



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

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FEMS May 2015: situation in France since October 2014

The SNPHARE, associated with its Inter-Union "Hospital Future", conducted an Action Day on October 14, the main claim was the **attractiveness of hospital medical careers**. This movement was a success: 60 to 70% of strikers among anesthetists and 40 % in the other specialties. This movement led to the establishment of a governmental mission on the attractiveness of medical careers led by a former Senator, Jacky Le Menn, in which we participate with all relevant partners.

In December, a strike by the liberal physicians against the draft **Health Act** proposed by our Minister has led us to file a strike notice after our emergency medical colleagues of AMUF-CGT, due to the worsening of our working conditions and the demand of certain Regional Health Agencies to increase the public hospitals shifts to address the failure of the liberal sector in continuity of care.

Claims on the **working time of emergency physicians** were partly heard by the publication of a Memorandum on their working time with generalization of the hourly countdown principle in all hospital emergency structures and prehospital SAMU-SMUR: a 39h time dedicated for clinical posted work and a time package for non-clinical work. The shift work performed beyond the clinical time limit will result in additional remuneration, provided that the non-clinical time is achieved. We asked that the scheme will also be studied for other specialties, including anesthesiology and intensive care.

In France, the health institutions are gradually and with difficulty implementing the **Order of 8 November 2013** on the organization and compensation of continuity of care. We notice plenty of local amenities depending on the institutions, more or less lawful.

Hospital doctors **working conditions** does not really improve. The increasing amplitude of opening of technical platforms invariably results in increasing the daily time loads. For teams organized in half days work, this causes frequent exceeding of the 48 hours maximum weekly working time.

Notice that the new **Health Act** was passed in first reading in Parliament.

We also expected a simplification device of our **Continuing Medical Education and Continuing Professional Development**, but unfortunately the administrative nightmare remains the same. Nothing is guaranteed for the hospital doctors' representation in the regulating bodies or even autonomy for the choice of our continuing education. Financing of our training is still problematic for hospital doctors. Very often the physicians have still to pay their training!