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Titrate:	Evaluation within the European Union of the quality of the international graduates in medicine (DIM) coming from outside of the UE	
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" PADHUE REPORT"

FEMS - FPS

According to his French expertise in the field, the President of the FEMS asked the FPS to submit a report on the problems of the doctors with non European Union diplomas.

The FPS, primarily gathering the PADHUE and having an expertise on the question for having taken part in several works in the realization of texts of law in France, wrote this report in April 2008.

INTRODUCTION

For pointing out the category of the doctors aimed by this work, we prefer to use the term of PADHUE, which would be more appropriate for the situation in France.

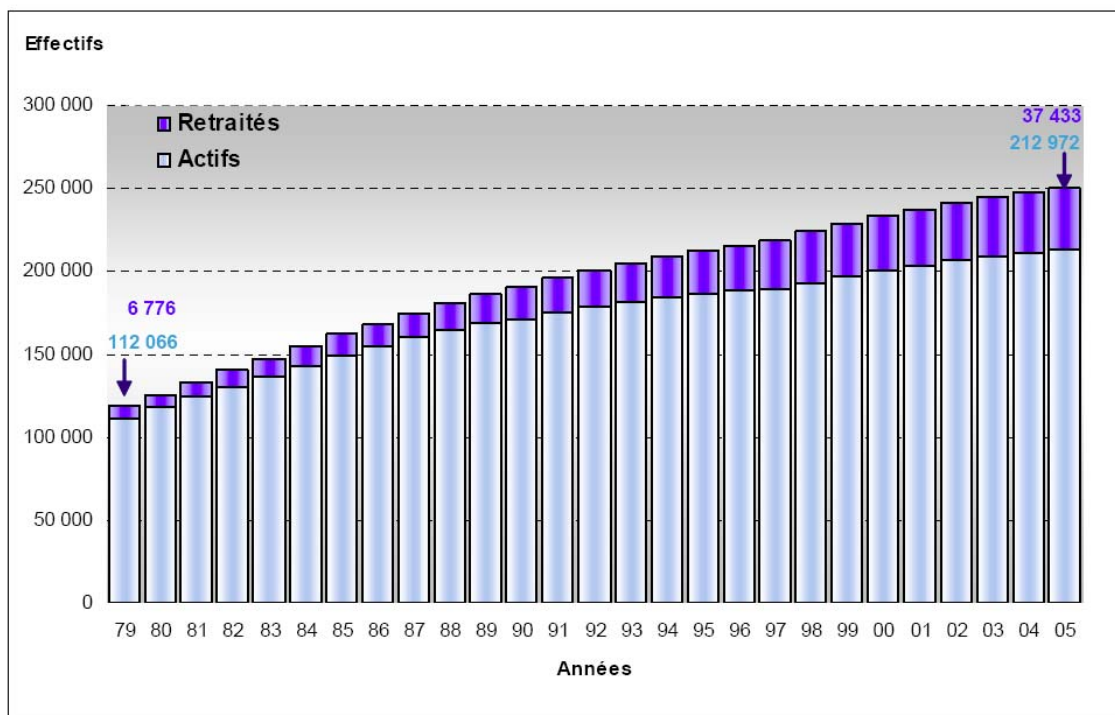
For the good comprehension of the subject, one should not confuse the doctors with a diploma obtained out of the European Union and the doctors having a non European nationality.

Indeed, term PADHUE points out " **Consultants with a non EU Diploma** "; It is about the diploma of doctorate of medicine and not of the diploma of speciality, since in the procedure of authorization to exert, it is the diploma of doctorate in medicine which precedes since, often, there is a numerus clausus to be able to obtain this diploma.

SITUATION IN FRANCE

Currently in France some 17,000 PADHUE exert out of approximately 213,955 active doctors at January 1st, 2007.

