097	7,158	41.9%	65,606	25,754	39.3%	15,474	5,890	38.1%
1993–94	42,806	17,957	41.9%	17,361	7,288	42.0%	16,307	6,851	42.0%	17,121	7,230	42.2%	66,202	26,589	40.2%	15,504	5,895	38.0%
1994–95	45,360	18,967	41.8%	17,318	7,255	41.9%	16,287	6,819	41.9%	17,085	7,212	42.2%	66,815	27,364	41.0%	15,883	6,228	39.2%
1995–96	46,586	19,776	42.5%	17,356	7,437	42.8%	16,252	6,941	42.7%	17,058	7,363	43.2%	66,947	27,925	41.7%	15,895	6,501	40.9%
1996–97	46,965	20,028	42.6%	17,385	7,439	42.8%	16,201	6,918	42.7%	16,935	7,271	42.9%	66,913	28,157	42.1%	15,894	6,595	41.5%
1997–98	43,016	18,271	42.5%	17,312	7,484	43.2%	16,164	6,994	43.3%	16,867	7,333	43.5%	69,089	29,205	42.3%	15,972	6,656	41.7%
1998–99	40,995	17,784	43.4%	17,373	7,685	44.2%	16,170	7,162	44.3%	16,790**	7,450**	44.4%	69,297	29,680	42.8%	16,006	6,792	42.4%
1999–00	38,443	17,395	45.2%	17,421	7,966	45.7%	16,221	7,412	45.7%	16,856^	---^	---^	69,303	30,179	43.5%	15,716	6,675	42.5%
2000–01	37,088	17,273	46.6%	17,535	8,027	45.8%	16,301	7,472	45.8%	16,699	7,659	45.9%	69,204	30,666	44.3%	15,796	6,825	43.2%
2001–02	34,860	16,718	48.0%	17,454	8,294	47.5%	16,365	7,784	47.6%	16,875	8,039	47.6%	69,307	31,418	45.3%	15,676	6,923	44.2%
2002–03	33,623	16,556	49.2%	17,592	8,631	49.1%	16,488	8,113	49.2%	16,953	8,311	49.0%	69,715	32,377	46.4%	15,531	7,028	45.3%
2003–04	34,791	17,672	50.8%	17,542	8,732	49.8%	16,541	8,212	49.6%	17,035	8,470	49.7%	70,100	33,258	47.4%	15,829	7,261	45.9%
2004–05	35,735	18,018	50.4%	17,662	8,768	49.6%	16,648	8,235	49.5%	17,059	8,433	49.4%	70,815	34,188	48.3%	15,760	7,412	47.0%
2005–06	37,372	18,625	49.8%	17,986	8,765	48.7%	17,003	8,239	48.5%	17,376	8,416	48.4%	71,783	34,856	48.6%	15,927	7,748	48.6%
2006–07	39,108	19,293	49.3%	18,418	8,943	48.6%	17,361	8,438	48.6%	17,826	8,678	48.7%	72,898	35,397	48.6%	16,140	7,925	49.1%
2007–08	42,315	20,735	49.0%	18,858	9,107	48.3%	17,759	8,582	48.3%	18,287	8,863	48.5%	74,302	35,924	48.3%	16,168	7,969	49.3%
2008–09	42,231	20,360	48.2%	19,135	9,181	48.0%	18,036	8,614	47.8%	18,370	8,798	47.9%	75,784	36,364	48.0%	16,467	8,036	48.8%
2009-10	42,268	20,252	47.9%	19,331	9,264	47.9%	18,390	8,817	47.9%	18,853	9,109	48.3%	77,383	36,989	47.8%	16,838	8,133	48.3%
2010-11	42,741	20,207	47.3%	19,641	9,237	47.0%	18,665	8,756	46.9%	19,082	8,975	47.0%	78,770	37,384	47.5%	17,364	8,396	48.4%
2011-12	43,919	20,780	47.3%	20,176	9,495	47.1%	19,230	9,037	47.0%	19,947	9,410	47.2%	80,279	37,878	47.2%	17,341	8,291	47.8%
2012-13	45,266	20,922	46.2%	20,479	9,514	46.5%	19,517	9,064	46.4%	20,279	9,434	46.5%	82,057	38,428	46.8%	18,157	8,721	48.0%
2013-14	48,014	22,250	46.3%	21,070	9,977	47.4%	20,055	9,467	47.2%	20,803	9,828	47.2%	83,472	38,949	46.7%	18,067	8,576	47.5%

