Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

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The reasons for the deterioration of the health system in France are mainly:
- a lack of budgetary means
- a shortage of caregivers (partly compensated by the PADHUE and the recall of retirees).
- Political instability (11 ministers in 5 years) including secretaries of state and supervising ministers.
-No visibility of the government's strategy in the long and medium term, making it almost impossible for our unions to negotiate or even to nullify our agreements.

-Shortage of doctors.
The lack of doctors has caused a deterioration in the working conditions of practitioners.
On 1 January 2025, ***201,239 doctors in regular practice*** *are registered on the Roll of the French Order of Physicians.* The number of regular active doctors in practice has been steadily decreasing since 2010 *(76.5% of those registered in 2010, 59.9% in 2025 as the demand for care increases),* to the benefit of intermittent workers and active retirees (*+307.7% in 15 years)*
For public hospitals in 2025: **35% of PH positions remain vacant**.
48,552 hospital doctors in practice on 1 January 2024.
In 2025, there will be more than **33,000 PADHUEs** in French hospitals in France, including 18,000 qualified holders registered with the order.

-Budget savings and bed closures*:*

Nearly 4,900 full hospitalization beds closed in 2023 in France. According to the DREES, since the end of 2013, health establishments have lost 43,500 full hospitalization beds, i.e. a 10.5% decrease in supply, in particular due to a shortage of staff.
In 2024, the deficit of public hospitals widens again, reaching 2.5% of their revenues (after 2.3% in 2023). This is again a level not seen since 2005, the starting point of the observations. (DREES: analysis 23 July 2025).

-Widespread burnout

Burnout has become commonplace, with 77.9% of caregivers diagnosed with burnout. The mental health of professionals is severely affected, with the suicide rate among interns being three times higher than that of the general population.
This situation creates a chronic inability to maintain a sufficient number of caregivers, forcing hospitals to reduce their capacity.
Bed closures increase the burden on remaining caregivers, increasing stress and exhaustion, and deter new recruits, fueling a spiral of closures and deterioration of care. To break this infernal cycle, massive investment in training, recruitment and the improvement of working conditions is a sine qua non, which did not seem to be the priority of successive governments, even less so in recent times of crises (COVID, problem in Ukraine).

-Enhancing the image of the health professions *is also essential to restore the attractiveness of the sector. Only a comprehensive strategy can ensure a more robust and sustainable healthcare system that can effectively meet patients' needs.*
The same is true for European health establishments, both in terms of funding and attractiveness. According to the WHO, there is a shortage of some 1.8 million health professionals in Europe. An alarming shortage, which affects not only the quality of care but also the satisfaction and retention of medical and care teams.

What are the European Parliament's proposals? A European health policy for the next twenty years must be visionary with immediate proposals.

PADHUE to the rescue of the health system in France and Europe.

PADUE now account for 13.1%. In order to be regularized, they must pass a competitive examination (EVC).
In addition, each year, the number of positions open to the skills validation tests – a common law pathway to obtain a licence to practise – is increasing. This immigration has now become vital for the French health system.
***All European countries need these already trained doctors and it would be interesting to have a global view of the whole of the EC, its needs, and to establish a uniform qualification procedure with a dignified status and a decent salary**.*
However, 10,000 PADHUEs who have not yet been regularized, work in French institutions still on precarious statuses (1400€ net/month) while waiting for a qualification on a hyper-selective competition followed by a 2-year internship in an approved service for their respective specialty. This competition is open to all PADHUEs, even those who do not yet practice on French territory.

-The FPS proposed an exam for PADHUEs practicing in France and keep the competition for PADHUEs outside France in order to control the flow on a qualitative and quantitative level.
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Our demands have been approved on the whole, by the publication of a new decree that we welcome, organizing the EVC 2025 Competition by transforming it into an internal competition and an external but unfortunately poorly adjusted competition with a worrying imbalance. : 3000 registered for the internal competition for 4,000 open positions, compared to 10,000 registered for the external competition for only 400 available positions. !
This imbalance is largely explained by the administrative slowness in setting up the provisional Authorization to Practice commissions necessary for registration for the competition and especially for a Poor management due to the multiplication of interlocutors (3 different ministers) and short-term decisions.

Upgrading of on-call duties for hospital practitioners:

The project had been started three years ago with the ministry for an increase from July 1, 2024, but the dissolution of the National Assembly and the waltz of ministers have disrupted the schedule and the progress of the hospital projects. This protocol finally brings a breath of fresh air and new visibility, welcomed by the INPH and the FPS, a temporary increase of **"50% of the basic lump sum allowance**", from 1 July to 31 October pending the implementation of a flat-rate penalty payment.
. Generalised flat-rate payment: new decree published in the Official Journal 1 Sept.25 finally published, which ratifies the generalisation of the flat-rate payment of medical on-call duty as of 1 November,
This has made it possible to simplify the regulations; to increase the amounts at stake, including "on-call duty that is rarely moved, while maintaining a significantly higher remuneration for on-call duty that is moved
Improving the quality of work, governance, salary and retirement of health practitioners remain huge projects for our respective unions within the FEMS both nationally and at the European level in order to offer an excellent healthcare system to our fellow citizens.

Is there a more precious good for Man than Health? (Socrates)

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