



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

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Half-yearly FEMS report – October 2017

As part of the hospital medical careers attractiveness plan introduced by the previous government, two texts were released on March 14, 2017, setting two different types of premiums for future colleagues who agree to commit for 3 years in the hospital care, in under-dense areas (€ 20,000) or in tension specialties (€ 10,000): anesthesia & intensive care and radiology, due to special recruitment difficulties.

Since then, the ballot boxes have rendered their verdict on May 7. A new President was elected, a government was formed and a new tenant moved to the Ministry of Health. The SNPHARe will obviously continue to be part of the discussions and negotiations, as it has always done. Now, they will take place with Agnès BUZIN and his office concerning the Public Hospital and its main actors, the Hospital Consultants. The SNPHARe has elaborated its 10-points union project, including the medical exercise in Europe, and will bring it to the public authorities to defend the hospital doctors' working conditions.

Medical demography, one of the topics of this project, is one of the keys of the present but also and especially of the future. However, with the reform of the 3rd cycle of medical studies, a number of questions on the subject have emerged and for some the answers remain blurred or even non-existent! How many doctors need to be trained? How to attract them to a hospital career, especially by finding levers to reconcile professional and private life? How can we explain that a non-negligible part of physicians entering the career is on the basis of a temporary contract and not under the protection of the legal Status of hospital Consultants?

The hospital career is a choice of each one of us and the SNPHARe will continue to defend the working conditions and the recognition of the constraints to which the Consultants are subjected in their daily practice. Some texts appeared just before the presidential elections and are going in this direction. However, other texts are awaiting, notably on non-clinical time or night working time counted at 3 half-days, bringing the 24 hours time to 5 half-days (2 HDs of day and 3 HDs of night).

The recently decided 1.7% increase in the Generalized Social Contribution on wages, uncompensated, and the abolition of pension contributions on overtime, are two very hard blows for Public Hospitals' Consultants, in a already very difficult hospital environment. After the failure of the attractiveness plan of the previous ministry, this financial hold-up will not remain without reaction of the SNPHARe nor of all the Hospitals' Consultants.

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