TABLE 2: DISTRIBUTION OF RESIDENTS BY SPECIALTY, 2003 COMPARED TO 2013

Specialty	Total Number of Women and Men Residents in Specialty 2013	Total Number of Women Residents in Specialty 2013	Women Residents as % of Total Women and Men Residents in Specialty 2003	Women Residents as % of Total Women and Men Residents in Specialty 2013	Percent of Women Residents in Specialty 2003	Percent of Women Residents in Specialty 2013	Percent of Men Residents in Specialty 2003	Percent of Men Residents in Specialty 2013
Allergy and Immunology	305	201	46.7%	65.9%	0.3%	0.4%	0.2%	0.2%
Anesthesiology	6,156	2,258	27.3%	36.7%	3.4%	4.3%	6.2%	6.3%
Colon and Rectal Surgery	83	32	31.1%	38.6%	*	0.1%	0.1%	0.1%
Dermatology	1,331	831	57.4%	62.4%	1.5%	1.6%	0.8%	0.8%
Emergency Medicine	5,777	2,193	32.2%	38.0%	3.2%	4.2%	4.6%	5.8%
Family Medicine	10,208	5,602	50.7%	54.9%	12.2%	10.7%	8.1%	7.4%
Internal Medicine	23,081	10,010	41.1%	43.4%	21.9%	19.1%	21.5%	21.1%
Internal Medicine Subspecialties	11,030	4,129	30.9%	37.4%	6.7%	7.9%	10.3%	11.1%
Medical Genetics	86	53	54.1%	61.6%	0.1%	0.1%	0.1%	0.1%
Neurological Surgery	1,272	201	11.3%	15.8%	0.2%	0.4%	1.3%	1.7%
Neurology	2,941	1,405	38.0%	47.8%	1.6%	2.7%	1.8%	2.5%
Nuclear Medicine	101	39	28.5%	38.6%	0.1%	0.1%	0.2%	0.1%
Obstetrics and Gynecology	4,884	4,032	74.1%	82.6%	8.5%	7.7%	2.1%	1.4%
Ophthalmology	1,315	588	33.3%	44.7%	1.1%	1.1%	1.5%	1.2%
Orthopaedic Surgery	3,948	544	9.8%	13.8%	0.8%	1.0%	5.0%	5.5%
Otolaryngology	1,505	522	22.1%	34.7%	0.6%	1.0%	1.6%	1.6%
Pathology	2,918	1,582	49.3%	54.2%	3.2%	3.0%	2.3%	2.2%
Pediatrics	12,074	8,530	64.3%	70.6%	16.0%	16.2%	6.1%	5.7%
Physical Medicine and Rehabilitation	1,261	500	38.5%	39.7%	1.1%	1.0%	1.2%	1.2%
Plastic Surgery	918	295	20.1%	32.1%	0.3%	0.6%	0.8%	1.0%
Preventive Medicine	250	134	42.5%	53.6%	0.4%	0.3%	0.3%	0.2%
Psychiatry	5,965	3,276	52.0%	54.9%	7.0%	6.2%	4.4%	4.3%
Radiation Oncology	683	197	30.2%	28.8%	0.4%	0.4%	0.6%	0.8%
Radiology-Diagnostic	5,132	1,374	25.9%	26.8%	2.9%	2.6%	5.6%	6.1%
Surgery	7,865	2,984	25.6%	37.9%	4.8%	5.7%	9.5%	7.9%
Surgery Subspecialties	809	291	13.6%	36.0%	0.1%	0.6%	0.5%	0.8%
Thoracic Surgery	313	62	9.8%	19.8%	0.1%	0.1%	0.5%	0.4%
Urology	1,255	306	15.5%	24.4%	0.4%	0.6%	1.6%	1.5%
Transitional Year	1,010	350	34.2%	34.7%	1.0%	0.7%	1.3%	1.1%
TOTAL	114,476	52,521	40.7%	45.9%	100%	100%	100%	100%

Nei medici attualmente in servizio come Endocrinologi le donne sono il 44%

E’ vero anche in ambito accademico?

