



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

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Author:	SNPHARe		

Docteur Michel Dru
President

Docteur Laurent Heyer
Member of the Board

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The hospital landscape is mainly dominated by the necessary transition period after a political alternation: what happens to the previous projects and what are the new ones? The new Government rejected all the commitments of the Plan of Attractiveness of Hospital Medical Careers decided by the previous government, except 2 measures:

- 1) The hiring premium for young professionals in medical specialties in tension (radiology and anaesthesiology-intensive care) since March 2017. However, the payment of these premiums is taken from the budget of the hospital where the doctor works, hence the search for tips from the hospital managers to not pay them. The SNPHARE had to intervene several times to enforce this right.
- 2) The creation of the Higher Council of Medical, Odontology, Pharmaceutical Personal in Public Health Institutions, July 19, 2018, obtained after claim to the Council of State by some medical unions. The existence of this body should make it possible to obtain union means (offices, union action time).

The National Management Center (CNG), which manages 44,000 entitled Hospital Consultants, reported that 27.4% of positions are vacant in 2018, with an annual increase of around 1% observed for 10 years. At the same time, a survey carried out at the end of 2016 by the CNG, shows that hospitals rely on Contract Physicians who keep them in precarious situations, interpreting the law as it suits them. Contract Physicians of all specialties represent just under 40,000 professionals, or 44% of physicians in health care institutions. These contracted doctors are only assigned to 30.9% of the vacant Hospital Consultants positions. Finally, the public hospitals call on private Substitute Doctors (also called temporary doctors or free-lancers) who charge their fare (around € 650 to € 800 for a 10-hour daytime working, € 1,200 to € 1,500 for 24 hours). Under the pressure of the hospital Consultants' unions including the SNPHARE, a decree of November 2017 now caps their rates to arrive at 480 € for the day and 740 € for 24 hours working time. Sometimes hospital managers are forced to employ temporary doctors if they want to operate their hospitals, but some others prefer to use free-lancers for the flexibility of their organization.

At the same time, tax and pension reforms lead to further erosion of the salaries of Hospital Consultants. For the purchasing power, this erosion can be evaluated in comparison with the national minimum wage (SMIC): the salary of a Hospital Consultant at the beginning of his career represented 4.2 times the SMIC in 1984 but only 2.8 times today. Wage upgrading for hospital doctors for night work and overtime, promised by the previous Government, has been forgotten by the current Government.

The President of the Republic wants to achieve € 6.2 billion of savings to the hospital in the next 4 years, including € 1.2 billion on staff costs. The elimination of 30,000 medical and paramedical posts is expected by the end of the presidential quinquennium (2022).

The first budget statements for the year 2017 confirm these guidelines, with a public hospital as the main target of restrictions:

- 1) The 2017 budget balance sheet of the public hospitals confirms this trend with significant deficits in all hospitals (€ 890 million today versus € 470 million in 2016) and a decrease in investments (€ 6 billion in 2011 against € 4 billion in 2017).
- 2) At the same time, the increase in the budget allocated for health by the government does not follow the increase in prices. To keep the same quality of care, the budget should be increased by 3.2%, while it will only be 2.4% this year. It is the public hospital sector that is mainly affected, with a private sector that remains in budget increase.

In this context of lack of resources, there is a deterioration in the 'patients care in the public hospitals' emergency units (200 patients sleep every night on stretchers in France!). Hospital staff can no longer properly treat psychiatric and dependent elderly patients. A hospital doctors' major strike took place on May 22, 2018 during the Public Service Action Day. The Government responded with consultation meetings in which SNPHARE participated, with no results to date.

Two other projects started under the previous Government are being completed: the creation of an intermediate profession between nurses and physicians with the Nurses in Advanced Practices (IPA) and the re-certification of health professionals.

- 1) IPAs aim to respond to public health issues dominated by population aging, ambulatory shift and telemedicine. The two-year university courses will be open for the 2018-2019 academic year. The issues of valuing the work of the IPAs and their relations with the physicians are not settled.
- 2) The physicians' re-certification : it is the logical continuation of the transformation of the initial and continuous training of the health professions. The underfunding of Continuing Professional Development (CPD) persists (less than 0.5% of the Hospital Consultants' payroll) and the strengthening of the control of health professionals by the Ministry of Health raise fears of a difficult system to establish so inefficient.

After repeatedly postponing its launch, the Government presented on September 18th its new Health Plan: "National Health Strategy 2018-2022".

The year 2018 sees the emergence of a policy of transformation of the health system based on the liberal or private practice of medicine. The trend will be to replace entitled hospital doctors with contract physicians who will be adjustment variables. The SNPHARE will however continue to defend without fail the values of the professionals who built this public hospital in France.