



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩ ΑΙΚΟΣΙΙΕΥΛΛΟΓΟΓΟΣ ΔΙΕΥΟΥΝΤΩΝ ΝΟΣΟΚΟΜΕΙΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
EUROPEISKA ÖVERLÄKARFÖRENINGEN
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV**

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NATIONAL REPORTS FROM MEMBER STATES OF THE AEMH

1. **Country :** **FRANCE**
2. **Name of the AEMH National Member :** **-Conseil National de l'Ordre des Médecins
- SNAM (Syndicat National des Médecins, Chirurgiens, Spécialistes et Biologistes des Hôpitaux Publics)**
3. **Groups of Senior Physicians working in hospitals represented by the national association:**

Number of physicians in each group:

a) Senior Specialists:	5000
b) Consultants = chief physicians:	1000
c) Clinical Directors = heads of department or clinic :	0
d) Hospital Directors:	18000 not affiliated to the SNAM

Are there groups of senior physicians in your country not represented:
4. **Will there be a special education in management/ leadership for:**

a) Senior specialists?	No obligation
b) Chief physicians?	
c) Clinical Directors?	
d) Hospital Directors?	
5. **Number and size of hospitals:**

a) Private:	0
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- b) Public: 1600
- c) University: 32

6. Financing Hospitals:

- Taxes (county or state):
- Health insurance fee: Health insurance
(Social Security)
- Patient fee:
- Other:

7. Will there be re-distribution of resources for:

- Special groups of patients? NO
- Special regions? NO
- Taxation by Diagnosis Related Groups = DRG points YES
- Are patients free to choose hospital, and then get it paid? YES
- Will a hospital have fixed budget (%) for:
 - a) Diagnosing, treatment and care? YES
 - b) Education of doctors and other hospital staff? 13% for CHU
(university
hospitals)
 - c) Research?

8. National plans for budget for different specialties:

- Surgery and anaesthesiology?
- Medicine?
- Psychiatry? NO
- Pathology, radiology, clinical chemistry and others?
- ENT, eye, dermatology?
- Governmental and Regional plans to allocate resources?
 - a) To some specialties? NO
 - b) To acute short-term care?
 - c) To private specialists practitioners?

9. Quality improvement:

Hospitals:

- When was accreditation decided by government/law? **1998**
- Has the accreditation been implemented?
- How many hospitals in your state have been accredited? **653**
- Which institutions performed the accreditation?
 - a) One or several national institutions? **Agence National pour l’Evaluation en Santé**
 - b) International institutions?
- Will a hospital only receive payment from an insurer/state if accredited?

Risk management:

- Will there be a system for registration of Adverse Events? **YES**

Complaint:

- Will there be a procedure and system for registration of complaints? **YES**

Doctors:

- Will CME/CPD be compulsory for continuing employment in hospital? **YES**
- Who pays the CME/CPD? **Hospitals, doctors, pharmaceutical industry**

10. Working conditions:

- What are the working hours? **Legal max. 48 hours**
- Does the result of the European Court of Justice decision on working hour lead to manpower problems? **YES**
- Are there manpower problems? **YES**
 - a) Which specialty? **Anaesthesia, gynaecology, obstetric, surgery, pediatry,**

b) Which region?

All over France

- What is the salary for different groups of senior physicians? **The same : from 2744 to 5335 Euros**
- Is it considered adequate? **NO**
- Is salary comparable to specialist doctors working outside hospital? **NO**

11. Current problems/ Issues for discussion in your country?

The French hospital system is made by a tight chain of establishments, public or private, among which the size and the degree of technological development are very different. This system is naturally very sensitive to the general economic conditions.

The aim is to share with all French people a medicine of high quality. Except limiting the access to the care, the increase of health costs is inevitable because essentially connected to the medical progress and to the ageing of the population.

The quality control is applied in health care centres like in all the industrial or commercial firms today. “Qualiticiens” oblige to multiply documents intended to bring the documentary evidence of a quality which in medical subject has to be judged at first on the results.

The accreditation of hospitals, public and private, is also a statutory obligation. Its preparation in every establishment multiplies the meetings and decreases in so much the presence with the patients.

The reduced working week, a French specificity still takes away the doctors from their patients. Fortunately, a softening was recently set up to avoid the hospital de-medicalisation. Certain young doctors are very favourable to a lowering of their professional life today but want that their incomes remain equal.

