



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

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<b>Author:</b>	<b>SNPHARe</b>		

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**Docteur Anne GEFROY-WERNET**

*Présidente*

**Docteur Laurent HEYER**

*Administrateur*

## Half-yearly report to the FEMS - May 2019

The passed semester is marked by the movement of "**Yellow Jackets**", the scope, duration and mode of claim is unknown. This movement led President Emmanuel Macron to bend his ultra-liberal policy, after a "**Great National Debate**" ... where Health was absent from the debate! Regarding Health, it seems on the contrary that forcibly progress is necessary.

The law of transformation of the health system, called "**Health Law**", was voted in the National Assembly and will be examined in the Senate these next days.

Originally designed for a "out-of-breath" hospital, this Health Law is very disappointing. If it widens her perimeter to the city, and to the city-hospital collaboration, it actually stopped at the entrance to the hospital.

The few important steps for hospital Consultants are:

- A policy to increase the number of trained doctors, through the abolition of the *numerus clausus* introduced in 1971 and the creation of bridges during health studies between the various training of medical and paramedical professions,
- The abolition of the entry examination into the body of hospital Consultants, a measure that seems completely incongruous, non-republican, facilitating nepotism rather than the assurance of the competence of doctors on the one hand, undermining the autonomy and the independence of doctors from their management on the other hand,
- The creation of a unique hospital Consultant's status, bringing together part-time and full-time physicians,
- The decision to periodically re-certify doctors, which would not apply to doctors already graduated,
- The doctor's place in the hospital or group of hospitals of territory (GHT), remains consultative with the acceleration of these groupings ... which especially have the effect of pooling the shortage, exposing moreover the Consultants to multi-site practice,
- The creation of local hospitals, without technical platform (theoretically ...), dedicated to a reconnection of the city and the hospital.

In the financing project, the reduction of the **Pay for Performance** (T2A) in the share of funding of healthcare facilities is mainly the result of a on care path fee-plan; experiments in this direction will begin for common chronic diseases.

The year is also marked by the reform of **hospital medical activity authorizations**, the originality of which is to mark a gradation of services according to the needs of multidisciplinary skills and recourse services. The goal is twofold: to take care of the patient in the right place and to define, at the level of a territory, the number of services required for each level.

Another law is under examination in the National Assembly, that of the **transformation of the Public Service**. Hospital doctors are not civil servants but public officials of the state. However, they are concerned by the extension to the medical, pharmaceutical and odontological personnel of the body dedicated to the working conditions of paramedical personnel: it is finally an acknowledgment of the risk of suffering at work and an opportunity to do prevention as well as screening.

Since January 1st, **overtime payment** is tax-free and without social contributions and this time the hospital doctors are clearly concerned by this measure, through the additional working time (*opt-out*). If tax exemption appears to be of interest to salaried doctors, desocialization means that this work no longer contributes to the retirement of Consultants ...

**Emergency services** are all in great difficulty. Several "avoidable" deaths have caused scandal in the press. The congestion of emergencies, is due on the one hand to the absence of upstream (shortage of General Practitioners, aggravated during the permanence of care period at night and during week-end) and on the other hand to the absence of downstream (closure of hospitals' beds). Added to this, is the shortage of emergency doctors (leading to the abandonment of guard lines) which led some services to go on strike. If it is mainly the nursing staff who is on strike, the doctors are in great suffering, as shown by a joint survey of SNPHARE and SAMU-Urgences de France:

- The medical teams are undersized: 85% of incomplete teams, half of which have a ratio target/observed workforce of more than 30%; only 16% of Consultants have non-shift time; the rate of turnover is high: one third of the emergency doctors declare that 30% of their workforce left in 3 years,
- Working time is not respected: 83% of Consultants exceed the maximum duration of the EWTD, including 61% without any contract of this *opt-out*; 56% of Consultants self-impose this overtime by professional ethics,
- The arduousness is increased at the permanence of care hours (night and weekend): workload significantly higher, 2/3 of physicians make more than 6 guards (nights) per month,
- Increasing use of medical interim free-lancers (62% of teams), without reducing the workload of Consultants; on the other hand, the medical interim clearly impacts the budgets of the hospitals (650 euros net the 12 working hours vs 320 euros gross the paid overtime for Consultants),
- Cruel lack of downstream beds: 2/3 of the survey's responders are facing a daily search for downstream beds, 5 to 20 patients are waiting on stretchers every morning,
- SAMU-Center 15 dispatch-centers are understaffed: insufficient number of regulatory-doctors in relation to the activity for 65% of respondents and insufficient regulatory-assistants in a third of cases. The latter have insufficient training time, regularly less than 10 hours per year.

It is very worrying to see, despite the accidents reported in the press, the strike movements throughout the territory, the arrests of the Minister of Health and the President of the Republic by the trade unions, that no decision is taken to **restore the attractiveness of Hospital Consultant's profession**, both in emergencies units as elsewhere.

The flight of doctors to more lucrative private structures and/or better working conditions is confirmed: they are very attractive not only for young people, but also for many long-term holders.

On the strictly trade union level, **professional elections** will be held at the end of June. They will elect members of Disciplinary Councils, National Statutory Commissions and the new **Higher Council of Medical Professions**, which Council is asked for the examination of all laws and regulations concerning medical personnel.

The SNPHARE published in February 2019 its project "**For an improvement of the working conditions of the public hospital's physicians**": 98 proposals on hospital Consultant's status, initial and continuing training, the place of doctors in governance (clinical leadership), union representation and occupational health.