



EANA PRESENTATION OF THE CURRENT POLITICAL/TRADE UNION SITUATION
Madrid, 6 June 2015
Doctor Pierre Lévy, Secretary General.

At the rally in Halle in December 2014, we presented the draft law on modernisation of the health system which equates to **nationalisation of the system and elimination of independent medical practice**. I do not intend to go back over the grounds for opposition:

- A universal and compulsory direct settlement system
- Total power granted to the state through the general managers of Regional Health Agencies.
- Elimination of independent practitioner duties by transferring increasing numbers of activities to prescribed professions.
- Elimination of specialists from the care pathway.
- Care provision organised by general managers of Regional Health Agencies.
- Abolition of fees that exceed the social security base rate in private establishments.

However, the CSMF's demands were clear – a total revision of the law based on a genuine consultation with concerned parties.

Despite numerous meetings with the Health Minister, Prime Minister and the Office of the President of the Republic, the government had granted no concessions by the end of the year. The CSMF also called a **large-scale strike** of medical care providers between 24 and 31 December during which **80% of medical practices were closed**, along with a **strike of independent on-call medical care providers**, that had a measurable impact on emergency hospital care.

Since the public authorities continue to refuse any concessions, the CSMF called a:

- **Strike with respect to remote transmission** of claim forms which has created a backlog for the French National Health Insurance Fund.
- An **administrative strike** which is ongoing (refusal to complete online forms for sick leave, long-term sickness requests and agreements prior to the prescription of specific drugs, e.g. statins).
- Finally and most importantly, the CSMF joined forces with trade unions for young physicians (interns, senior registrars, medical students) and all the other medical trade unions for specialists and general practitioners to organise a **large-scale national demonstration on 15 March in Paris**, which was attended by **50,000 physicians**.

This action has still not forced concessions from the public authorities, especially on universal application of the direct settlement system. **HOWEVER**, faced with this action, the minister decided to organise a **consultation**. The intention is not to rewrite the law but to improve the articles that are unacceptable to us ... **over the course of 2 months** (which is most irregular).

The CSMF attended and coordinated the 4 working groups and secured a number of concessions which are by no means sufficient. It attended the:

- **Skills and practices group:** The CSMF subsequently succeeded in securing a ban on pharmacists performing vaccinations at a vote in the French National Assembly. Sadly, nicotine derivatives will continue to be prescribed by midwives. The CSMF also secured the concession that any change to the scope of a profession must be made subject to prior consultation and agreement from all stakeholders.
- **Hospitalisation group:** The CSMF secured the concession that private institutions with licences for specific activities (e.g. emergency care) or equipment (radiology) will retain these, although they will not be entitled to the Public Hospital Service label and they **can continue to charge fees exceeding the social security base rate except for emergency care**.
- **Group on territorial organisation of community care:** The CSMF has succeeded in inverting this top-down structure between the state and **local health professional communities**. Based on their experience in the field, these communities initiate projects designed by health professionals and organised among themselves. They subsequently receive logistical and financial support from the Regional Health Agency. In parallel with this, **community care is organised around attending physicians**.
The CSMF has secured a guarantee that an amendment will be introduced when the bill is passed through the senate. This will enable the **essential role of secondary care specialists** to be defined. These professionals have been excluded from the care pathway.
- Sadly, in the **working group on the direct settlement system**, the CSMF was unable to impose its proposal of a deferred debit card to avoid universal direct settlement. This solution already implemented by some banks is simple, free-of-charge for patients, enables direct payment, is free of administrative complications and requires a minimum financial contribution from physicians (payment terminal).
Sadly, the universal direct settlement system represents an **ideological stance** (20th proposal of François Hollande when running for the presidential elections of 2012). Moreover, this paves the way for increased funding of care by private insurers who are ultimately **susceptible to selecting physicians and patients**.

The CSMF will continue to fight for significant changes to this draft law when it passes through the Senate. This will occur against a backdrop of **staff representative elections** in October which will be critical for recognition of **union representativeness** and in particular that of the CSMF which is the largest French medical trade union and which will have to negotiate the **future nation-wide agreement** in 2016 with the French National Health Insurance Fund.

These elections are complicated by French regional boundary changes which are under way and which will affect these elections.