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In France as elsewhere, there is many difficulties in catching up with delays with rescheduled programmed activities due to the sanitary crisis. An important shortage of hospital employed all professional category combined make it worse.

From mid-March 2022 to April 2022, France was in pre-electoral context (health minister temporary mandate after sanitary crisis who didn't take any decision followed by another health minister nomination, emergency doctor, without political experience Mr François Braun). No satisfying unions consultation about hospital practitioner status evolution has taken place except about university practitioner retirement. (I specify that university practitioners are employed half by university half and half by hospital. Therefore, they don't benefit from sufficient retirement pension because their contributions are only on 50 percent of their wage, the others 50% are public university professor's retirement pension.)

Around the summer of 2022: Emergency crisis (which has been intensifying since 2014) increases closure of emergency rooms (temporarily or completely, partially or totally), and a new system of care access had been created consisting in the obligation to call « 15 » before any recourse to the emergency room (SAS: care access service).

Mission flash Braun, in June 2022, consisted, in a few and time-limited, shifts and overtime salaries increases measures for hospital practitioners (+50%) but nothing for the on-call working hours. The appointment of François Braun occurred in the beginning of July 2022

A new sanitary crisis in autumn 2022 with bronchiolitis wave in pediatrics obliges, once again, to open temporary intensive care units to respond to emergency.

As far as hospital practitioners, un new unique status had been set up. It allows doctors to work partial time in hospital to liberate time for liberal activities outside public system. Parallel to this situation, to ameliorate salaries of public practitioners, some bonuses have been created to allow hospital practitioner to work overtime in other hospitals on the pretext of solidarity.

Furthermore, increase wage was accepted for young practitioner appointed after 2020 but hasn't been granted to the before 2020's appointed practitioners, while they were on crisis front of public hospital since long before Covid crisis! A lot of warning from unions had been sent to health ministry to alert about the risk of hospital desertion because of this unequal measure until an appeal to Conseil d'Etat. This appeal had been dismissed in 2022 December.

What we call « our 4 years » is that all young practitioners obtain 4 years on salary scale but not the « older ones ».

According to SNPHARE, decision of applying temporary employment restriction in the hospital (because of disproportionate wage and hospital financial difficulties) with no anticipation at all, worsens hospital practitioner shortage. Currently, some misappropriate contracts are due to impossibility of finding practitioners and the risk of services closure. We can observe exorbitant salaries into public contract not necessary very protective for practitioners (compared to hospital practitioner status).

With an increasing anger of the hospital practitioners (the 4 years trauma still in place, no revalorization of the night shifts and the on-call duty in the long term), some strike notice had been mentioned.

The 31 of March, the opening of discussions, according to President's wishes for hospital employees, will hopefully reopening the file of the « 4 years », continuous care, end of careers and retirement plans among other subjects.