



**Fédération Européenne
des Médecins Salariés**
European Federation
of Salaried Doctors

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FEMS Porto 2013: CONTRIBUTION OF SNPHAR-E (NATIONAL UNION OF ANESTHESIOLOGY & INTENSIVE CARE CONSULTANTS ENLARGED)

In France, the year 2013 was important for the hospital medical unions. Dialogue and consultation with the government resumed, when they were almost nonexistent for nearly 10 years.

New Decrees on **Commissions of Medical Institutions (CME)**, elected by the physicians in each hospital to participate in the governance, are published in the Official Journal. Certain prerogatives of CME were reintroduced (more "consultations" and less "informations") but these decrees leave us unsatisfied because the medical representation of CME is still not as democratic as we would have liked: it remains an over-representation of Heads of departments named by the Director of the hospital.

At the same time, were also published texts on the **Joint Regional Commission (PRC)** dedicating at the same time the representativeness of our Interunion "Hospital Future". This commission, whose existence is nevertheless regulatory old, does not exist in all regions of France. We hope that this decree and the accompanying Circular letter will launch the resumption of social dialogue at the regional level, which completely disappeared since the Hospital Patient Health Territory (HPST) Act of 2009. The region seems to be the suitable level to express our difficulties and wishes.

On the assessment of the functioning of hospital Departments, hospital doctors' inter-unions were not associated with this assessment, given by the Minister of Health for the Conferences (national representations of Directors and Presidents of CME). We protested in the press and to the Ministry against what seems to be a conflict of interest and we have refused to be interviewed on the topic.

The Circular letter on **automatic carryover of annual leave** posed two new questions we have raised. That of the **retroactivity** of this measure, which is not possible excepted of local agreements. The **extension** of this right (postponement of leave in case of illness) to paternity and parental leave (we had already obtained an extension to maternity leave): the Ministry of Health has meant we have agreement and a Circular Letter will establish this new extension. We also received an agreement in principle to proceed with the "grooming" of our status (10 pages of inconsistencies due to various reforms and rewriting have been identified).

Working time, painful work and on-call duties. We sent a complaint to the European Commission on this issue and the EC sent a **"formal request" on September 26 to France** asking to respect the right of hospital doctors to an average weekly working time of 48 hours and to minimum rest periods after overtime at night, as required by the working time Directive. The response of the French government will be given in two months at the latest.

A new **Decree governing the on-call duties** should also get out quickly (October or November), after accelerated consultation this summer. This should answer some of our expectations (if called out at night to deal with emergencies after normal working hours this night working time and travel time will be integrated in the weekly working time at the same level as resident on-call duties), but it remains some unclear aspects which could give some material to litigate (half-day recognized from 5 hours total time [we wanted 4h], persistence of the possibility of a lump sum compensation that openly departs from the principle of the chosen and contracted opt-out). Regarding the duration of 5h generating a half-day of work in the rota, it can not be opposable for the count of day work and we managed to do well up in the text. We hope that the Circular accompanying this text provide all the necessary details and that the review of our status will remove the last obstacles: we do not despair for recognition at fair value of the night working time: all night resident or displaced non-resident on-call duty has to generate three half-days of work and not two half-days, as at present.

In any case, the European Commission continues its work to implement the ED 2003/88 as it has asked again to France, as in Italy in May 2013, to comply with the hospital doctors' working time. We hope that these pincers that tightens around the government and its contradictions will help us to make rapid progress on the delicate subject of hospital doctors' working time calculation.

The **Continuing Professional Development** of Physicians (CPD), which was supposed to be one of the great advances in HPST Act in 2009, is currently a fiasco. A mission of the General Inspectorate of Social Affairs (IGAS) is underway, to clarify the operation of this complicated device which is still far from the initial target.

Finally, the creation of a **national advisory body for Hospital Consultants** with discussions on health issues, social dialogue and the legal status is being negotiated.