



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX  
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS  
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
EUROPSKA ASOCIACIA NEMOCNICNÝCH LEKAROV  
EUROPSKA UDRUGA BOLNIČKIHI LIJEČNIKA  
ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIAȚIA EUROPEANĂ A MEDICILOR DIN SPITALE**

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# 1 / The situation in French hospitals facing a pandemic 2021/2022

**150,000 covid related deaths** have been reported in hospitals, nursing homes and healthcare institutions since the beginning of the covid-19 epidemic in France.

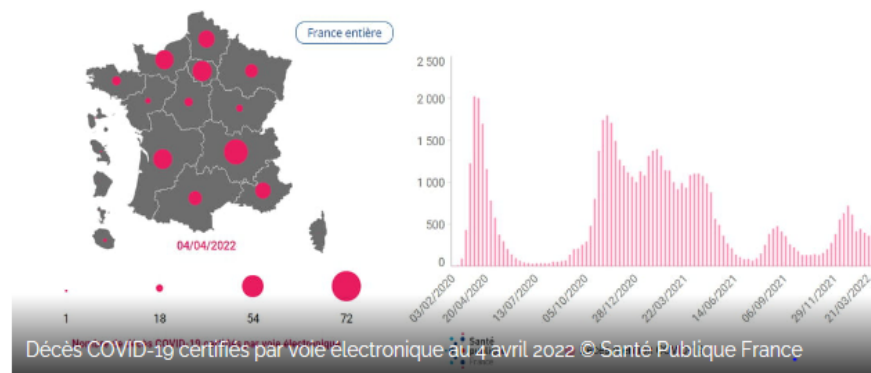
**A study published in late August 2021 shows that the vaccine saved around 47,400 people in France!**

However, may we remind you that 34,000 of the 400,000 beds in France have been closed over the last 15 years!

## Combien de morts du Covid en France ?

Les sites du gouvernement et de Santé publique France rapportent les décès Covid à l'hôpital et dans les établissements sociaux et médico-sociaux, soit **144 799** au **21 avril 2022**. Les décès Covid en dehors de ces structures ne sont pas recensés en temps réel. *"Environ 18 000 décès ont eu lieu depuis le 15 décembre 2021, souligne le Conseil scientifique dans son Avis du 11 mars, dont une partie importante est liée aux variants Omicron, variants dit peu sévère), et ce, avec une certaine forme de banalisation et d'indifférence."*

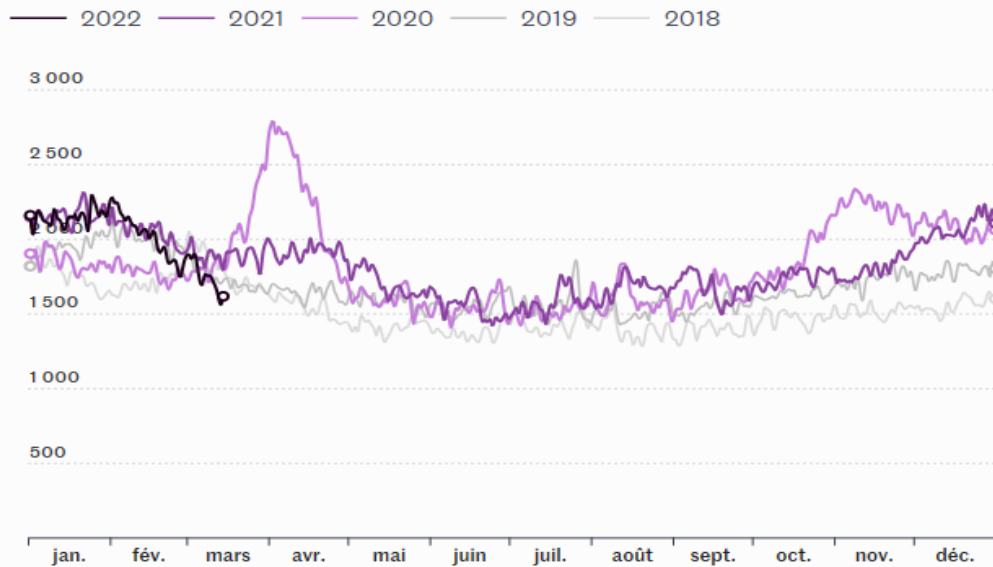
### Décès COVID-19 certifiés par voie électronique



En raison de l'épidémie de Covid-19,

## Evolution de la mortalité en France

Nombre de décès quotidiens, toutes causes confondues.



- Situation in Intensive Care

We have noted a significant decrease in admissions to Intensive Care Units compared to March 2020. Only one episode, in December 2021, required opening a temporary intensive care unit in a hospital in addition to the usual ICU unit!

Before vaccines age was already considered to be a factor of vulnerability to COVID-19

People who are over 65 years old are at risk.

Today the covid vaccine appears to prevent certain age groups from contracting the severe form of the disease.

In intensive care units the vaccinated patients who were admitted were mainly between 85 and 89 years old

Their risk of finding themselves in intensive care is 4 times higher than that of patients aged 45 to 54.

Patients aged between 85 and 89 are also 38 times more likely to die.

Less than 10% had no comorbidities.

The risk of hospitalisation and death was also higher in vaccinated people who were treated with immunosuppressants, and cortisone administered per os.

Of the fully vaccinated patients hospitalised for covid less than 10% had no known comorbidity

12% had one comorbidity

16% had two comorbidities, 18% three comorbidities, 16% four comorbidities and 27% had 5 or more comorbidities

A relatively high number, but from an epidemiologist's point of view it would have been higher if we had not had the vaccine.

