



Physicians' Working Conditions in the French Health Care System

SESSION 3:
Working Time Organization
Medical Liability
Career Development

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ED 93/104/EC MODIFIED BY ED 2003/88 ON CERTAIN ASPECTS OF THE ORGANISATION OF WORKING TIME (EWTD)

- maximum weekly working time of 48 hours, including overtime
- In order to calculate weekly averages, Member States may lay down reference periods
 - not exceeding 14 days for the weekly rest period
 - not exceeding four months for maximum weekly working time
- with regard to the duration of night work, in consultation with the social partners or giving them this option by means of collective agreements

EWTD IMPLEMENTED IN FRENCH PUBLIC HOSPITALS FOR THE CONSULTANTS (2002)

- Maintenance of **the opt-out** (*initial request of the U.K.*) allowing a weekly duration of work beyond 48h until 60h-65h (additional time), on voluntary basis (individual contract between the physician and the hospital manager)
- **Normal reference period:** 4 months
- All the time of **resident on-call** is included in the working time
 - > no **"inactive periods"** during resident on-call duties
- **Compensatory rest after night-shift** 11 hours following immediately the period of work
 - > **"safety rest"** (*patients' safety*)

WORKING TIME ORGANISATION

CONSULTANTS' DAILY WORKING TIME

- The weekly service is 10 half days from Monday to Friday
- 2 half days are counted from 8:30 am to 6:30 pm
- Saturday morning: normal activity from 8:30 am to 1:30 pm
- The working time can never exceed 48 hours/week, this time being averaged over a period of 4 months
- When performed at night, the working time is counted as two half-days
- The hospital doctors, whose probationary period has been validated, may be allowed to apply a temporary reduced weekly activity (50-90%), if operational requirements make it possible

REST PERIODS

- a minimum daily rest period * of 11 consecutive hours per 24-hour period. This 11 hours rest is granted after the last movement during standby duty
- a minimum uninterrupted rest period of 24 hours for each seven-day period, which is added to the 11 hours' daily rest
- *Compensatory rest after night-shift* 11 hours of rest following immediately the period of work
> "safety rest" (patients' safety)
- after 24 hours daily working time followed by a night-shift, 24 hours of rest is granted following immediately the period of work
- a rest break, where the working day is longer than six hours

ON-CALL TIME – STANDBY TIME

- By law: 4 resident on-call duties during week time and 1 week-end/month
- Rare standby duties: mostly telephonic advices or catastrophic events > second ranking security system
- All the time of resident on-call is included in the working time
 - > no "*inactive periods*" during resident on-call duties
- All the moved standby time (travel time included) is included in the working time
- The non-moved stand-by time is paid by a *monthly lump sum*

OPT-OUT TIME – TO WORK OVERTIME

- ❑ Opting-out is a possibility given to the salaried hospital Consultants
- ❑ allowing a **weekly duration of work beyond 48h** until 60h-65h (additional time), on voluntary basis (individual contract between the physician and the hospital manager)
- ❑ Nobody can be forced to opt-out and work more than 48h/week
- ❑ 90% of the French Consultants **accept to opt-out** and are paid for this overtime (national agreement negotiated by the Medical representative Unions with the MoH)

NON CARE ACTIVITIES

- All French Consultants can work 2 of the 10 half days/week in "general interest activities"
 - Teaching activities
 - Management
 - Local and regional healthcare Institutions
 - R & D
 - Union activity
- Recently the French Emergency Medicine Consultants obtained by negotiations with the government, a part of 9 hours for *non clinic activities*, included in the 48 hours weekly working time

LEAVES

- Paid annual leave of 25 days
- Working time reduction for public hospitals' physicians: 19 days (October 2002)
Like all French salaried employees, the hospitals' non medical personnel (civil servants) is working 35h/week since 2002
- Training leave for CME/CPD: 15 days/year
- Maternity leave: minimum 16 weeks
- Sick leave according to the French Social Acts
- Special permissions of absence in the cases of:
five working days for the Consultant's wedding or civil partnership, a working day for the marriage of a child, three working days for each birth or arrival in the home of an adopted child or given in adoption, three working days in case of death or serious illness of spouse, father, mother and children of the practitioner or a person with whom the latter is bound by a civil solidarity pact

