



FÉDÉRATION EUROPÉENNE DES MÉDECINS SALARIÉS
EUROPEAN FEDERATION OF SALARIED DOCTORS

Date:	03-05-2013	Document:	F13-027 EN
Title:	National Report France SNPCHAR-e (May)		
Authors:	Dr Bertrand Mas (SNPCHAR-e President), Dr Yves Rebufat (SNPCHAR-e Vice-President)		

Docteur Bertrand MAS
Président

Docteur Yves REBUFAT
Vice-Président

FEMS 2013: CONTRIBUTION OF SNPHAR-E (NATIONAL UNION OF HOSPITAL ANESTHESIOLOGY-INTENSIVE CARE CONSULTANTS EXTENDED)

In France, 2012 and 2013 were high on the hospital medical unions' activity.

The new government elected in May 2012 is installed. The Minister of Health, Ms. Marisol TOURAINE, has launched a major consultation of all hospital stakeholders called "**Pact of Trust**", around three themes:

- The public health service in the health care system?
- Mode of social dialogue and human resource management?
- What organization and operation of the hospital public service?

The SNPHAR-E took part in the pact of trust through its Interunion "**Avenir Hospitalier-Hospital Future**", finally recognized as representative of the new ministry after almost 1 year of existence. This consultation led to the drafting of a report by Mr. Edouard COUTY (former Director of the hospitalization and provision of care Direction) in which 46 proposals on the evolution of public hospital services are made. Thirteen of them were selected by Ms. Marisol TOURAINE in a form of commitment around four major themes (**Territory public service planning, modernizing the hospital funding, strengthening democracy in the hospital, renovating the social dialogue**). To date, this has not yet led to any concrete action but working groups are being organized by the Ministry on these 13 proposals.

The problem of **Time Saving Accounts**, which constituted a social time bomb to end of 2012, has been solved. Doctors can now take up to 20 days per year on this account (unused leaves, working time reduction, opting-out extra time), that remain available and secure until the end of their careers, even in case of death (payment at around 300 euros/day) or disease. Days stored before 2012 may be subject to a fee (300 euros/day).

France is increasingly confronted with **medical deserts in family medicine but also in hospitals** for certain specialties and regions. More and more hospitals operate in inhumane conditions and the provision of care is greatly reduced in some areas a bit isolated or less attractive often for climate reasons. This problem has now been assimilated by the political class, it remains that the austerity practiced in France, as in other European countries, does not favor increased government budgets for health. The problem remains unsolved and

continues to worsen with the increasing demand for care related to demography and aging population.

Hospital management continue to waive European and national regulation of 48 hours maximum and the working time is always a stumbling block of the hospital doctors' status. The problem of the painful night work is still not resolved. However, it seems that France has suffered pressure from the European Commission to address the issue of travel time achieved during the non-resident on-call duties. It is not recognized as working time and leads to grotesque situations of consultants working at night on their non-resident on-call duties and taking their daily rest, which had duty of working days to their employer at the end of the month and pay sometimes significant money. We also hope to find soon a solution to this national problem.

Outside the hospital, amendment No. 8 to the Convention between the compulsory health insurance and private doctors' unions was signed at the end of 2012. It attempts to limit the annual growth of excess fees (non refundable) of private medical specialists. This agreement was the subject of much criticism: for doctors in free practice it is too draconian and overall for the public opinion it is insufficiently coercive. In addition, a great bargaining among the French trade unions and the employers has led to the signing of a memorandum of understanding authorizing the use of temporary part-time within the enterprises in difficulty. The agreement also provides widespread coverage of employees by collective contracts in supplementary health insurances.

Finally, in February a **mission of seven Wise** was established to develop a **national strategy for health** in the future. Work has just started but it should influence a large **public health Law** in 2014.

In total, a year of consultation and hope to finally see some change, some social progress, but in a context of fiscal discipline imposed by the global economic crisis.