



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟCΙΑCΙΑ ΗΑ ΣΤΑΡΣΗΤΕ ΒΟΛΗΝΙΧΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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While the new geographical and functional hospital organization continued to develop through the establishment of the Territorial Hospital Groups, which I have already explained to you in the past years the principle and the goals, a national movement started thinking about the possibilities and on the modalities for reforming French medicine in a coherent perspective, concerning both medical studies and, at a later stage, the updating of knowledge throughout the medical activity. Two topics fueled reflection: greater accountability of physicians in the management of their professional careers and increased attention to practical skills during the training years.

Regarding medical studies, without ignoring the Directive 2005-36 amended in 2013, we have increased their professionalization by arranging more traineeships among liberal practitioners, especially among general practitioners, and we emphasized the relational aspects and psychology of teaching in the Faculty.

It was also necessary to put an end to the unfortunate specificity of the first year at medical school (PACES), giving access to several sectors of health professions, and ending with a very selective exam, giving rise to many first year repetitions (*redoublement*) which, unfortunately, are also followed by failures resulting in a waste of time and a real psychological scar for the students. Repetitions of the academic year has been abolished and bridges are now proposed regularly guiding, as of the second semester towards other health professions, then, at the end of the year, towards scientific fields with possibilities of return in the medical branch after obtaining a master's degree for example.

This reshaping of medical studies also interested the 3rd cycle of specialization by optimizing the progressive empowerment of residents during the 4 to 6 years of training, according to the disciplines, accompanied by a knowledge and know-how exam at each stage.

For the medical practice, with the same concern for accountability, the wind of reform targeted new forms of Continuous Personalized Development (CPD) by requiring each doctor, regardless of his liberal, hospital or salaried practice, to choose a registration and to compel attendance to a certain number of effective training courses which, from now on, must be declared to the independent entity in charge of financing and the organization (ANDPC) with validation by the French Medical Council every 5 years. The idea is not to sanction with a re-certification but to accompany and value the doctor in his approach that he initiated according to his choice and specialty.

The organization of such objectives quickly showed the need to restructure the profession by bringing together the various activities and exercises within each discipline. That's why we created the National Professional Councils (CNP) regrouping in each specialty all the organs of the profession: scholarly society, liberal practice, hospital practice, teachers, representation, designation of experts, unions.... As a result, these CNPs are better able to choose the preferred themes for continuous medical training, to designate the training organizations, to defend the interests of the specialty, to promote research and to be in charge of the follow-up of the physicians' progress.

We do not yet have sufficient feedback and experience to judge the validity of all these reforms and we will have to report them to you during the following meetings of AEMH.