



ORDRE NATIONAL
DES MÉDECINS

CONSEIL
DÉPARTEMENTAL
DU HAUT-RHIN

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The state of French hospitals in 2023 and the French RIST law

Although the problem of overloading the hospital wards due to Covid seems now to be moving away, French public hospitals, already weakened before the pandemic, with unfilled physician positions reaching nearly 30%, are coming out even further weakened.

Indeed, they are struggling to deal with staffing shortages, in all health professions, with remaining staff exhausted by the fight they led in the last two years.

On 31 December 2022, the 2,984 public and private hospitals had exactly 382,587 full hospital beds, i.e., 4,316 fewer in one year!

A high number of nurses left their hospital positions to join private clinics, or to become freelance nurses, or, even more worrisome, have left the profession altogether.

Among physicians, the situation is barely better, since the number of general practitioners is at an all-time low level.

“Currently more than 7millions French people have no longer access to a general practitioner “

In order to address the needs of 730,000 French patients **with long-term illness (6300 in our district of Upper Rhine)** who do not have access to an attending physician, and, in order to support the worrying situation of public hospitals, the government took some legislative measures attempting to deal with this serious health **crisis**:

1. The bill to access to care through trust in health professionals, known as the RIST law, continues to make its way through Parliament with the goal to extend the scope of practice for paramedical professionals
2. Limiting interim work in hospitals, by capping the maximum amount that can be earned via interim
3. Extending the derogation certification process for physicians trained outside of the European Union (PADHUES)

1. Extending the scope of practice for paramedical professionals

The RIST law of the French healthcare system lays down the legal framework to extend to paramedical professionals the protocols of collaboration, and extends the range of medications, treatments, and routine tests midwives, *IPA= Advanced Practice Nurses* physiotherapists, and speech-language therapists may now prescribe.

The purpose of this proposition of law adopted at the National Assembly on January 19, 2023, is: *"to accelerate and improve access to care of our system, by trusting professionals and offering them new possibilities"*. The French public health code foresees that the nurse in advanced practice has extended skills between nurse and medical practice, that will be validated by an university diploma after a training of two years.

Midwives are already allowed to prescribe without time limit, illness certificate, or work stoppage certificate, as well as screenings and treatments for sexually transmitted diseases.

Thus, within the framework of coordinated practice structures, nurses working in advanced practice can take direct charge of patients. The text thus makes it possible to open up them primary prescribing. A report on the care provided is systematically sent to the patient's doctor and included in the shared medical file", states the text of the law, was adopted by the National assembly despite the opinions of the French Medical Academy and our National Medical Council

But later the Senators have expressed some doubts and so the law is now awaiting application

2. Limiting interim work in hospitals, by capping the maximum amount that can be earned via interim

Interim physicians (about 6000 to 10.000 of them) working in hospitals are sometimes criticized for being « *health mercenaries* ». In fact, they play a useful role, helping to cover staff shortages. However, one observes that ever more interim physicians take advantage of staffing shortages to request higher incomes, which can be as high as twice or three times the wages of permanent staff.

The concern is even stronger as many nurses are now switching to interim, in an attempt to increase their income.

For the hospital teams, interim work can be a source of discord and disorder.

«A toxic work atmosphere can often be felt in mixed teams comprising of hospital health professionals steadily invested in the hospital activities on one side, and on the other side interim physicians, who often perform well, but are much better paid and not committed to hospital activities in the long term

Thus, hospitals are now facing a great dilemma: either reducing hospital capacity because of the shortage of physicians or maintaining hospital capacity by employing interim workers.

Since 2017 a decree limited the wages of interim physicians to a maximum of one thousand two hundred (1200 euros) for 24 hours of work. At the time, the government backed off, facing the pressure of physicians, who were afraid of staff shortages which would severely constrain hospital activities. In fact, in 2018, the cost of medical interim was estimated at 1,4 billion Euros. That is why, the RIST law of April 26, 2021 tried once again to strengthen those cost by capping them.

As the application decree for the law has never been published, the law has not yet been fully implemented and the situation persisted until the deadline scheduled for April 3 .2023

The current Health minister now appears to be willing to run that risk.

It is also expected that young physicians who just graduated will not be allowed to start their careers with an interim position. They will be required to first take a permanent position following their graduation. In practice, interim agencies will be legally required to check the graduation dates of physicians before selecting them.

François Braun, the health minister, indeed labels interim work of physicians as "*cannibalistic interim*". He also calls these interim practices out for being « unethical », or weakening the cohesion among hospital teams, and for weighing heavily on hospital budgets. He believes that interim practices « have a strong chance of opening deep cracks in the team spirit of health professionals (...), which is at the heart of *the successful treatment of patient*

Law n° 2021-502 of April, 26 2021 indeed states:

When public finance accountants notice, as they audit wages of interim physicians or invoices of interim employment agencies, that the amount charged to hospitals exceeds the maximum amount set by the law, they must decline the payment

In that case, the accountants notify the head of the public hospital, who must pay physicians in agreement with the terms set by the law.

3. Extending the derogation certification process for physicians trained outside of the EU (PADHUES)

The process to authorize physicians trained outside of the EU to practice in France was modified by the Decree n°2020-1017, of August, 7. 2020, that sets the terms and conditions for requesting licenses to practice the professions of physician, dentist, midwife, and pharmacist in France for health professionals who obtained their diplomas outside of the European Union and the European Economic Area, and who can demonstrate holding a paid position as a health professional in France.

This transient mechanism was created by the Health Ministry to enable some physicians to become fully licensed, provided they can demonstrate their long-standing activity and involvement in French healthcare facilities

the decree dec 27 2022 makes it possible now to extend the end of conditions for derogation provided by the law (which scheduled the closure of derogatory procedures by the end of 2022) **until April 30 2023!**

But currently there are still 1,000 regularisation files to be studied between now and the deadline, including many files from general practitioners

As for the doctors in the 'flow', they are waiting for the next competency tests (EVC) **SKILL Validation Test** which will take place during 2023, as no session was organised in 2022!

This aims to ensure the stability of the medical teams, by allowing those physicians to keep working in the healthcare facilities where they have been working, as long as they passed the EVC examinations (which verify critical medical knowledge and clinical decision-making ability)

For instance for the 4000 applications which have already been submitted to the national licensing committees, we have the following statistics: (sources CNOM)

- **40% of approved applications**
- **50% of candidates received instructions to further strengthen their credentials to obtain approval.**
- **10% of applications were rejected**

HOSPITAL GOVERNANCE:

- **A law passed on May 26 2021 overhauls and updates the governance structure of hospitals.**
- **Key points in the law are :**
 - **To return to a system in which hospital units and heads of units are considered as the core of hospital governance, and are the key hospital level ensuring the quality and safety of patient care ;**
 - **To give more flexibility to hospitals for how they determine their governance structure and how they function**
 - **To include health professionals, medical school students and patients in hospital advisory boards ;**
 - **To include management goals for doctors in medium-term hospital strategic plans (shared governance projects and participatory management)**