- No
- Negli USA gli uomini superano il 70%
- In Italia:
  - P.O. 12,8 % di donne.
  - Tutti i docenti e ricercatori 26% di donne

Table 1. Female and male medical students' career considerations measured at starts and after three years of study

Variables	Beginning of first year			End of third year		
	Female (n=214) % (n)	Male (n-=78) % (n)	*p*	Female (n=214) % (n)	Male (n-=78) % (n)	*p*
Specialty - choosing it						
Internal medicine	7.0 (15)	5.1 (4)	.564	16.0 (34)	22.1 (17)	.227
Psychiatry	3.3 (7)	3.8 (3)	.811	3.3 (7)	6.5 (5)	.226
Neurology	1.9 (4)	1.3 (1)	.732	6.1 (13)	9.1 (7)	.375
Pediatrics	17.3 (37)	9.0 (7)	.079	8.0 (17)	2.6 (2)	.102
Surgery	9.8 (21)	25.6 (20)	.001*	5.6 (12)	20.8 (16)	.000*
Gynecology	5.1 (11)	(0)	.041*	10.3 (22)	1.3 (1)	.012*
Family medicine	8.4 (18)	7.7 (6)	.843	15.0 (32)	6.5 (5)	.055
Other	1.9 (4)	5.1 (4)	.131	16.4 (35)	13.0 (10)	.474
I don't know	45.3 (97)	42.2 (33)	.646	19.2 (41)	26.6 (14)	.838
Working hours						
Full-time[1]	48.1(103)	79.5 (62)	.000*	33.8 (70)	88.3 (68)	.000*
Part-time	50.0 (107)	19.2 (15)	.000*	62.3 (129)	11.7 (9)	.000*
I don't know	1.9 (4)	1.3 (1)	.732	3.9 (8)	0	.080

During the theoretical part of medical education, gender differences in specialty preferences change as female medical students increasingly tend to attach greater importance to their future work-life balance. As a consequence, they show a higher preference for part-time work and anticipate that their career will have an impact on their future family life. Male students remain focused on full-time work.

Che ricaduta ha la femminilizzazione della disciplina?

Perché l'Endocrinologia ha uno shift verso la femminilizzazione significativamente più precoce rispetto alla media delle altre subspecialità di Medicina Interna?

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Una riduzione dell'offerta assistenziale:

Endocrinologo maschio lavora in media 42 h /sett con una media di 3434 visite l'anno

Endocrinologo femmina lavora in media 36h /sett con una media di 2484 visite l'anno

L'endocrinologo annualmente guadagna la metà del cardiologo

Soddisfazione nel lavoro

Table 7: Summary of Statistically Significant Results from Table 5 and Prior 1996-1997 Study

Panel A: High values for satisfaction score in 2004-2005 and high percentages for "very satisfied" in 1996-1997	
2004-2005	**1996-1997**
Pediatric emergency medicine	Geriatric internal medicine
Geriatric medicine	Neonatal medicine
Other pediatric subspecialties	Dermatology
Neonatal/prenatal medicine	Pediatrics
Internal medicine and pediatrics (combined practice)	All other specialties (n<40)
Pediatrics	
Dermatology	
Child and adolescent psychiatry	

Panel B: Low values for satisfaction score in 2004-2005 and high percentages for "dissatisfied" in 1996-1997.	
2004-2005	**1996-1997**
Neurological surgery	Otolaryngology
Pulmonary critical care medicine	Obstetrics and gynecology
Nephrology	Ophthalmology
Obstetrics and gynecology	Orthopedic surgery
	Internal medicine