MEDICAL LIABILITY

- Any health professional, however competent, may one day commit **professional misconduct** having more or less dramatic consequences
- In **legal terms**, the impact can be severe
- Unlike liberal professionals, **salaried doctors** of private or public institutions **do not have the obligation** to take out professional indemnity insurance
- Civil or administrative **liability** of a health professional, whether liberal or salaried may be retained if the following three elements are present :
 - a fault
 - a damage (= an injury)
 - a causal link between that fault is this damage

THERAPEUTIC RISKS

- The development of modern medicine, more and more complex and ambitious, has made it necessary to open right to the compensation of victims of non-fault medical accidents. This is called **therapeutic risk** that qualifies for compensation, if several conditions exist
- The **therapeutic risk** can be defined as the realization, without any fault of the physician, of an accidental risk inherent to medical treatment and could not be mastered

CLINICAL RISK MANAGEMENT STRATEGIES



- The National Office of Compensation for Medical Accidents, iatrogenic disorders and of Nosocomial Infections (ONIAM) is a public institution created by the **Law of 4 March 2002** on patients' rights and quality of the health system
- Its mission is to organize the compensation scheme - friendly, fast and free – for victims of medical accidents
- Law of therapeutic risk of 4 March 2002 sets up compensation by **national solidarity**

RARE PENAL MEDICAL LIABILITY

- When the guiltiness of a salaried professional of private or public hospital is established, **the employer supports service errors** (unintentional negligence and in the exercise of functions), **but fully discharge** in the following cases:
 - Willful misconduct when the responsible had the desire not only to make a mistake, but also to result in injury to the patient,
 - The detachable fault of the service (public institution) or function (private facility) that is to say a fault of exceptional gravity and which, in fact, can not reasonably be related to the operation of the service or tasks entrusted to the health professional,
 - Medical acts realised out of the hospital; free procedures provided to relatives or those made in the context of assistance to a person in danger
- The salaried physician or health professional is then ordered to compensate the patient **> 0,04 % of all 2,000 procedures (137,512 insured physicians)**

ROLE OF GUIDELINES FOR CLINICAL PRACTICE AND CLINICAL ASPECTS



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ASSESSMENT & RECOMMENDATION



ACCREDITATION & CERTIFICATION

Home > Assessment & recommendation > **Best Practice Guidelines**



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Assessment & Recommendation

- > Medicinal Products
- > Medical devices
- > Assessment of health technologies and procedures
- > Health economics and public health assessment
- > **Best Practice Guidelines**

Best Practice Guidelines

HAS produces recommendations (accelerated developed guidelines, best practice guidelines) and tools to facilitate their use by health professionals. The objective is to inform health professionals, patients and health care users of current best practices with the aim of improving the quality and security of care.

The practice guidelines are defined in the health sector as "systematically developed statements to assist practitioner- and patient-decisions about appropriate health care for specific clinical circumstances".

> For more information about the [methodology for guideline development](#)

> [HAS translated guidelines](#)

Posted on Oct 27 2015



HAUTE AUTORITÉ DE SANTÉ

The High Authority for Health is an independent public authority

- With an overall mission of contributing to the **regulation of the health system** by improving the health quality and efficiency, HAS has seen the scope of its mission widen since 2005 by numerous legislative changes. These missions are set to Sections 161-37 and following of the **Code of Social Security**
- They can be grouped into two main activities :
 - Evaluation of health products (drugs / medical devices) and recommendation of best practices
 - Accreditation of doctors and certification of hospitals

The HAS also designs and provides healthcare professionals with **tools, guidelines and methods** to improve their management and the implementation of their projects

ACADEMIC SCIENTIFIC SOCIETIES



The French Society for Anesthesia & Resuscitation (French Society of Anesthesia & Intensive Care Medicine)

The SFAR is the first french organization for the profession, and our members are dedicated to the highest standards of patient care.

You will find here informations about the SFAR, its organization, its guidelines and some translations of our publications. If you have questions about anesthesia, the SFAR is ready to provide the answers you need.

Recommandations professionnelles:

Organisation de l'Anesthésie-Réanimation Obstétricale.