Graphique 1.1
Effectifs des médecins inscrits à l'Ordre depuis 1979



Source : CNOM au 01/01/2006

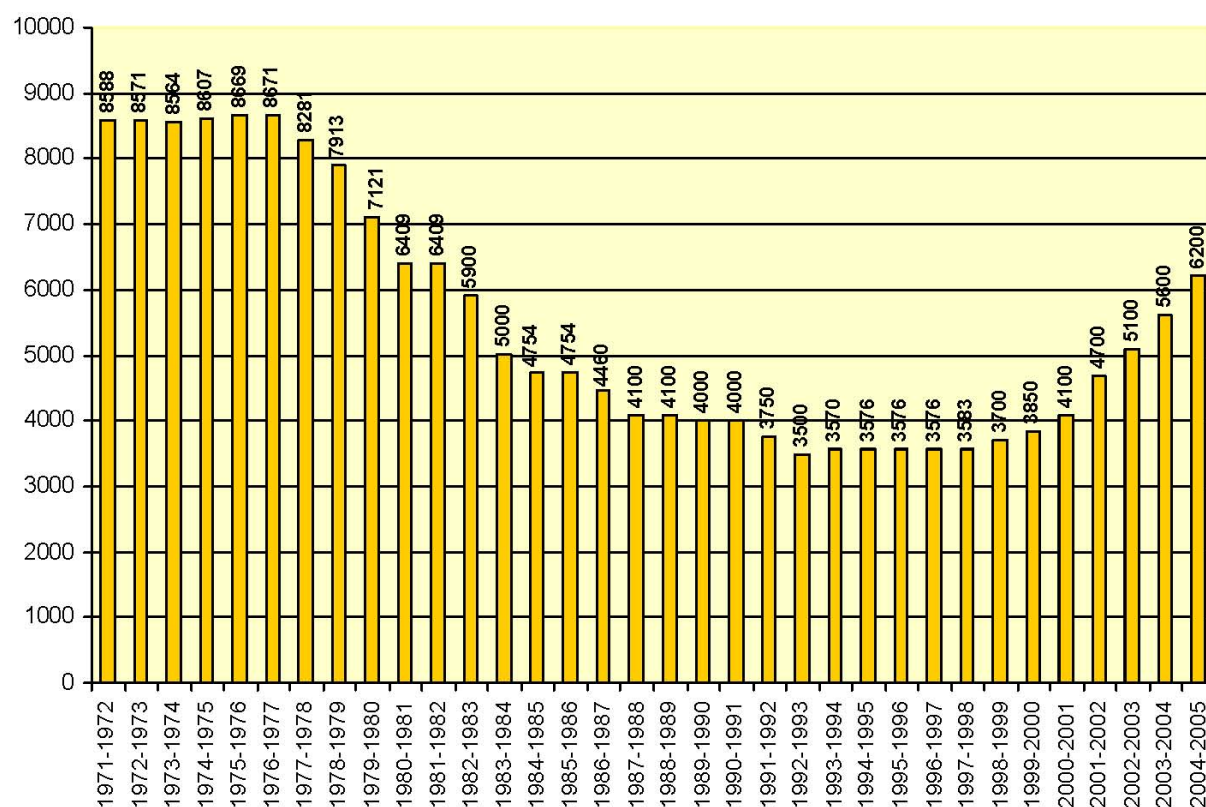
The average age of all the active doctors is 49 years, including 52 % of men and 48 % of women.

For determining the problems of the PADHUE well it is necessary to try to initially understand the evolution of medical demography in France.

MEDICAL DEMOGRAPHY IN FRANCE

Numerus Clausus

As of the years 1985-1986, the numerus clausus of the studies of medicine, i.e. number of students authorized to continue their studies at the end of the first year was reduced in a drastic way. At the same time, another way of specialization, the CES (Certificate of Specialized Studies) not controlled by a contest, was removed leaving the Boarding school (with quota) as only way of specialization of the young doctors in France.



It acted for the Official Authorities of the time, to lower the offer of care in order to try to decrease the expenditure with as result a reduction in half of the trained general practitioners and specialists and a division by two in the number of the interns in the hospitals which, working ankles at the time, ensured the essence of the urgencies and the continuity of the services.

The vacant positions, in particular in the peripheral hospitals and in province, were gradually occupied by the doctors with non European Union diploma (PADHUE) with precarious statutes and working conditions, and especially the plenitude of exercise of medicine.

A feminization and an ageing of the doctors

There is a feminization of the medical profession in France. In 2025, according to projections' carried out in 2004 within the framework of the ONDPS (NATIONAL OBSERVATORY OF THE DEMOGRAPHY OF THE PROFESSIONS OF HEALTH), the women would represent 52 % of the doctors in activity

There is also a tendency to the ageing of the medical profession. The average age will be 50,6 years in 2015 whereas it is 47,5 currently.