The European directives, concerning the integration of call duties in the working time and the safety rest, should have been applied in France for a long time. After tight negotiations, the French government, at the price of a discreet modification of the care and the subtle semantic set, made applicable these measures.

The new organization of the care distinguishes the daily service of day followed by a duty at the hospital, the daily service of day followed by a call duty

at home and intensive care unit with shift work in certain conditions and for certain activities (Emergency, Intensive care, anaesthesia, obstetrics).

Every establishment stops the annual organization of the activities and the needs in times of medical presence. A projected name table is established every month at the level of every service.

The liberal activity at the hospital, for the physicians practicing full-time, is threatened for a long time and was subjected to recent rules on the collection of the fees by the administration. A draft of freedom has just been returned to it by the abolition of this constraint, to the satisfaction of all those who benefit from it but at the price of a stricter control of the activity by ad hoc committees.

The pension of the hospital and hospitalo-university physicians, got affected by the reform of the pensions, has to be the object of the next dialogue concerning the extension of the duration of subscription for a pension at full rate and the increase of the old age contribution of the general regime, even when the legal age or retirement is maintained. Therefore, it seems inevitable to favour at the same time the extension of the duration of the work by a system of bonuses within the framework of the voluntary service.

The statutory specificity of the hospitalo-university physicians, connected with the Ministry of Education, imposed a difficult recent negotiation so that they can benefit from advantages acquired by the other employees in respect to their social welfare, the organization of their career, the capitalization over several years of untaken vacations in conformance with their rights to make temporary missions, the allocations of university compensation such as paid to teachers not doctors.

The Hospital 2007 program is the big novelty of the last twelve months. The government conceived this program to modernize the establishments, improve the financing and make the doctors happy there!

Our Minister, glittering neonatologist paediatrician and subtle politician, based his project on the hospital reorganization to fight against “the hospital disillusionment ». This disillusionment is translated by the discouragement so far, a lesser ability to react of the community in the medical progress, a push of reproaches sent to the custodies, a loss of trust in the future.

The plan Hospital 2007 wants to modernize the statutes of the public hospital and its social management and wants to restore the attractiveness of teaching hospitals and their partnerships with the world of the health and the university.

The announced hospital reorganization wishes to open up the hospital and thus to favour the complementarity between public health care and private medicine. This reorganization passes by an improvement of the “governance of the hospital”.

- It is planned to set up in every establishment an executive committee gathering, around the general manager and its team, a certain number of hospital physicians.
- The link of additional services, within unions of services or poles, should participate in the necessary de-compartmentalization and in the indispensable homogenisation. These poles and their responsible doctor would contract with the executive committee and would so gain an autonomy of organization and management.
- A modification of the various authorities is foreseen (Board, Medical Commission, Technical Committee).

The decentralization, towards regions, of the power, today held by the state, establishes for many the hope of a management closer to daily realities.

It will base on « territories » (place of life and activity) escaping the current too stiff rules, imposed by the division in sanitary sectors inside the borders of departments and regions.

The operational groupings of practitioners of nearby establishments within these territories are strongly encouraged to offset the medical demographic deficit (especially in obstetrics, anaesthesia, surgery, paediatrics) and to limit the costs by centralizing on a unique site, the durability of the care and the technological modernization. They will doubtless allow improving the complementarity between the public and private sectors.

The financing of hospitals is also the object of important innovations.

- The modification of the code of procurement contracts, the sophisticated shape of the bureaucratic rule, is intended to re-revitalize the public purchase by the simplification.
- The global budget, which assures the financing of hospitals today, live its last moments. The fixing of a price scale will be made, henceforth, in the activity. So hospitals will be paid for what they make.
- A financial envelope of about 6 billion euro over five years is foreseen to allow the modernization of establishment both in their architecture and their equipments. So the policy of investments will be facilitated and the practical modalities should be simplified.

The plan Hospital 2007 consists of some big principles : decentralization, complementarity, assistance to the investment, the progressive replacement of the global budget by the fixing of a price scale in the activity, the transformation of the governance of the hospital by the reorganization of the powers within

establishments, by the institutional implication of the doctors and by the application of the freedom of organization...

These projects do not make, for the moment, the unanimity because there are always in our corporation, "people, in principle opposite to any change, refusing the responsibility of the power and sheltering behind the collective dilution and the reassuring division of the decision".