Solo il 45% risceglierebbe di fare l'Endocrinologo

Tabella riparto contratti formazione specialistica Medici - A.A. 2014-2015

ALLEGATO n.2 D.M. 26 maggio 2015 n.315 come rettificato dal D.M. n.321 del 29 maggio 2015

Endocrinologia e malattie del metabolismo

N°	Università	Scuole aggregate	Contratti 2014/2015 (5000)	Contratti 2014/2015 (1000)	Contratti 2014/2015 (6000)	Contratti regionali		Contratti altri enti pubblici e/o privati	TOTALE contratti statali, regionali e altri enti	Posti riservati SSN	Posti riservati militari
1	Bari	*Foggia*	3	0	3	2	*Puglia		5		
2	Cagliari	*Sassari*	2	0	2				2		
3	Catania	*Catanzaro* *Messina* *Palermo*	7	1	8				8		
4	Chieti	*L'Aquila*	2	0	2				2		
5	Ferrara	*Bologna*	3	1	4				4		
6	Firenze		3	1	4				4		
7	Genova		3	1	4				4		
8	Milano		3	1	4				4		
9	Milano "S. Raffaele"		1	0	1			1	2		
10	Milano Cattolica		2	1	3				3		
11	Modena	*Parma*	2	1	3				3		
12	Napoli Federico II	*Napoli II Ateneo*	4	1	5	2	Campania		7		
13	Padova	*Politecnica delle Marche*	3	1	4				4		
14	Pavia		2	0	2				2		
15	Pisa		4	1	5				5		
16	Roma Sapienza Fac. F-M/M-O (*)	*Roma Sapienza Fac. M-P*	9	1	10				10		
17	Roma "Tor Vergata"		2	1	3				3		
18	Roma Campus		1	0	1				1		
19	Siena		2	0	2				2		
20	Perugia		1	1	2				2		
21	Torino		3	1	4				4	1	
22	Varese "Insubria"	*Brescia* *Milano "Bicocca"*	3	1	4				4		
23	Verona		3	1	4	2	**Provincia autonoma TN, Veneto		[illegible]		
	TOTALE		68	16	84	6		0 1	91	1	0

(*) Ivi comprese le esigenze del polo pontino

* riservato ai medici iscritti presso uno degli Ordini dei medici della Regione Puglia [illegible] enza [illegible] a almeno 3 anni al [illegible] irma del contratto

** 1 riservato a laureati in Atenei della Regione Veneto in possesso dei requisiti di cui alla L.R. 14 maggio 2013, n. 9, 1 riservato a soggetti residenti nella provincia di TN in possesso dei requisiti di cui agli artt. 3 e 4 della L.P. 6 febbraio 1991, n. 4

QUESTI ENDOCRINOLOGI SONO POCHI? O SONO TROPPI ??

QUESTI ENDOCRINOLOGI SONO POCHI? O SONO TROPPI ??

L'E.S. ha stimato che gli endocrinologi in realtà sono pochi:

L'attesa per una visita endocrinologica non urgente è di 37 giorni, la più lunga fra tutte le subspecialità di M.I.

La domanda andrà aumentando soprattutto se l'endocrinologo si riappropria dell'assistenza diabetologica.

