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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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REPORT ON BEHALF OF THE FRENCH MEDICAL COUNCIL AND THE SNAM-HP
Note for general information by Pr Marcel CHATEL

In France, since the nineties, Public Hospital organization has been under permanent and important evolution through successive reforms. Since 2007, under Nicolas Sarkozy's Presidency, this trend has been amplified, along the very same line: quality, safety, access to the healthcare system for every one.

The University Hospitals, "Centres Hospitaliers Universitaires" (CHU) launched in 1958 by le Professeur Robert Debré, have been and are still the hub of the whole healthcare organization in France. However since that time, major scientific, demographic, sociologic changes occurred, leading to a general, professional and political, agreement upon the need for in depth changes, in every sectors of health policy : primary care, hospital organization, clinical research, teaching, continuous education...and economics.

"Hôpital 2007", launched by the Jean François Mattei, as minister of health, was the first task force addressing these issues; a new program, "Hôpital 2012", is now conducted by Roselyne Bachelot, present Minister of Health.

This new program has the objective to set a global organisation of health care, in every compartment of public health. It has started with an in depth reappraisal of the national situation based upon 4 reports : Hospital organisation (Rapport Larcher); Primary care (EGOS, Etats Généraux de l'Organisation des Soins), Equality of access to the care system (Rapport Flajolet), Personnel medical Record (DMP; Dossier Medical Personnel).

On April 18, while visiting the hospital of Neuchateau, the President Nicolas Sarkozy told the medical professionals the main issues he retained from the Larcher report and what his health policy will be during the following years : Hôpital 2012.

The main lines are as follow:

A- General organisation of Public Hospitalisation

The planned objectives are :

- 1- to create in each of the 22 regions in France, a Regional Health Agency (ARS; Agences Régionales de Santé) in charge of regulating care organization.
 ARS will be specifically in charge :
 - a. –of the organization of the so called "Communautés Hospitalières de territoires", as to facilitate sharing of advanced technology and medical expertise; this fits along the line of regional optimization of care
 - b. of nomination of medical doctors and probably also administrative directors.
- 2- to redefine the care objectives of each hospitals according to their technical competence and flow of activity. Each hospital will received accreditation to precise objectives depending upon the safety of care which can be optimally provided to the patient population. Small local hospitals will be closely linked to larger reference centers and devoted to primary prevention, tertiary care and aged persons housing.
- 3- to reformulate the governance inside the Hospital by the creation of a "Directoire" made of medical doctors and administrative directors, working under the authority of a president , the "Président du Directoire".
- 4- to modify the functions and organization of the Conseil d'administration towards a "Conseil de Surveillance", according to the new transversal inter-institutional territorial organisation.

B- Medical Hospital Practitioner Statuts

As to take into account the differences and heterogeneity between Hospital MDs and as to increase hospital attraction to young medical doctors, three types of contracts will be proposed:

- either the classic, public system contract based on a conventional profile of career, with regularly scheduled progressing steps. It is probable that the MDs, who are already far advanced in their careers will preferred to keep their contract unchanged.
- or a mixed contract according to which only part of the salary will be payed by the public hospital and the other, variable in amount, directly linked to the amount and type of practitioner activity. This is the Part Complémentaire Variable” or PCA,
- or lastly, a private contract, signed between the hospital Director and a “liberal” MD.

These three types of contract will end the era of unicity of practitioners’ statuts in the French public Hospital System.

This is planned as to create flexibility and adaptability to any required evolution of hospital practice. Discussions with the Unions are still pending during the coming weeks as these modifications include high risks of severe institutional instability.

C- Financial Gestion System

A new mode of budgetisation, the T2A system, has been started in 2006. It will be generalized in 2009. It links directly the medical activity to the financial support, instead of the global budget which was previously attributed to each hospital. The consequences of the general use of T2A on the hospital practice are very closely observed and evaluated.

D- Systems of Information and Personal Medical Record (Report Gagneux)

Delays in the activation of this program are due to the complexity of the issues (medical, ethical, financial) and to the interfacing with the industrial groups in charge of developing this program. “On site trials” hospitals will be evaluated and national events are planned before national extension and completion of the whole project by 2011.

E- Training of general practitioners

The EGOS (Etats Généraux d’Organisation de la santé) have led to redefine the role of general practitioners, especially at the level of Primary and Emergency Care. The organization of permanent availability over the whole country has to be reorganized with definition of permanent safe care territories .

Optimization of specific training for general practitioners is under discussion.

F- CME and ECP

Since 1996 (Ordonnances Juppé), obligatory CME and ECP are planned. The HAS (Haute Agence de Santé) has recommended a system evaluated on points (250 points should be cumulated over a 5 year period) . More than 250 Teaching Organisms have been accredited by the National FMC-EPP commission. This national commission is also in charge of following the compliance of the practitioners. The start of this individual obligation will be January 2009.

G- Healthcare across borders

The demographic state of medical doctors, in general practice and in some specialties renders France quite open to welcome foreign physicians. Many hospital positions are available (more than 2000). Most come from European countries where French language and culture are still present (Romania, Poland, Czechia) but also from every Eastern Europe. They are 8431 registered at the CNOM, ie 3,5% of the total MDs in France; 39% as general practitioners in private practice; 61 as specialists (data from CNOM February 2008)