SFAR

Société Française d'Anesthésie et de Réanimation

Sociétés ou groupements professionnels associés : CARO, CNGOF, CNSF, IADE, SFN

Club d'Anesthésie-Réanimation en Obstétrique

Collège National des Gynécologues et Obstétriciens Français

Collège National des Sages-Femmes

Collectif IADE

Société Française de Néonatalogie



Recommandations Formalisées d'Experts

Anesthésie loco – régionale en pédiatrie



Les recommandations ont été élaborées conformément à la méthodologie développée par la SFAR et approuvée par l'Association des Anesthésistes Réanimateurs Pédiatriques d'Expression Française (ADARPEF). Le président du groupe d'experts a été désigné conjointement par le Comité des Référentiels de la SFAR et le Conseil d'Administration de l'ADARPEF. Il a constitué le groupe d'experts en collaboration avec ce Comité et ce Conseil d'Administration.

LISTE DES EXPERTS

P. Courrèges, Hôpital Jeanne de Flandre, Lille (*Président*);
C. Dadure, CHU Montpellier;
C. Ecoffey, CHU Pontchaillou; Rennes (*Secrétaire*);
E. Giaufre, Hôpital Privé Clairval, Résidence du Parc, Marseille;
F. Lacroix, Hôpital Timone Enfants Marseille;
C. Lejus, CHU Nantes;
JX. Mazoit, Hôpital du Kremlin Bicêtre, Paris;
G. Orliaguet, Hôpital Necker Enfants Malades, Paris;
A. Pouyau, Hôpital Femme Mère Enfant Lyon;
F. Veyckemans, Cliniques universitaires Saint Luc Bruxelles.

INSURANCE COSTS

- Highly variable according to :
 - The medical speciality: GP or Specialist
 - The type of practice: private/liberal or public sector
- Examples:
 - 80€/year (family medicine in liberal sector)
 - 120€/year (anaesthesiologist in public hospital)
 - 500€/year (obstetrician in private sector)

FREQUENCY OF LAWSUITS

137.512

SOCIÉTAIRES

Macsf toutes spécialités et
modes d'exercices confondus
contre 134.392 en 2013.

