



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

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FEMS 2014: SNPHAR-E (ANESTHESIOLOGY & INTENSIVE CARE HOSPITAL CONSULTANTS' NATIONAL TRADE UNION-ENLARGED) Report on the French situation

In France, the year 2013 has been quite poor on hospital medical unions' level.

After consultation launched with much media attention in 2012 and the publication of Couty's report (Pact of Trust) in spring 2013, it is clear that most of the proposals in this report have gone unheeded. No significant progress has been achieved for hospital doctors.

Social dialogue within the hospital is still non-existent and working conditions continue to deteriorate with the economic crisis (budgetary restrictions focusing on personnel costs) and demographic difficulties challenge certain specialties (anaesthesiology, radiology, obstetrics and gynaecology,...). Activity-based funding applied to 100% in this context has extremely harmful effects. To maintain budgets balances hospitals must "produce" more, do more activities that put staff under pressure and aggravate the deficit of social security budget. Worse perhaps, reasoned medical procedure has disappeared and decisions are more often based on the activity that has become the only criterion measuring the importance of a hospital department.

There is however a Ministerial commitment to restore some social dialogue in the hospital. **The revival of regional joint committees**, governing body composed by managers and medical unions is a concrete realization. The first meetings began this year and we hope that these bodies play a regulatory role on the hospital medical practice in monitoring the implementation of specific regulations on continuity of care and working time.

The travel time penalty during non-resident on-call duties was finally recognized as time worked. The SNPHAR-E entered the European Commission of a complaint in 2009 because France refused hospital consultants take into account the travel time penalty in the calculation of effective working time. After 2 years of waiting, the European Commission has finally established an infringement procedure in the form of a "reasoned opinion" giving notice to France to meet the commitments of the EWTD. This procedure

allowed the resumption of negotiations on trips penalty leading to the publication of a new regulatory text. The decree of November 8, 2013 changed that on 30 April 2003, by introducing the concepts of travel time and moving time will be compensated up to the time on site. A caveat, however, it took more than 5 months for the application Letter (Ministerial General Direction of Healthcare Provision instruction) to be published as the pressures of directors and medical managers not to apply this decree were strong. **To date, there has yet been no time or financial result for physicians to this new regulation.**

Hospital medical deserts for certain specialities and regions continue to grow. Concerning Anaesthesia, no region is spared and colleagues suffer from imposed long hours without any possible compliance with the European Working Time Directive. The physician positions are vacant and will meet any candidate. Many doctors have turned to temporary positions, less restrictive and more lucrative. This causes a great loss of motivation of teams that are loyal to their institutions while colleagues are better paid and less invested. A report on this subject was conducted by Dr. Olivier Veran, member of the Parliament for Isère, and proposes several measures including monitoring and management of this type of exercise but also an improvement in the attractiveness of the hospital medical practice. Some days ago, the Minister of Health, speaking of the problem, said the need for a cap on salaries of temporary doctors without addressing the issue of the attractiveness of the hospital medical practice, which remains problematic in terms of time constraints and remuneration.

An ultimately disappointing year as hopes for change generated by the Pact of Trust have finally led to any new proposal for evolution of hospital medical practice. The glimmer of hope is the existence of consultative meetings with the Ministerial General Direction of Healthcare (DGOS) but we know that words do not replace actions.