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<b>Date :</b>	May 5, 2011	<b>Document</b>	<b>F11-041 EN</b>
<b>Titre:</b>	<b>France - national report</b>		
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In October 2010 a significant provision of the "Hospital, Patients, Health, Territory" law was published. It establishes the concept of **clinical consultant contract**. The physician is directly recruited by contract by the manager of the hospital for a three years period, renewable once. The consultant commits himself to respect in particular quantitative objectives, exceeding if necessary the lawful obligations and perceives in return a salary bonus of 65% of the last wages level, i.e. 12,000 €/month (gross). This contractual framework seeks to answer the disaffection of doctors for the public hospital and to reinforce the attractiveness of the public hospital trust. This measure was denounced as of its design and with its publication. This contract is against the Code of ethics and our organization called for the examination of each new contract by the Medical Chamber.

The government was reshuffled in November 2010, Mr **Xavier Bertrand**, former Minister for Labour, was appointed at the head of a large ministry merging: labour, employment and health. The former ministry for Health became a secretariat of state. Mr Bertrand will represent France and will take part in the work for the revision of the European working time directive (EWTD). The cantonal elections of March 2011, which name the departmental representatives at the General Council, were marked by a strong abstention, a push nationalist line and a defeat of the governing party (centre-right). Ministerial cutting was confirmed and the holders were taken back in their function.

A report on **intermediate level health professions** (task shifting) was submitted to the Minister of Health in February 2011. Its objective is simple: recasting of the health professions for better answering the major changes in progress (ageing, dependence, chronic diseases, cancer and mental health) and adapting to the dramatic evolution of the medical demography of certain specialties. The innovation is the creation of intermediate health professions, built up from the current paramedic professions, which could with a *master* level in the long term enter with definite competence medical professions. SNPHARe recalled with force that any change in the field of health must be carried out by guaranteeing the quality of care, by ensuring the patients' safety and consolidating the job involvement and satisfaction of all the actors.

SNPHARe sent its contribution to the European Commission within the framework of the consultation of the social partners for a **revision of the 2003/88 EWTD**. We reaffirmed our opposition to any introduction of inactive period into the calculation of the working time of resident on-call duties. We denounced misappropriation of the maximum duration (48 hours) of the working time. We underlined the absence of sufficient and compensatory rest after a night-shift. SNPHARe thus proposed:

- the complete calculation in effective working time of all resident medical on-call duties,
- withdrawal of the *opt-out* clause,
- recognition as working time of the time of non-resident in hospital displaced duties,
- the compulsory and systematic compensatory leave following the working periods.

We addressed each French MEP, with a mail repeating our contribution and a drawing up of the on-call duty. In answer, two French MEPs, Bernadette Vergnaud and Catherine Trautmann (S&D Group) posed on April 12, 2011, a written question to the Commission about the respect by France of the EWTD as for the accounting of the time and the durations of the hospital doctors on-call duties.

SNPHARe (Enlarged French Anesthesiology and Intensive Care Consultants Union) continues its policy of overtures by receiving always more consultants of various specialities, from University and non-University hospitals. The General Assembly of SNPHARe of January 2011, confirmed this enlargement and re-elected Nicole Smolski as president for a second mandate.