



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

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Author:	SNPHARe		



Docteur Anne GEFFROY-WERNET

Présidente

Docteur Laurent HEYER

Administrateur

Half-yearly report to the FEMS - October 2019

Since the report of May 2019, **hospital emergency services** are still in great difficulty. The congestion of the emergencies, is due on the one hand to the absence of upstream (shortage of General Practitioners, aggravated during the period of permanence of care at night and week-end) and on the other hand to the absence of downstream (closure of hospital beds). The result is a loss of attractiveness and it becomes a vicious circle: the shortage of emergency doctors has led some services to go on strike. While it is mainly health care workers who have been on strike since June, doctors of all specialties are also in great pain and joined the protests in September. Nearly 250 Emergency Reception units at the hospital are on strike across the country.

The first measures announced by the Minister of Health Agnès Buzyn on June 14 were very insufficient and for much not funded. The renovation of premises and equipment of the most dilapidated services, a symbolic measure if any, has not been quantified.

The risk has become important to **see the conflict spread throughout the hospital**, the ERs being only the tip of the iceberg of the hospital in distress, neglected for years by the successive governments, whatever their political colour. On 9 September 2019, Agnès Buzyn unveils her Pact for the Refoundation of Emergencies : 12 measures for the hospital's unscheduled care system. The SNPHARE notes with great disappointment that this plan is totally lacking in ambition. Restricting the problem of the public hospital to the emergency reception crisis is a mistake: we will not cure emergencies if we do not treat the entire hospital. The SNPHARE regrets that this reform is done with a constant budget. While all hospital units are struggling, what will be sacrificed for the benefit of the emergency care system?

Doctors leave the hospital system because of working conditions as well as the impression that they are not paid according to their skills, their responsibilities and the hardship linked to the permanence of care. The modernization of the Status of Hospital Consultants, which was to **restore the attractiveness of the Hospital Consultant's profession**, is at a standstill since we talk about financial revaluation to avoid the flight of doctors to more lucrative and/or better working conditions in private structures.

Another project where the unions are invited is that of the **reform of the authorizations of care**. Carried out within the Ministry of Health, this one aims to classify the hospitals' services according to the complexity of the acts and the necessary human resources (critical care, interventional cardiology, etc.) and gives rise to multiple Decrees. These projects are going quite well, with the exception of the peri-natal care. French peri-natal care was nevertheless ahead on the topic since it was subject to a decree dating back to 1998. The reform of these authorizations, must adapt to the evolutions of the peri-natal care over the last 20 years: emergence of large maternity units providing more than 3,000 deliveries/year and shortage of doctors making "small maternities" of proximity sometimes dangerous. France is losing its level of excellence in neonatal care on the European scale. At present, there is a deaf dialogue between governance bodies on the one hand (money, human resources) and health professionals (safety and quality of care as non-negotiable measures and which will also be a source of attractiveness).

The next social project of the government is the **overall reform of the pension system**, which promises a major social conflict for the year 2020.

On the strictly trade union level, **professional elections** were held at the end of June. They made it possible to strengthen the representativeness of the SNPHARE, of our Inter-trade Union **Avenir Hospitalier** and its allies, to the **Disciplinary Councils, National Statutory Commissions** and the new **Higher Council of Medical Professions**, which will be solicited in the future for the examination of all laws and regulations concerning medical personnel.