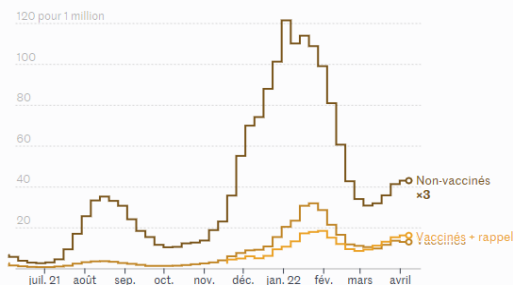
## Le profil vaccinal des patients admis à l'hôpital

Ces deux graphiques représentent le taux de personnes nouvellement hospitalisées ou admises en soins critiques dans chaque groupe (non-vaccinés, complètement vaccinés et vaccinés avec rappel) depuis juin 2021, et ce uniquement parmi les cas confirmés par un test PCR positif.

### Nouvelles hospitalisations conventionnelles

Parmi les personnes de 20 ans et plus admises en hospitalisation conventionnelle pendant la semaine du 4 au 10 avril, à population égale :

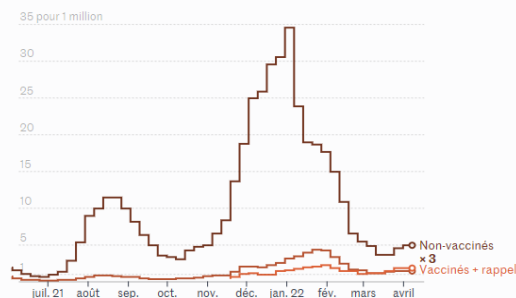
- les **vaccinés avec une dose de rappel** sont 16,1 pour 1 million par jour en moyenne,
- ce chiffre monte à 42,9 pour 1 million chez les **non-vaccinés, soit x 3**.



### Entrées en soins critiques

Parmi les personnes de 20 ans et plus admises en soins critiques pendant la semaine du 4 au 10 avril, à population égale :

- les **vaccinés avec une dose de rappel** sont 1,8 pour 1 million par jour en moyenne,
- ce chiffre monte à 4,9 pour 1 million chez les **non-vaccinés, soit x 3**.



## On the other hand

### We had to face great difficulties in the management of Human Resources

- The necessity to postpone elective surgeries as 20% of the beds were closed due to the exhaustion of paramedical staff (30% vacancies)

What lessons have we learned from the crisis?

This crisis has shown the fragility of the restocking of necessary materials and medicines

The need to be flexible in healthcare teams and in hospitals

The need to be able to rapidly transfer between countries

The need to strengthen city/ suburb cooperation

2 / Dispensation from the procedures for authorising the practice of medicine in France for doctors who have obtained their diplomas outside the European Union (PADHUE)

This transitional arrangement is described in decree number 2020-1017 of 7 August 2020.

This procedure is different from the procedure for authorisation to practice (PAE), which allows doctors with foreign diplomas to take an entrance exam to verify acquired knowledge (EVC) and includes a probationary period to obtain authorisation to practice in France.

Doctors who have a diploma from a State which is not a member of the European Union or which is not part of the European Union but which has an agreement with the European Economic Area and which allows the practice of the profession in the country of the diploma are eligible for this authorisation procedure in the decree of 7 August 2020.

These PADHUEs, sometimes practising outside the legal framework, are entitled to obtain authorisation to practise, which allows them to register with the Order of Physicians and to be recruited on a full-time basis.

Candidates who are eligible for this procedure of authorisation to practice provided by the decree of August 7th 2020:

- must have practiced in France, for at least 2 years on a full-time basis as of January 1st 2015, the remunerated functions of healthcare professions mentioned in the public health code ( doctors, nurses, midwives etc....) ;
- must be able to justify at least one day's practice in a healthcare establishment, social institution or a social medical institution between 1st October 2018 and 30th June 2019

### 3 / New Nurse Practitioner Status

The modernisation law of our healthcare system lays down the legal framework of what we can call '*advanced practice*' for paramedics.

This health care practice already exists in many countries; in France, the choice is to deploy it in teams, starting with the nursing profession.

Advanced practice has a twofold objective: to improve access to care but also the quality of patient care by reducing the doctor's workload in specific medical conditions.

Art. R 4301-1.- the nurse practising in advanced practice has extended skills compared to a registered nurse, they are validated by a diploma in advanced practice delivered by a university. He/she participates in the overall management of patients whose follow-up is entrusted to him/her by the doctor, in accordance with the provisions of article L. 4301-1 of the public health code.

The diagnosis and therapeutic choices are made by the doctor and implemented under defined conditions.

Nurse practitioners have a wide range of skills between nursing practice and medical practice.

They can (with their agreement) manage patients referred by the doctor from the healthcare team they will be working with, based on established protocols.

In this way nurses will refer patients back to the doctor when they reach the limits of their competence.

Then the nurse practitioners will be responsible for regular monitoring of patients' illnesses and will prescribe complementary tests, request follow-up and preventive procedures or renew or adapt if necessary certain medical prescriptions.

At the end of their training, and once they have their diploma, three areas of intervention are defined in the first instance:

Stabilised chronic diseases and multiple diseases in primary care.

Oncology and haemato-oncology

Chronic renal failure, dialysis and renal transplantation.

What is the working environment?

Outpatients

In a primary care team coordinated by a doctor (for example at home or in a health centre) or in a healthcare team of the Armed Forces Health Service coordinated by a military doctor.

Assisting a specialised doctor, outside primary care.

In a healthcare institution, a medico-social institution or in army hospitals in a healthcare team coordinated by a doctor.