

FRANCE NATIONAL REPORT SNPHARE 241003

Keywords

4 months without a government, 8th health minister in 7 years, no health plan

Emergency department closures

Decline in attractiveness of public hospitals for all carers

POLITICAL SITUATION

In France, the European elections saw a major rejection of the current government and a rise in the number of extreme right-wing voters (>30%). Following the decision of the President of the Republic on the evening of the result, we were faced with the dissolution of the National Assembly by the President of the Republic, who no longer had a majority in his parliament, and therefore with new legislative elections. The outcome of these elections is open to interpretation, with the far right, the center and the left-wing parties each sharing 1/3 of the vote.

We were left with a resigning government throughout the summer until the end of September, cutting short projects under construction such as the one concerning on-call duty in the public service, in particular the increase in the value of on-call duty included in the social security budget for July 1, 24, but which has not been translated into regulatory texts.

At the beginning of September, a right-wing Prime Minister was appointed by the President of the Republic (not chosen from among the majority parties in the legislative elections).

This Prime Minister, Michel Barnier, has just appointed his government and his Minister of Health, Geneviève Darrieussecq, who will be the 8th Minister of Health in 7 years (and the 7th since 2022). This is fracturing social relations with the unions and greatly weakening the development of a solid health plan in France, despite the growing demand for a new health programming law that could give a clear trajectory to the evolution desired by politicians for the French health system.

OLYMPIC GAMES AND PRIME JO

While the Olympic Games were a success, they also put a huge strain on the healthcare system, with healthcare workers deprived of time off in lieu of a bonus, but with no guarantee that they would be able to take it afterwards. This measure only concerned certain departments in the Ile-de-France region.

PROFESSIONAL ELECTIONS FOR HOSPITAL PRACTITIONERS

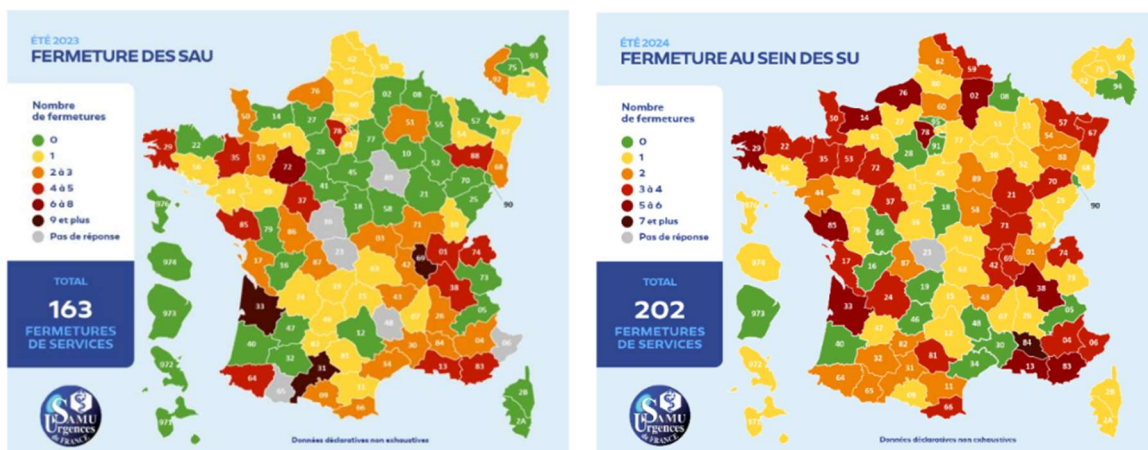
The professional elections for hospital practitioners (academic, tenured and contract) held in June 2024 were a fiasco for a number of reasons:

- a highly secure electronic voting system which, despite many hours spent testing it with the major inter-union organizations, presented a huge number of malfunctioning bugs; this extreme security discouraged many voters (no possibility of receiving confirmation SMS messages due to lack of network in the establishments, faulty helpdesk...)
- difficulties in communicating with voters

- 1/ to obtain - for the organizers - all the e-mail addresses of practitioners, particularly contract staff and newly appointed staff
 - 2/ to get through the firewalls of the establishments,
 - 3/ with a flood of union e-mails orchestrated by the Ministry, leading practitioners not to read them
 - 4/ but little or no support from local medico-administrative governance
- major complexity in drawing up electoral rolls...

SITUATION IN EMERGENCY DEPARTMENTS

The situation in emergency departments worsened over the summer, despite the measures taken by the Minister of Health, François Braun, the year before last, to reduce the number of patients going through hospital emergency departments. This worsening situation is multi-factorial: lack of downstream beds, emergencies essentially handled by public hospitals. However, the most recent Minister for Health, Frédéric Valletoux, constantly stressed that the situation was stable compared with previous summers. A survey by the SudF union (Samu-Urgence de France) proves the contrary.



ATTACKS ON HOSPITAL PRACTITIONER STATUS

We are also very concerned about the organized undermining of the public health service in France by the relentless attacks on the status of Hospital Practitioner: delays in the tenure of PHs appointed after passing the competitive examination, the abolition of on-site on-call duties for PHs who are being pushed into an on-call system to be replaced by contract staff or temporary staff who have no commitment to the services...

We are therefore looking forward to a meeting with the new Minister of Health to put forward our proposals for improving working conditions, remuneration and the attractiveness of public hospitals.