An evolution of the working time attendance

The annual report 2004 of the ONDPS also notes that the reduction in the working time had real impacts on the availability of the professionals. The modification of the legal duration of work had significant effects of the economic situation between 2000 and 2002-2003.

For memory, the reduction of the working time for the whole of the medical and non-medical personnel, related to the installation of the Working Time Reduction (ARTT), applied from the 1st January 2000 in the private establishments and from the 1st January 2002 in the public hospitals.

The new definition of the working time for the medical personnel resulting from the application of the European Directive 93/104 of the 23/11/1993, modified by the ED 2003/88 EWTD in particular resulted in integrating the periods of permanence ("on-call") in the effective time of work.

These reductions in the share of work constituted certainly a factor of the economic situation of imbalance between the supply and the demand of professionals.

An increase and an evolution in needs

At the same time as one noted a negative evolution of medical demography due to the quoted known factors, the needs for the population were increasing for the following reasons:

- *the ageing of the population*
- *reduction in the durations of stay*
- *the medicalisation of care*
- *current requirements as regards safety of care*
- *increase in the technical potentialities*

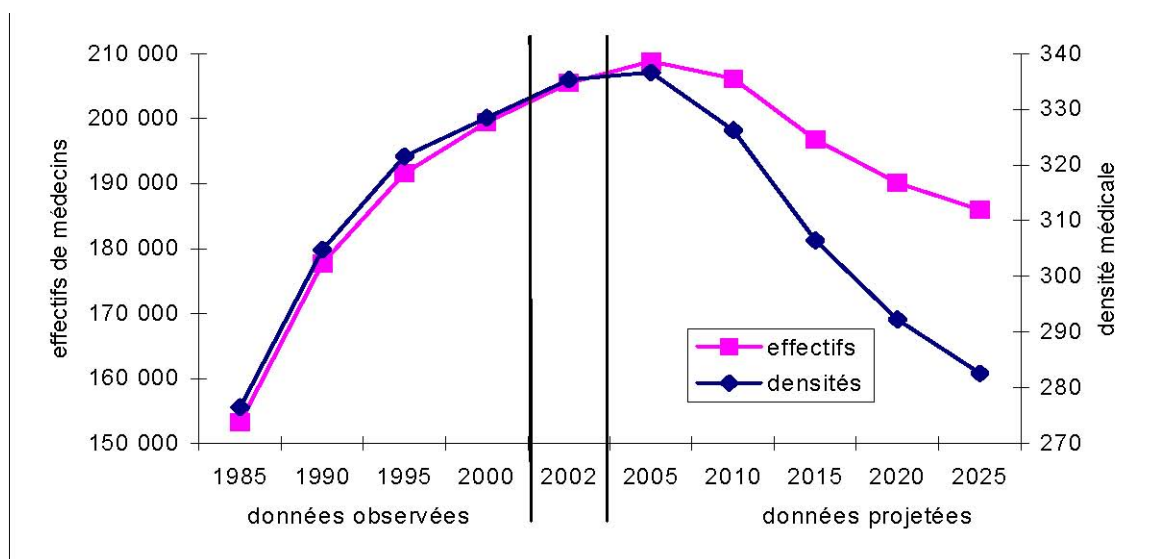
Modification of the behavior of the young doctors

Another factor which had influence on the medical demography is the modification of the behavior of the young doctors

- the methods of exercise evolved considerably.
- the choices of professional life are more often dictated by choices of personal and family life.
- One notes a rejection of the activity in suburbs and rural zone

The consequence of these factors led to the table below.

Evolution of the number and the density of doctors of 1985 to 2025 *



CURRENT SITUATION

As our subject relates to the PADHUE which are especially recruited by the hospitals, we will make a statement on the situation in the establishments of health.

In France, there is 799 EPS (Publicly-owned establishment of Health), 327 PSPH (Taking part in the public utility hospital - non-for profit private hospital).

60,000 doctors exert in the hospitals with ten contractual different statutes and statutes with contract at unspecified duration, among which approximately 4,000 PU-PH (University Professors-Consultants) and approximately 30,000 PH Praticien Hospitalier - Consultants.

Among the PADHUE not having the plenitude of exercise, 6,000 PADHUE work in a state-run EPS and approximately 1,000 in a non-for profit private hospital PSPH.