SINISTRALITÉ DES MÉDECINS 2010-2014



2.019

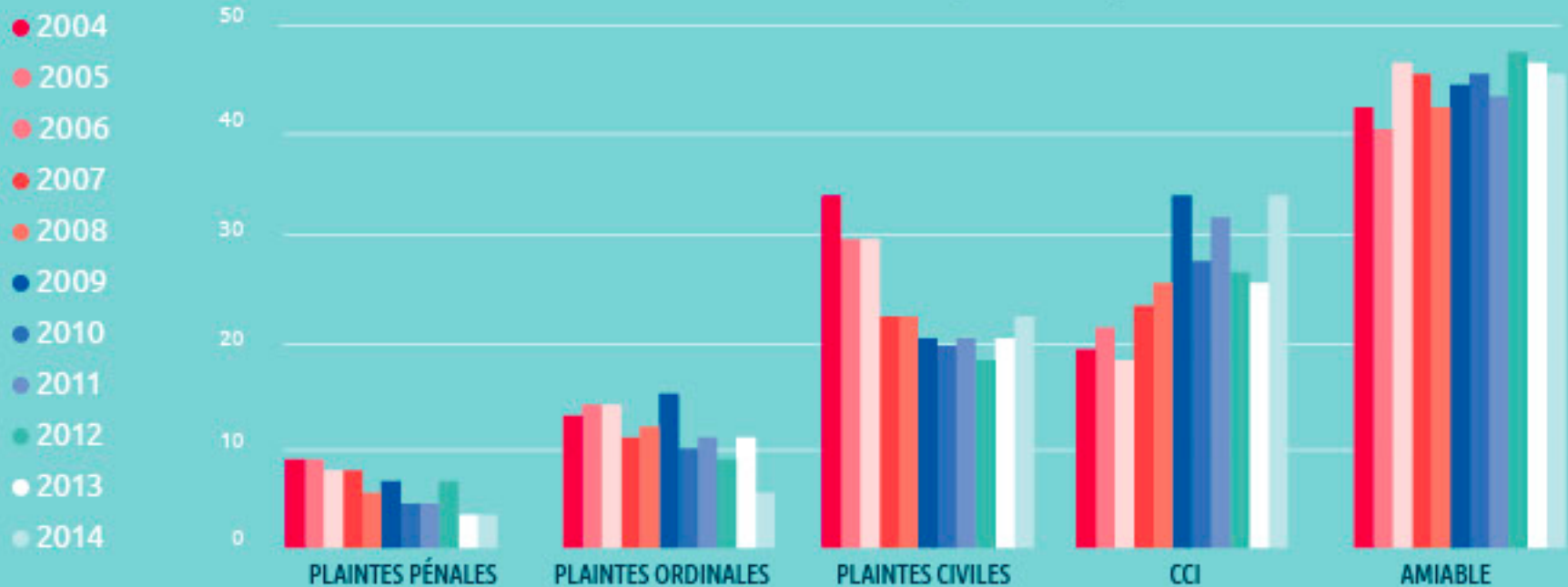
DÉCLARATIONS

ont traité à des dommages
corporels contre 2.011 en
2013.



COSTS OF REIMBURSEMENT

DÉCLARATION DOMMAGES CORPORELS (MÉDECIN)



Injury warranty: 8 million euros per accident
Physical damage warranty: 1 million euros

EFFECTS OF ERRORS ON DOCTORS

Doctors experience their mistakes very seriously

- **Errors may lead to permanent distortion of self-image**
- **During the months after serious error**

Quality of life ↓

and symptoms of depression and burnout ↑

- **These problems result in high risk of new errors**
> *circulus vitiosus*

Doctors are named the second victims of medical errors

West et al.. JAMA 296:1071-1078, 2006

Wu AW. BMJ 320:726-727, 2000

LIABILITY IN TASK SHIFTING

- ❑ **Decree for Safety in Anaesthesiology December 1994 / Nursing competence decree 2002 / French Medical Chamber Instruction (CNOM) December 2001**
- ❑ **It is the doctor who decides to shift/delegate or not**
- ❑ **The doctor remains responsible for the act**
- ❑ **Cooperation protocols** established by the regional sanitary authorities
 - ✓ **at the initiative of care teams**
 - ✓ **no obligation**
 - ✓ **regional need**

New

ADVANCED PRACTICES

SECTION 119 OF THE HEALTH ACT 2016

New

- **Possibility for paramedics to perform acts of prevention, clinical assessment or diagnostic, technical acts and surveillance, drug prescriptions, more tests prescriptions, renewals or modifications of medical prescriptions**
 - **« the professional acting in advanced practice **is responsible** for the acts it performs in that context »**
- ⇒ **training and qualifications modifications**
- ⇒ **creation of intermediate professions**

MODEL OF PROFESSIONAL MEDICAL CAREER

- Limited access to Medical Schools after 1 year common for healthcare education (PACES) by *numerus clausus* fixed by the government
- Undergraduate (2nd year) and graduate medical studies (5 years)
- National ranking examination (ECN) for access to medical specialties
- Postgraduate training (5 years) > Intern (doctor in training)
- Two possibilities of specialist hospital career:
 - National examinations for access to *academic positions* in the Medical Schools and in the 32 Regional University Hospitals: CCU-AH/MCU-PH/PU-PH (free positions published in common by the MoE & MoH)
 - National ranking examination for access to all public hospitals *Consultants' positions* (free positions published by the MoH)

CONSULTANT' CAREER DEVELOPMENT MODEL

EMOLUMENTS BRUTS MENSUELS des PH au 01^{er} juillet 2010

(arrêté du 12 juillet 2010 - J.O.R.F. du 21 juillet 2010)

