Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

Date:	**1-05-2021**	**Document:**	**F22-014 EN**
Title:	**National Report France - SNPHARe**		
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Semi-annual report to the FEMS

Reims April 20, 2022

The number of COVID-19 contaminations in France is still very high but does not overwhelm the hospital system like the previous waves, due to lower morbidity and more marked circulation among young people (less vaccinated and stop wearing masks at school). However, the public hospital is facing a very significant loss of attractiveness due to the exhaustion of medical and paramedical staff responsible for a leak of personnel (especially paramedical) associated with a lack of recruitment.

Facing disenchantment, the government opened a project to create intermediate medical professions called Nurses in Advanced Practice (NAPs) despite the disapproval of certain categories of doctors. Indeed, he didn't bother to consult the medical specialties unions so that they could develop their professions in association with the nurses. If in the fields of chronic diseases follow-up (oncology, geriatrics, nephrology), pediatrics and psychiatry, the Nurses in Advanced Practice has found a place to meet the needs of the population, the same is not true for high-risk specialties such as anesthesia, intensive care and emergencies.

The government has planned to "force through" this new profession in order to respond to the difficulty of access to care in certain French regions and to develop prevention and health education for the population. In community medicine, NAPs exert very strong lobbying to gain access to primary care and primary prescription against the opinion of the General Practitioners, who see this as a loss of quality and safety of care and want to remain primary consultants and coordinators of patient care course to work more as a care team than as juxtaposed professionals.

In hospitals, nurse anesthetists see it as an opportunity to open their profession to the practice of anesthesia independently, like North American Certified Registered Nurse Anesthetists (CRNAs). The government only took the opportunity to take the opinion of the anesthesiologists after a threat of a massive strike movement in February 2022, initiated by SNPHARE, to demand that anesthesiologists be part of the discussions on a possible evolution of the nurse anesthetist profession.

A series of only 4, and in videoconference, consultation meetings (the last of which will be in May) does not allow the discussions to evolve and overlooks what is the fear of anesthetist doctors: the safety of the patient's anesthetic course through respect for a Decree framing the safety of the act and another Decree on the skills of the nurse anesthetist. A red line has been drawn by the CNP-ARMPO (National Professional Council grouping public and private medical unions, university teachers and scientific society of anesthesiology, intensive care and peri-operative medicine) on the medical responsibility of the

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anesthetic course (from the consultation to the exit of the Post-Intervention Recovery Room), the first recourse and the first prescription, line beyond which the safety and quality of care can no longer be respected in all French territories or in all structures and all specialties (in particular medical: interventional cardiology, gastroenterology, pneumology, etc.). This development does not meet health needs in deserted areas and endangers patients and nursing staff.

Once again, the government wants to respond as quickly as possible to a difficulty, without going through the consultation of intermediary bodies and without social dialogue.

The beginning of the year was also marked by the application of the *Ma Santé 2022* law (initiated in 2019 by previous Minister Agnès Buzyn), supplemented by modifications resulting from the *Ségur de la Santé agreements*. One of the measures corresponds to a change in the hospital Consultants' Statutes allowing them to reduce their working quota in the hospital to carry out a lucrative activity outside the hospital. This measure was supported by the young doctors who wanted to earn better at the starting of their career and control their working time to better reconcile their personal life with their professional life. Unfortunately, these measures are in contradiction with the needs of the public hospital because they will fragment teams already weakened by a medical demography which has not yet reversed its curve, despite an increase in the number of Interns in training.

Other measures have very slightly changed hospital governance but have not satisfied the doctors who find it difficult to make their voices heard in administrative management decisions. We see appear University Chairs' give up by Professors who lose their motivation due to lack of means to advance their projects.

The *Ségur de la Santé agreements* still allowed an increase in the salaries of young Consultants appointed since 2020, but forgot the Consultants appointed before (those who struggled during the pandemic) who saw a relative loss of seniority of 4 years compared to new arrivals in the career, with situations of just named Consultants earning better than their former Chief Residents, 4 years older than them.
An appeal to the Administrative High Court is in progress.

In conclusion, the attractiveness of public hospitals is "at half-mast" and the measures taken urgently by the government only respond to this very partially and without the consensus of the professionals. In our view, there is a risk of loss of equality in access to care in France.

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