PADHUES' SITUATION

9,553 PADHUE obtained the plenitude of exercise by various procedures in force until the end of 2006:

- Csct- CAP Commission 10 year old

- by the law Veil 1996 – the law Kouchner 1999 – the law Bertrand 2006.

- Among the regularized PADHUE "- with the plenitude of exercise -" approximately **6,000** obtained a Consultant statute of pH, a thousand chose to settle in free practice, the remainder still works with a statute of contractual.

Approximately 7,000 not yet regularized PADHUE doctors "but can be regularized with the law Bertrand" exert under the responsibility of a senior Consultant. There exists for these doctors a procedure of authorization to exert in progress. It is a transitional measure which must last until 2011.

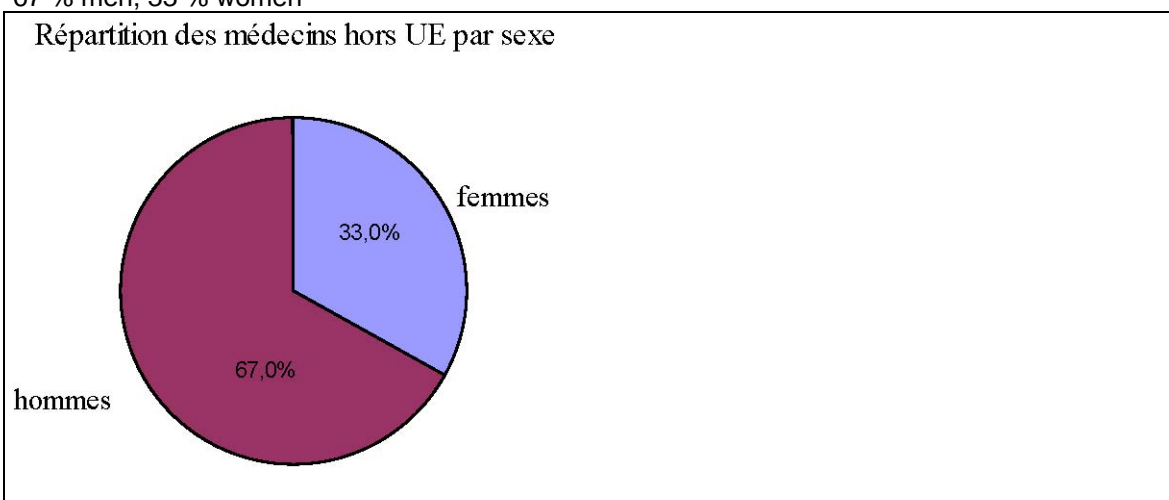
Total staff doctors with non UE diploma not having plenitude of exercise

EPS			Establishments PSPH		
Statute	Manpower	%	Statute	Manpower	%
FFI	2 982	49,0%	FFI	461	65,8%
Associated assistants	743	12,2%		57	8,1%
Associated attached econsultants	2 100	34,5%		171	24,4%
Making function of nurse	262	4,3%	Making function of nurse	12	1,7%
Total	6 087	100,0%	Total	701	100,0%

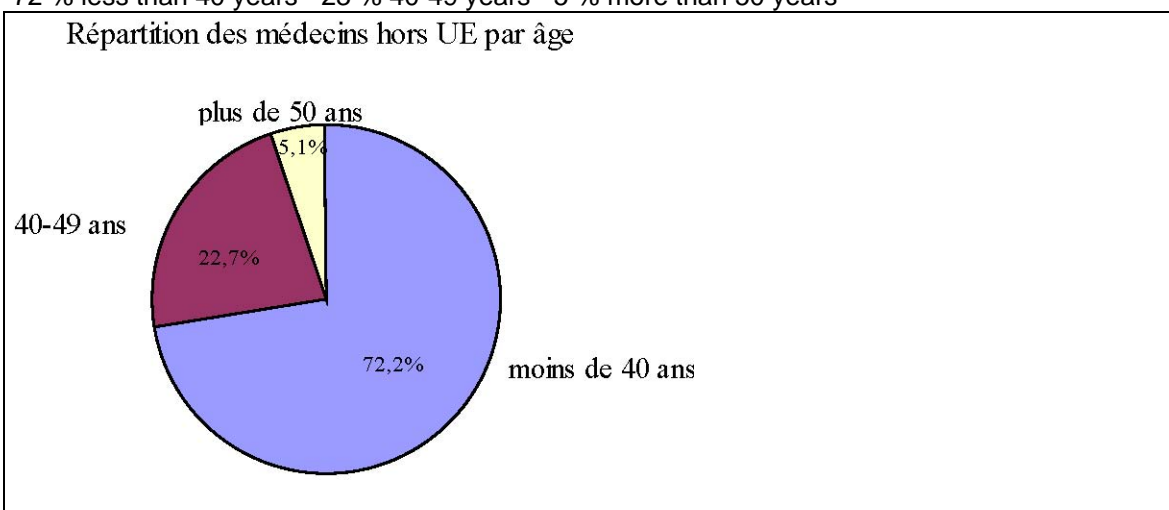
An investigation carried out in 2005 concerning the PADHUE not having the plenitude of exercise reveals the following demographic data:

Age, sex and distribution by statute:

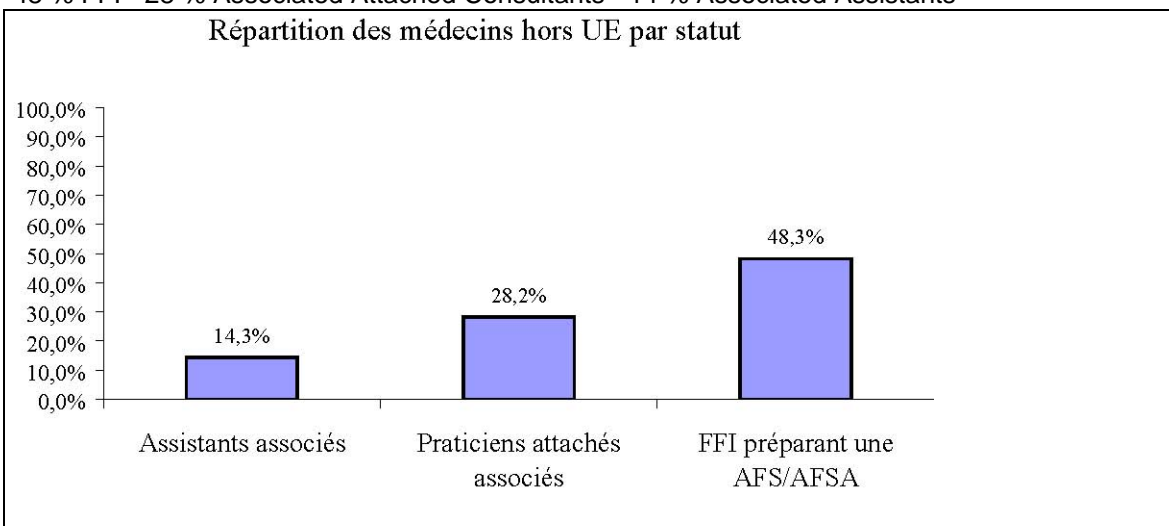
67 % men, 33 % women



72 % less than 40 years - 23 % 40-49 years - 5 % more than 50 years



48 % FFI - 28 % Associated Attached Consultants - 14 % Associated Assistants



According to the origin of diploma, they set out again thus;

