

Getting public hospitals out of the trap of temporary medical staff [1]

Press release from the French National Academy of Medicine

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The last pandemic has shown and accentuated the understaffing of many hospital departments. The reduction in the number of hospital physicians in front-line specialties (emergency physicians, anesthesiologists, obstetricians, psychiatrists) results from the application of hours of work regulations, management standards and a strong tendency to wish to shorten the time devoted to professional life. It also results from the fact that, in some areas considered unattractive, the available budget positions for titular physicians are not filled in terms of access to housing, spousal employment and child rearing, and even safety. In many hospitals, this lack of doctors does not allow an optimal response to local health emergencies and threatens the quality of care, or even its sustainability.

While temporary medical staffing was intended to respond to one-off difficulties in the event of temporary human resource tensions (unavailability of a titular physician, unexpected influx of patients), the hospital directors in chronic difficulty often felt compelled to resort to temporary doctors, whose number has increased by 70% since 2019 (1). The French National Chamber of Physicians reported that the number of interim physicians doubled between 2013 and 2022, rising from 6,000 to 12,000 practitioners, attracted by the autonomy of this mode of practice offering them a complete control over their working hours, over their leave and, above all, the assurance of a high level of remuneration linked to the applied interim day rate. In an attempt to control the rise in these rates, which used to be around 2,500 euros but could reach 5,000 euros per day and cost the community 1.5 billion euros per year (2), the French Ministry of Health had set a maximum amount of remuneration for temporary doctors (3). Delayed by the pandemic, the application of this decision was not effective until April 3, 2023, when article 33 of the Law of April 26, 2021 came into force (4). The amount, for a 24-hour shift, is now capped at 1,390 euros with limited reimbursement of travel expenses. This framework aroused opposition from the union representing temporary doctors, which has advocated to stop working with the risk of closure of some departments, particularly the emergency room. It has led the French National Chamber of Physicians to ask the temporary physicians to respect "tact and moderation in the remuneration requested from health care institutions" and to consider that their pressure was no longer ethically justified (5).

In the context of the difficulties encountered by the hospitals in charge of public service, forcing them to use temporary doctors, and of the abuses observed, the French National Academy of Medicine :

- Calls for the organization of hospital care, in particular emergency care, allows hospitals in charge of permanent care to respond to the needs of the population and to be attractive for permanent doctors, including in terms of remuneration;
- Maintains that the use of temporary doctors weakens the hospital in the long term, and should only be a one-time solution to temporary difficulties, and hopes that ARS (Regional Health

Agency) will plan the organization of primary care in the medium and long term, giving priority to grouping services in order to limit the need for one-time replacements.

- Firmly calls for hospital care to be based primarily on a medical team and also for the quality of care to remain the focus of physicians, regardless of their status. Thus, it believes that the contracts offered to temporary doctors must require them to prepare and carry out their period of work in a department in such a way that they participate in the life and organization of the institution, in order to guarantee the quality and continuity of patient care.

Références

1. Ministère de la Santé et de la Prévention, Intérim médical : entrée en vigueur de la Loi Rist ce lundi 3 avril 2023 (<https://sante.gouv.fr/actualites/actualites-du-ministere/article/interim-medical-entree-en-vigueur-de-la-loi-rist-ce-lundi-3-avril>)

2. Robinet A. Président de la Fédération hospitalière de France, Interview sur France Info, 12 mars 2023 (consulté le 17 avril 2023)

3 : Décret n° 2017-1605 du 24 novembre 2017 relatif au travail temporaire des praticiens intérimaires dans les établissements publics de santé

4 : Loi n° 2021-502 du 26 avril 2021 visant à améliorer le système de santé par la confiance et la simplification (article 33)

5 : Conseil national de l'Ordre des médecins, **Responsabilités éthiques et déontologiques des médecins intérimaires, 30 mars 2023**

[1] Press release from the Academy's Rapid Communication Platform.