Joint 5th Joint AEMH-FEMS General Assembly
10-11 May 2024, Berlin, Germany

Members reports

Main concerns

- **Medical and paramedics shortage**
- **Continuity of care**
- **Trade union representation and professional election**

France report SNPHARE (FEMS)

In France, we are facing a dance of Health Ministers. After the resignation of our last minister, who refused to participate in the abolition of State Medical Aid* in our country after only 6 months in office, our latest appointed minister, Mr. Frédéric Valletoux, is none other than the former president of the French Hospital Federation (the "super" Hospital Director). Although skeptical about the evolution of public hospitals during his presidency, we hope that social dialogue will be privileged so that the expectations of field practitioners are heard.

We are currently in the midst of professional elections for hospital doctors. These elections allow doctors to be represented by their trade unions within the disciplinary board (CD), the statutory national commission (CSN), and the higher council of medical, dental, and pharmaceutical personnel of public health establishments (CSPM).

The disciplinary board (CD) and the national commission (CSN) defend the interests of practitioners when their competence or behavior is called into question by hospital management. They enable practitioners in difficulty to receive informed opinions from their peers. Unfortunately, these are still consultative bodies with decision-making power reserved for the Centre National de Gestion (CNG), which is the national employer of hospital doctors.

The higher council (CSPM) has the role of discussing legislative texts concerning hospital doctors. It also has an advisory role, but the debates that take place there can lead to certain points being modified. The council includes trade unions, representatives of the French Hospital Federation, and the Directorate General of Health Care Provision (Ministry).

We currently have 5 trade union coalitions competing, including ours, Action Praticien Hôpital, which is very active and dynamic both in terms of the battles to be fought and in providing information to practitioners and proposing solutions.

One of the issues we have been defending for several years and which is particularly close to our hearts because it is emblematic of our profession as public service doctors is that of continuity of care. On-call duties heavily constrains practitioners in a context of a drain from the public service and constitutional failure of upstream and downstream hospital structures. Furthermore, the Directorate General of Health Care Provision (Ministry) is faced with the difficulty of organizing structured health collaboration among the various public, private, and primary care actors in each major region of France.

We have also obtained the sustainability of a 50% increase in on-call allowances and the opening of discussions on standby duties, which are currently valued extremely differently depending on the hospital doctors concerned.

Still in a context of doctors leaving the public hospital system, legislators are imposing increasingly paramedicalized organizations for patients. Consequently, we are faced with the obligation to rationalize these paramedical care services, always with the aim of ensuring safety and quality of care.

Furthermore, since the significant financial inflation of medical interim positions in the public sector, in order to halt an uncontrollable trend in remunerations, contracts offered by hospitals to non-permanent medical staff have been regulated. Unfortunately, the needs of hospitals are such today that this regulation is being circumvented with the approval of the Regional Health Agencies (ARS: territorial health management bodies). Depending on the status of contractual practitioners, remunerations range from one to three times higher, sometimes even well above what is provided for in the salary scale of permanent practitioners. This situation is ultimately not much different from previous ones, and permanent hospital practitioners, who have been committed to their hospitals since their appointment, are increasingly resentful of these disparities in remuneration for equal work.

Other points briefly mentioned:

- Timid structuring of continuing medical education, excessively complicated by our legislators

- Extension of paternity leave to 25 days
- Increase in violence against healthcare workers
- MeToo movement in hospitals

*AME: a system allowing undocumented immigrants access to healthcare. The proposal to reform AME into Emergency Medical Aid has sparked a lot of debate in parliament.