Algeria 18 %

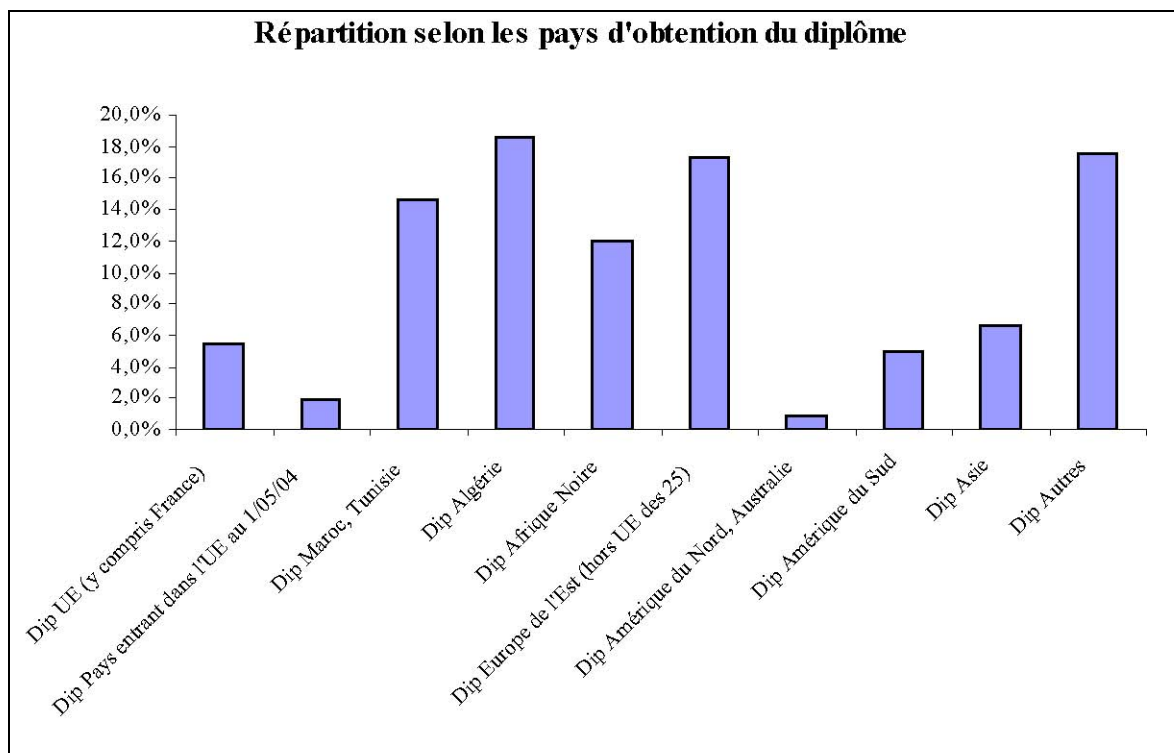
Eastern Europe 17 %

Morocco and Tunisia 15 %

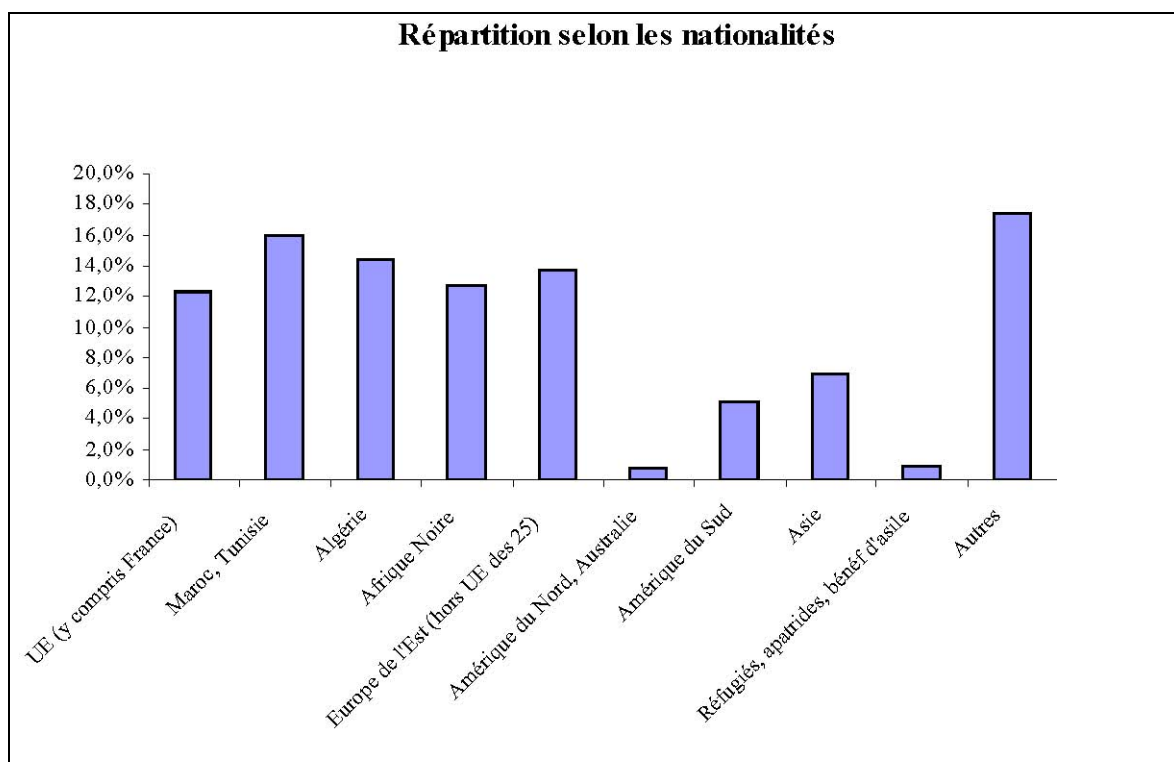
Black Africa 12 %

Asia 7 %

South America 6 %



According to nationalities:



With regard to the "newcomers" PADHUE:

A French law, voted at the end of 2006 specifies the conditions of access to plentitude of exerting. Indeed, the ministry for health issues each year the list of the specialities open to the PADHUE **with a quota**.

The PADHUE interested by this procedure deposit a file in May in order to be able to take part in a competition which proceeds in September or October.

For memory, here specialities open to the contest for the year 2008:

The wording of the specialities	Numbers
Profession doctor	
Anaesthesia-reanimation	15
Orthopedic surgery and traumatology	5
Geriatrics	15
Gynaecology-obstetrics	5
General medicine	50
Physical therapy and of rehabilitation	10
Oncology	10
Ophthalmology	10
Pediatrics	10
Psychiatry	15
Radiodiagnosis and medical imagery	10
Total medicine 155	
Profession dental surgeon	
Odontology	30
Dento-facial orthopedy	5
Profession pharmacist	
General-purpose pharmacy	10
Profession midwife	
Midwife	20

The competition includes an examination of knowledge of the French language. A theoretical question and a practical question are put to the candidates.

It is about a competition with a sovereign jury which can fix a minimum score so that a candidate is declared acceptable.

After the success in the competition, the prize winner must exert 3 years in an hospital which must be validating for the training of the interns.

At the end of these 3 years the candidate presents his dossier at a Joint Committee (representatives of the Ministry, the national Medical Chamber, academics, PADHUE trade union).

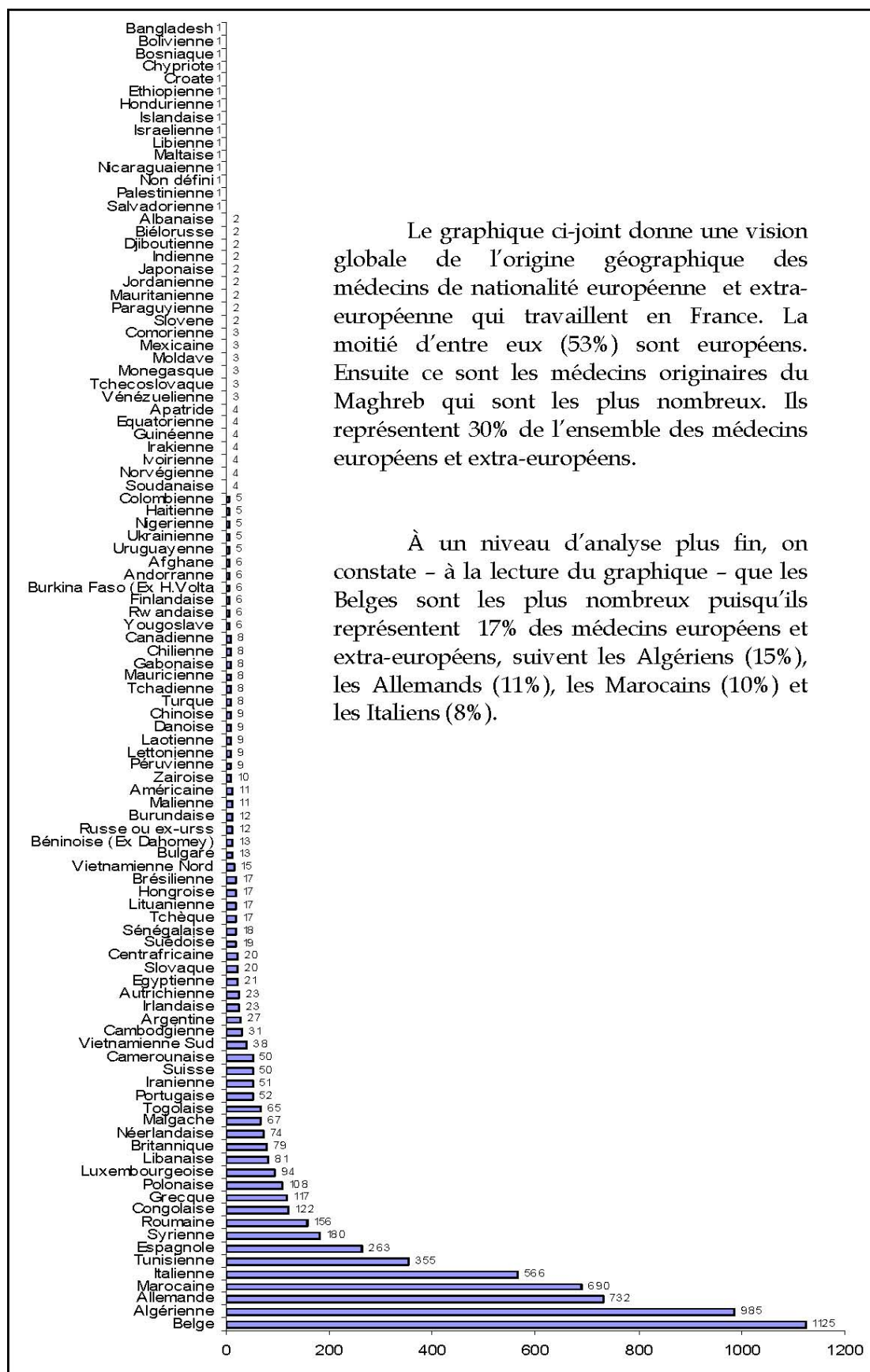
The commission can deliver a positive opinion an adverse opinion or a deferment with recommendations of diploma or additional training.

