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# Reform of the French health system

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**T**he HPST (Hospital, Patient, Health and Regions) Act passed by parliament in July 2009 will be progressively introduced from January 2010. The goal of this law is to reorganise the French health system to allow excellent care to reach all people. This new law has four elements.

## Chapter 1: Modernisation of hospitals

Prior to the new law, hospitals (public and private) were defined by their specialisations and the services they provided to the people. Private hospitals were able to undertake one or more of the 14 public duties (especially the provision of health care for all). In addition to the provision of health care, the main public duties they were allowed to take part in were palliative care, undergraduate and postgraduate education; research; continuing education for physicians, pharmacists, physiotherapists, nurses and midwives; training for nurses, midwives and other paramedical professions; caring for poor people; prevention; the care of prisoners and foreigners.

Public hospitals will from now on be run differently and the power of managers will be strengthened. A director will be in overall charge of the hospital and he will have authority over all the staff he appoints, together with the budget. The role of the Medical Committee will be

downgraded to making policy on the quality and safety of care. To address the shortage of physicians in most public hospitals, the manager can from now on take on physicians (who are not hospital doctors) with a new status: clinical practitioners. For fixed-term contracts they will be paid with a fixed component and a variable component according to their job.

Public hospitals will be allowed to form Regional Hospital Communities (CHTs), the goal of CHTs being a common strategy and the joint management of some activities. Public and private hospitals will be allowed to form Health Cooperation Groups (GCSs). Two types of GCSs will be possible: resources groups, whose objectives are to facilitate, improve and extend members' activities and GCSs that directly treat patients. Healthcare professionals are most affected by the first chapter.

## Chapter 2: Universal access to quality care

This sets the level of care provided by general practitioners, who can refer the patient to a specialist practitioner if needed (direct consultation by patients is not encouraged).

To overcome 'medical deserts' (in France, general and specialist practitioners are not spread evenly: cities have many practitioners but rural areas insufficient, leading to inequality of good care) the number of students will be

increased and posts for junior doctors (tomorrow's specialists) will be created according to the need.

The law limits the refusal of care by general and specialist practitioners and dentists for poor people and limits excessive fees.

Continuing professional education becomes obligatory for physicians, nurses, midwives, physiotherapists, pharmacists and technicians.

## Chapter 3: Prevention and public health

Education of patients about health matters becomes a national priority. Sale of alcohol and tobacco to teenagers is forbidden.

## Chapter 4: Regionalisation of the health system

Regional Health Authorities (ARS) are being created in every region. The role of the new bodies will be to:

- adapt health care to the needs of the region
- simplify the health system by providing seamless care in a region.

It is hoped that this new law will improve the French health system generally and make public hospitals more efficient. In principle everyone agrees but hospital practitioners are worried about the changes that will be imposed, with more power being given to managers and less to doctors. Hospital practitioners are ready to play their part in improving hospitals if they are included in the reform process.

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