



Paris, France

barbara.casassus@icloud.com

Cite this as: *BMJ* 2024;384:q652<http://dx.doi.org/10.1136/bmj.q652>

Published: 21 March 2024

## French government looks to immigration to help plug health workers gap, but candidates are not always up to scratch

Attempts to tackle the shortages of doctors in France mean that thousands now hold posts in French public hospitals. **Barbara Casassus** reports

Barbara Casassus *freelance journalist*

France's government, like many across Europe,<sup>1</sup> is turning to non-European Union (EU) trained doctors to help offset the chronic shortage of hospital staff. On 30 January, Prime Minister Gabriel Attal announced to parliament that he would appoint an emissary to seek out doctors abroad wishing to practise in France and to encourage French doctors who qualified outside France to return home.

The announcement caused uproar. It showed "a lack of respect for the countries where these doctors were trained," said Jean-Luc Dumas, director general of the Conference of Deans of French Language Faculties of Medicine. The targets will be doctors from French speaking former colonies and other countries where medical faculties have strived for decades to reach international standards and populations have "immense health needs," Dumas said in an article in *Le Monde* on 8 February.

But the announcement also failed to tackle the status of non-EU doctors in France. Many have been practising in the country for years, yet a sizeable number have not passed the official exam required to work in the public sector.

### Exams

Attal's announcement followed the passing of a new French immigration and integration law. It was heavily contested in parliament and at the constitutional council but eventually came into force on 26 January.

In France, non-EU doctors wishing to practise in the public sector first have to pass the competitive medical exam (EVC), usually held in September to November each year. They then have to undergo a two year internship and pass an oral exam given by an authorisation committee of their specialty. This committee can then either award a pass or ask that a further internship or university degree be completed before authorisation. For the latter options, the candidates must sit before the same committee again before obtaining their licence.

Under the new law, doctors from outside the EU can apply for a 13 month visa to enter France and study for and sit the EVC. Non-EU doctors who are already in France can stay on to take the exam (either for the first time or as a retake). This is on top of any existing four year "passeport talent" visa, which was created in 2016 for several categories of workers, including doctors, dentists, midwives, and pharmacists.

Last year, nearly 20 000 doctors signed up to take the EVC, which would qualify them for one of the 2703 jobs available that year.

But only about half of the applicants actually came to France to sit the exam, says Dominique Bertrand, former adviser to the head of the EVC organiser (Centre National de Gestion) and public health professor emeritus at Paris Cité University.

Others were already working in French public hospitals with a status equivalent to the final year of an internship, Bertrand told *The BMJ*. This means they should have either taken the EVC or retaken it to achieve the passing grade. With the extension given under the new law, they have another chance. Another article published in *Le Monde* on 8 February<sup>2</sup> and signed by 54 of the 91 members of the EVC general medicine jury, claimed that around 2000-3000 doctors who qualified outside the EU and have failed or not taken the EVC now hold posts in French public hospitals.

The jury was "unanimously surprised by the low level of knowledge of a large number of candidates," reads the article. Of the 2662 candidates for 537 general medicine posts, only 241 obtained the minimum mark of 12 out of 20 set by the jury. (There are various EVC exams for different medical professions, including dentists, pharmacists, and midwives. The juries are made up of experts, from hospital practitioners to professors, under mandatory service as part of their medical practice in France. The juries change year to year, as do the pass marks, which are set by each jury.)

In theory, those who have not passed or taken the EVC were supposed to leave the country at the end of December, but such is the dire shortage of health workers that President Emmanuel Macron, Prime Minister Attal, and health minister Catherine Vautrin have each promised since the beginning of the year to give temporary permits so they could continue working until they could sit the 2024 EVC exam, and until improvements to regional healthcare access could come into force.<sup>3</sup>

The collective *Le Monde* article took issue with this. Failed general medicine candidates "must not be allowed to remain in their posts," the authors wrote. The "medical deserts" in France do not "justify discounting the level of the country's future practitioners, nor the quality and security of healthcare."

Furthermore, they said, there is evidence of some hospitals abusing the system. Some non-EU doctors

working as interns are being asked to take on responsibilities of senior colleagues that would not be required of interns trained in France, the authors say.