Each candidate can submit his candidature only 2 times to the Joint Committee.

Doctors with EU diploma but without French nationality "having the plenitude of exercise"

At January 1st, 2007 in France, one counted **7,966** doctors not having French nationality (3,5 % of the whole of the doctors). Under those 53 % are European citizens (Belgians, Germans, Italians), the remainder is of non-European nationality mainly of the Maghreb (Algeria, Marroco).

Here a table concerning these doctors:



Contrary to some forecasts, there was not in France a significant migration of the European Union countries towards France, except can be recently from Romania.

At November 27, 2007, 656 doctors of Rumanian nationality are registered in the Table of the Medical Chamber (+321% of registered doctors in ten months)

CONCLUSION

The lack of doctors especially in certain specialities, and in particular in the hospitals of proximity, will still require, during some time, the recourse to the "besides coming" doctors (European or non-EU), while waiting for that the recent increase in the numerus clausus shows its effects.

Unless "the great hospital reform" announced here for more than one decade will be realized and then a forced regrouping of the hospitals by the government will be born.

PROPOSALS OF THE FPS - FEMS

- the principle of free movement of the non-EU diploma PADHUE, having obtained the equivalence of State Medical Doctorate in an European Union country, must be allowed.
- the Hocsman rule issued by the Court of Justice of the European Communities on September 14, 2000, recognizes to the PADHUE the right to put forward their titles and experiences gained throughout their career, in order to see itself recognizing the full and whole of medicine practice.
- Nevertheless taking into account the disparities of the procedures of admission and problem of harmonization of the diplomas, this procedure can not be automatic.
- Each hosting country must be able to examine this request as it likes it.
- It is preferable that this request is examined by a commission necessarily integrating doctors and/or academics concerned with the required speciality.
- the good knowledge of the language of the hosting country is essential.
- the acquisition of the nationality of an EU country is desirable. The hosting country will have to facilitate the procedure of obtaining nationality for the PADHUE
- In the event of adverse opinion, the organization studiing the request of a candidate must justify his answer and must be able to make recommendations of orientation if necessary.
- the PADHUE having obtained the plenitude of exercise in the hosting country must be treated like an indigenous doctor, in particular for the remuneration and working conditions.
- It is desirable to have an Observatory of medical demography within the European Union studying the migration of doctors (PADHUE or PADUE) intra and extra EU citizens.
- the FEMS proposes to work actively in the Working Group of the CPME sub-committee for Medical Education.

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