

SNPHARE France report FEMS spring 2025

France is always suffering political instability in particular with her health ministry. The 9th (M Yannick Neuder hospital cardiologist) and 10th (Ms Catherine Vautrin) health minister have been elected since Emmanuel Macron's mandate beginning. (7th and 8th since 2022).

Law ratio carer/patient

In January 2025, a proposed law (PPL Jomier) introducing minimum carers ratio witch take into account care charge had been voted by parlement. This proposal witch refers to a large bibliography about improval of morbidity and mortality result has met a huge opposition from hospital administrations wich want to keep hospital profitable and carers pooling. However we know that the good care at the best moment is what improve hospital attractivity in the long run. It has to be note that there's no longterm human resources planning in France and that there's no analyse of several doctors departure. We are waiting for financial and organizational measure to ensure the compliance with the law witch has been widely adopted.

Surgery room's human resources recommandations

From National Council Of Anesthesia, Reanimation ans Peri-Operative Medecine initiative (AR representative body : learned society, public and private trade union, academic teachers), security and quality rules in terms of human resources in operative theatre have been reminded. Indeed, in shortage context and cost-effectiveness in mind, hospital tend to push activity without adjust carers number. In France, since 2024, a decree called « security decree » is 30 year old. With it, morbi-mortality has been reduced by a factor of 10. Among other things it stipulates that an preoperative anesthetic consultation and pré-anesthetic visit compulsory by a anesthesist doctor, the immediate availibility of an anesthesist doctor in case of danger, the presence of an anesthesist nurse to work as a pair and under exclusive anesthesist doctor responsability, and a post-operating monitoring room secured by anesthesia professionnals.

These new recommandations - excluding pediatric, obstetric and night shift wich will be treated aside – strengthen this ground rules, reiterate that patient security is more important than cost-effectiveness and insiste that only anesthesist doctor has competence to judge how many operative room (one or two) he can support in the same time.

✓ UN PROFESSIONNEL DE L'ANESTHÉSIE À LA TÊTE DE CHAQUE PATIENT



✗ LES INTERNES (HORS D.J.), LES ETUDIANTS IADE, LES IDE DE SSPI, LES IBODE, LES SAGES FEMMES ETC. NE SONT PAS DES PROFESSIONNELS DE L'ANESTHÉSIE

✓ 1 MAR POUR MAX 2 SALLES LE MAR DÉFINIT LE NOMBRE DE SALLES QU'IL PREND EN CHARGE : UNE OU 2 ET PAS PLUS !



Si 2 salles
idéalement contiguës

✓ LE MAR DÉFINIT LE NOMBRE DE IADE PAR SALLE



✓ ORGANISATION DE L'ANESTHÉSIE DANS MON HÔPITAL

L'ORGANISATION ET LES PROCÉDURES QUI EN DÉCOULENT DOIVENT ÊTRE CONNUES DE TOUS



✓ ORGANISATION "ALERTE RENFORT" DANS MON HÔPITAL



Nurse occupation evolution

Since 2021, a bill called « