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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!
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.
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 where 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 haematology-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.