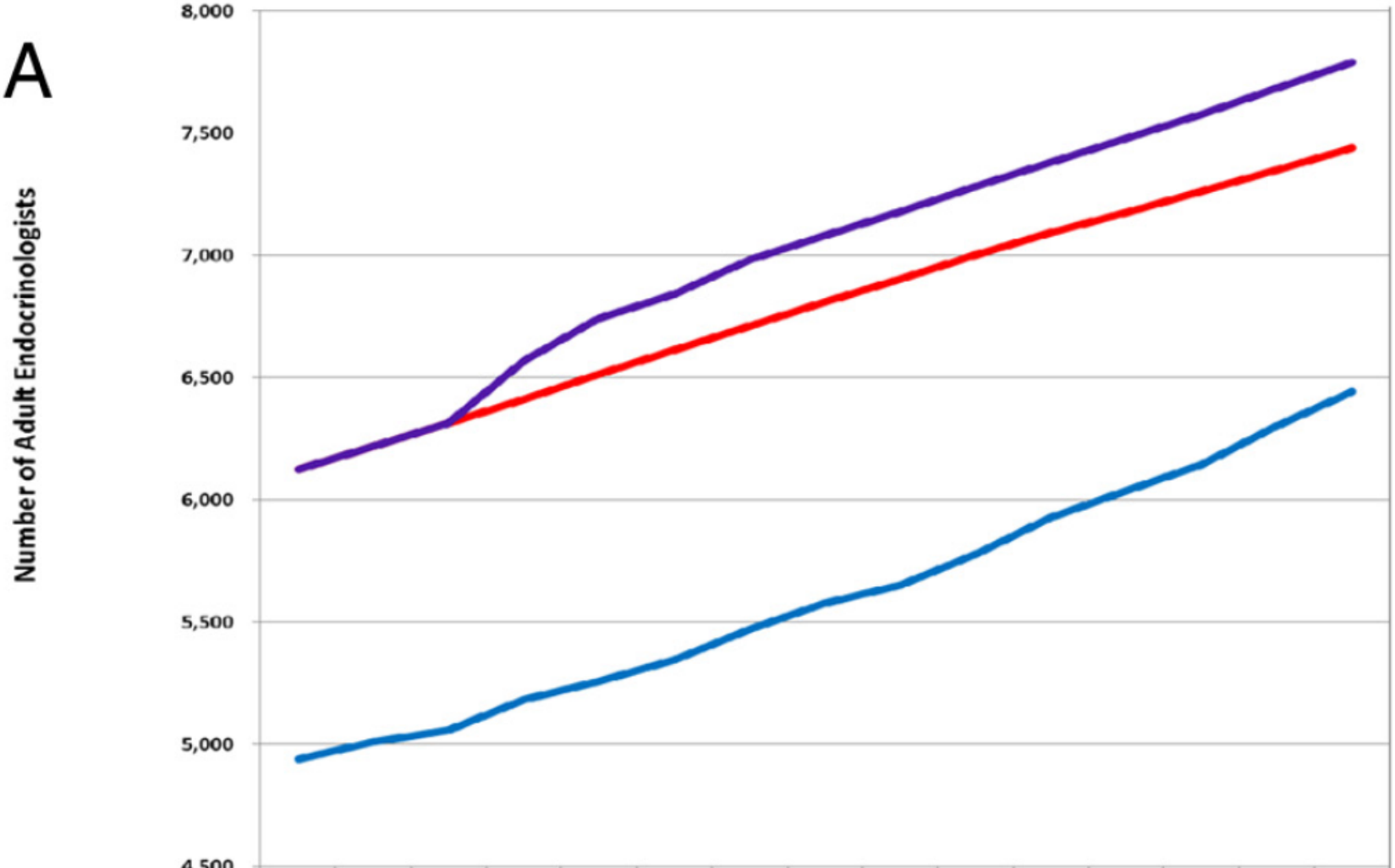
Le richieste di visite endocrinologiche sono :

- **46,1 % per diabete (85 % eseguite da non endocrinologi!)**
- **18,2 % per disordini tiroidei**
- **33,7 % per altro**