	PH Temps Plein		PH Temps Partiel pour 6 ½ j. hebdomadaires		PH Attaché pour 10 ½ j. hebdomadaires		PAC (échelon = niveau)			
1er échelon	1 an	4 081,55 €	1 an	2 448,93 €	1 an	2 507,05 €	1an	2 289,71 €		
2° échelon	1 an	4 150,82 €	1 an	2 490,49 €	2 ans	2 637,02 €	2 ans	2 637,02 €		
3° échelon	2 ans	4 247,82 €	2 ans	2 548,69 €	2 ans	2 870,76 €	2ans	2 870,76 €		
4° échelon	2 ans	4 358,65 €	2 ans	2 615,19 €	2 ans	3 244,02 €	2 ans	3 244,02 €		
5° échelon	2 ans	4 552,62 €	2 ans	2 731,57 €	2 ans	3 517,09 €	3 ans	3 517,09 €		
6° échelon	2 ans	4 871,29 €	2 ans	2 922,77 €	2 ans	3 688,43 €	4 ans	3 688,43 €		
7° échelon	2 ans	5 217,66 €	2 ans	3 130,60 €	2 ans	3 923,27 €	✂ retraite	3 923,27 €		
8° échelon	2 ans	5 383,92 €	2 ans	3 230,35 €	2 ans	4 081,55 €	PC Art. R.6152-416 du CSP pour 10 ½ j. hebdomadaires			
9° échelon	2 ans	5 577,89 €	2 ans	3 346,73 €	2 ans	4 150,82 €				
10° échelon	2 ans	5 993,54 €	2 ans	3 596,12 €	3 ans	4 247,82 €				
11° échelon	2 ans	6 242,93 €	2 ans	3 745,76 €	4 ans	4 358,65 €	Sauf 3° et 6° art.R.6152-402 ≤ 4 794,51 €			
12° échelon	4 ans	7 097,42 €	4ans	4 258,45 €	✂ retraite	4 552,62 €				
13 ° échelon	✂ retraite	7 411,62 €	✂ retraite	4 446,97 €			3° art. R.36152-402 ≥ 2 637,02 € et < 2 870,76 €			
Indemnité d'engagement de service public exclusif	487,49 €						6° art. R.6152-402 ≤4 794,51 € ou ≤7 411,62 €			
Indemnité pour activité exercée sur plusieurs établissements*	415,86 € (les PC ne peuvent pas bénéficier de cette indemnité) *=indemnité d'activité sectorielle et de liaison pour les psychiatres									

MODEL OF MANAGEMENT CAREER

Since the Health Act 2009 (HPST), the government is free to hire anyone deemed capable of leading a public hospital, regardless of their initial training

By the classical way the hospital managers are recruited through an examination either of the following ways:

- External competition open to persons holding one of the diplomas required for admission to the entrance competitive examination to the National School of Administration or have completed a diploma, a formal qualification or professional experience
- Internal competition open to public officials and employees of three public services (government, hospital and territorial) and their public administrative institutions, the military and judges who are active, on leave, parental leave or performing national service, as well to persons based in an international intergovernmental organization.
- The third competition is open to persons who, at the closing date of the competition entries, warrant exercise, for at least eight years in total, one or more mandates or activities referred to in Article 3 of 29 of the law of January 9, 1986

ECOLE DES HAUTES ETUDES EN SANTÉ PUBLIQUE

- Training of French Public Hospitals' Managers is entrusted to the **EHESP** by law (Decree of August 2, 2005, and amended by Ministerial Decree of 15 April 2003 amended by the Decree of 10 July 2008)
National recruitment by external competition (licence level) or internal. Possible recruitment by the outside round contest in regional or local authorities
- Hospital director training lasts 24 months:
A common core of 21 months providing cross-training, 3 months specialization preparatory to the first position as a Deputy Director.

Initial training is based on the alternation between sessions at EHESP (11 months divided into 14 teaching units) and work placements in hospital and abroad, in France or in a research laboratory (13 months divided into two teaching units)

EVALUATION SYSTEM

The High Authority for Health is
an independent public authority
(College of Experts)

2 types of missions, by law:

- Evaluation of health products (drugs / medical devices) and recommendation of best practices
- Accreditation of doctors and certification of hospitals



HAUTE AUTORITÉ DE SANTÉ



LA HAS

- › La HAS est une autorité publique indépendante qui contribue à la régulation du système de santé par la qualité. Elle exerce ses missions dans les champs de l'évaluation des produits de santé, des pratiques professionnelles, de l'organisation des soins et de la santé publique.