### Increasing reliance on help from abroad

The number of non-EU doctors practising in France has doubled in the past 10 years to 28 000, says Slim Bramli, gastroenterologist and president of the foreign doctors' union the Fédération des Praticiens de Santé. Some 90% of those are from former colonies Algeria, Morocco, and Tunisia, other Francophone countries such as Lebanon, Syria, and Madagascar; and Latin America. According to Jacques Belghiti, deputy secretary of the French National Academy of Medicine, doctors trained abroad accounted for 15% of the record 234 000 practitioners working in France in 2023.

Even so, this is not enough to meet the demand on services with an ageing population and increase in chronic diseases, Belghiti adds. Bramli said that in January 2024 30% of public hospital posts were still vacant. And 30% of practitioners in France are to retire in the next five years, he adds.

In 2020, France decided to progressively increase the number of medical students. This plan was put into action in 2022, but Bramli points out that the impact will not be felt until the extra graduates start to practise in several years' time.

Eric Rosenthal, president of the general medicine EVC jury and an internal medicine professor at Nice University Hospital, says, "Many doctors with non-EU qualifications working in French healthcare have a satisfactory, and in some cases very good, level of competence." Those who already have posts and failed the exam "are probably in the minority and should be assessed on an individual basis," he wrote in a private correspondence to Frédéric Valletoux, the junior minister of health and prevention, following the publication of the *Le Monde* article.

Belghiti is concerned that non-French doctors used to sit a French language test as part of the EVC, but now only have to provide a proficiency certificate from the faculty or school of their choice. "This is not verified, which is worrying," he tells *The BMJ*. He does note that most non-EU doctors—even those who have passed the EVC—working in French hospitals have the special status of praticien associé (associate practitioner), meaning they work under the supervision of a senior doctor.

France's National Academy of Medicine says that recruitment of non-EU doctors must continue. Doctors should not be deported after they have failed the EVC, the academy said in a statement approved by members on 5 February and released to the press a few days later. Belghiti tells *The BMJ* that some candidates may have failed the EVC as many as four times, but candidates don't see this as a problem since they may have been working in France for up to 10 years.

Instead, the academy urges authorities to direct those who failed the exam to other healthcare professions. These include advanced practice nurses, radiology technicians, hygienists, or coders of care procedures.

"There is a need for administrative staff with medical knowledge," Belghiti acknowledges. But at the moment, he says, the recruitment and integration of non-EU workers remains complex and satisfies neither the health authorities nor the candidates, who feel a lack of security about their futures.

### Healthcare changes for undocumented migrants are on their way

Sweeping change to healthcare for undocumented migrants was initially part of the new French immigration and integration bill, passed on 26 January. But these measures were removed from the bill after triggering an outcry, particularly from the medical profession.

The idea was to turn the across-the-board State Medical Aid (Aide Médicale d'Etat) into emergency only medical aid, which would have reduced the number of undocumented migrants eligible for free healthcare. Critics argued that this could increase the number of untreated patients, heightening the risk of spreading infectious diseases.

After the measures were dropped from the bill, Prime Minister Attal said a new regulation would be introduced before the summer that would tighten up eligibility and controls.

Commissioned, not externally peer reviewed.

I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare.

- 1 Looi MK. The European healthcare workforce crisis: how bad is it? *BMJ* 2024;384. doi: 10.1136/bmj.q8 pmid: 38242581
- 2 Dumas J-L. "Looking for doctors abroad shows a lack of respect for the countries where they are trained." *Le Monde*. 8 February 2024. [www.lemonde.fr/idees/article/2024/02/08/aller-chercher-les-medecins-a-l-etranger-est-un-manque-de-respect-pour-les-pays-ou-ils-sont-formes\\_6215430\\_3232.html](http://www.lemonde.fr/idees/article/2024/02/08/aller-chercher-les-medecins-a-l-etranger-est-un-manque-de-respect-pour-les-pays-ou-ils-sont-formes_6215430_3232.html)
- 3 Casassus B. French doctors' morale is at its lowest point as industrial actions mount. *BMJ* 2023;383. doi: 10.1136/bmj.p2307 pmid: 37827546