Table 1. Baseline Case and Three Scenarios of Supply and Demand

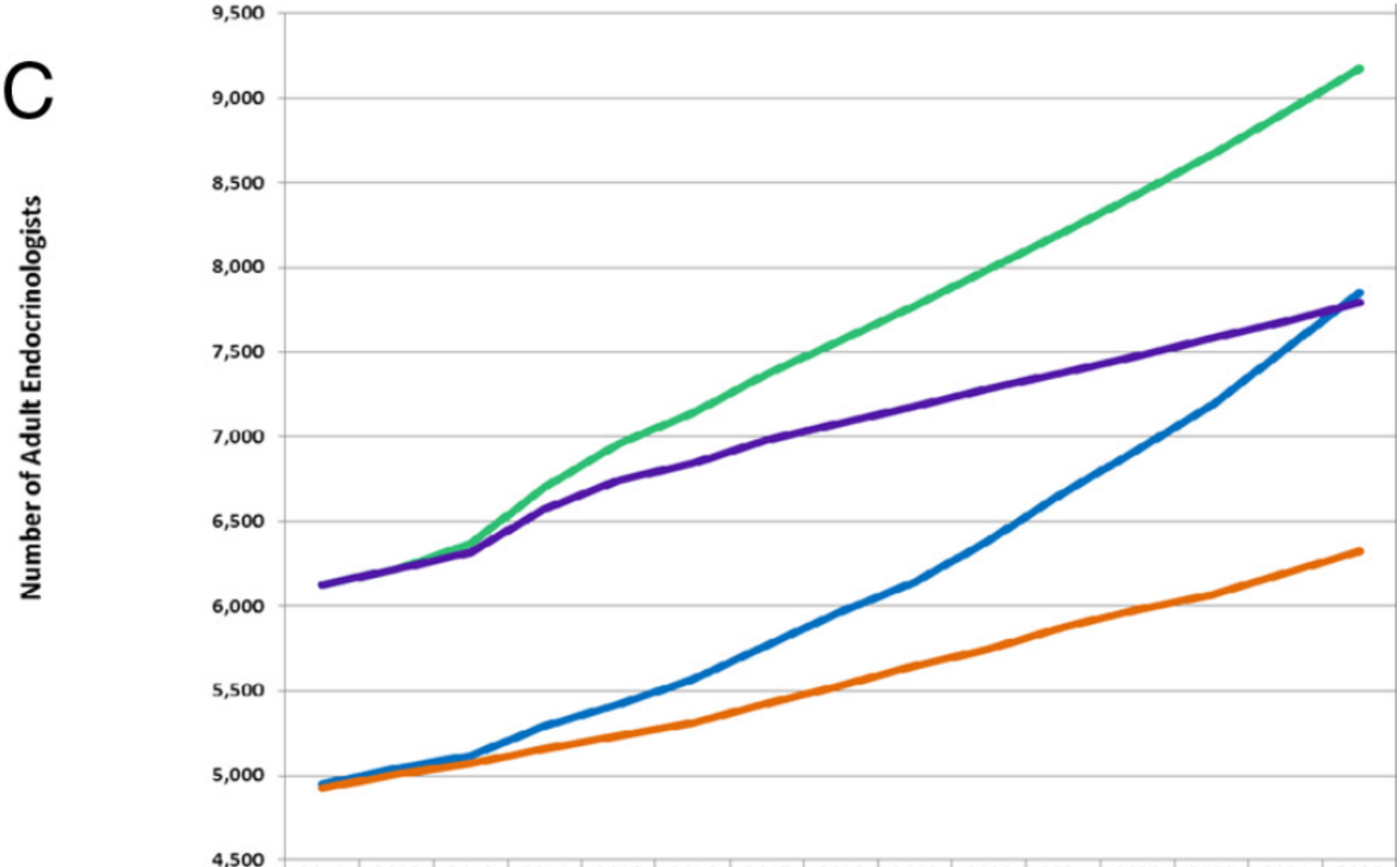
Scenarios	Supply	Demand
Baseline	Number of annual entrants is projected to remain constant at 2011 levels, which was 280 for adult endocrinologists and 73 for pediatric endocrinologists.	Demand affected only by population growth and changing demographics plus the impact of health care reform for both adult and pediatric endocrinologists.
Scenario 1	Annual increase in fellowship positions by historical growth rate of 3.4% for adult and 6.6% for pediatric endocrinologists.	Same as baseline.
Scenario 2	Both baseline and scenario 1 are displayed for both adult and pediatric endocrinologists.	The prevalence of diabetes increases from a current rate of 7.4% to 12% by 2025. Using MEPS data, we determined the number of endocrinology visits per diabetic per year separately for adults and children. We then added the number of visits of additional diabetics due to the prevalence increase to obtain the additional endocrinology visits demanded. This is applied to both the adult and pediatric population.
Scenario 3	Adult: growth in new entrants to close supply/demand gap in 5 and 10 years, respectively.	Baseline demand.

A



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Baseline Supply Clinically Active (FTE)	4,940	5,013	5,057	5,186	5,260	5,347	5,470	5,578	5,653	5,778	5,928	6,039	6,145	6,302	6,445
Demand (FTE)	6,125	6,219	6,315	6,411	6,513	6,613	6,712	6,809	6,906	7,002	7,092	7,178	7,263	7,349	7,440
Demand Under ACA (FTE)	6,125	6,219	6,315	6,571	6,744	6,841	6,982	7,081	7,180	7,282	7,380	7,478	7,579	7,682	7,789

C



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Demand Adults FTE - diabetes (ACA)	6,125	6,219	6,372	6,703	6,955	7,138	7,371	7,568	7,773	7,987	8,205	8,430	8,668	8,915	9,175
Scenario 1 Supply Clinically Active (FTE)	4,948	5,043	5,118	5,290	5,418	5,568	5,770	5,967	6,144	6,386	6,666	6,921	7,187	7,518	7,852
Demand Under ACA (FTE)	6,125	6,219	6,315	6,571	6,744	6,841	6,982	7,081	7,180	7,282	7,380	7,478	7,579	7,682	7,789
Baseline Supply Clinically Active	4,926	5,009	5,071	5,160	5,234	5,312	5,426	5,530	5,648	5,749	5,872	5,981	6,064	6,193	6,322

DOVE E’ NECESSARIO ANDARE

Table 2. Proactive Interventions to Reduce the Gap Between Supply and Demand for Endocrinologists

Intervention	Comments
Expanding the number of fellowship positions	This is an important first step in almost any strategy to significant reduce the excess demand gap. We considered the question of the rate at which new entrants to the adult endocrinology profession would be required to grow to close the excess demand gap in 5 and in 10 years, respectively. We found that, under our baseline assumptions for demand, the growth rate for new entrants would be about 14% per year to close the gap in 5 years and about 5.5% per year to close the excess demand gap in 10 years.
Providing more remunerative evaluation and management codes for endocrinology services	These would include codes for diabetes, obesity, and metabolic syndrome including improvement reimbursement rates for insulin pump care, continuous glucose monitor initiation, and blood glucose data review. Meaningful salary increases may incentivize medical school graduate to select endocrinology as a specialty rather than the higher-paying, procedural-based specialties.
Reimbursement for more efficient means of delivering health care services	These would include telephone calls or e-mails to patients, telemedicine consults, and payment for ancillary providers at remote sites.
Truncating the training duration	Reducing from 3 to 2 years the duration of internal medicine training prior to entering an endocrinology fellowship. This would be expected to make endocrinology more attractive to internal medicine residents, thereby enhancing the supply once additional fellowship positions become available and, in the longer run, increase the years of clinical practice provided by endocrinologists over a career.
Disseminating information on best practices	This would include information on optimal frequency and length of follow-up visits, use of information technology to encourage appropriate follow-up, and optimal use of physician assistants/nurse practitioners to assist with endocrinology patients with chronic conditions.

Come una società scientifica può lavorare per rivalorizzare anche in italia la figura dell'endocrinologo nel SSN ?

- **Favorire la cultura in ambiti di possibile sviluppo:**
  - **Diabete**
  - **Osteoporosi**
  - **Dislipidemie ed endocrinologia «cardiometabolica»**
  - **Andrologia ed endocrinologia ginecologica**
- **Studiare una survey per fotografare la situazione attuale dell'assistenza endocrinologica e prospettare alle autorità l'importanza del ruolo dell'endocrinologo nei setting assistenziali sopra esposti**
- **Ricontrattare la remunerazione delle attività svolte dagli endocrinologi, anche per quel che riguarda l'assistenza a distanza**
- **Migliorare la conoscenza al fine di migliorare la clinical practice**

Grazie dell’attenzione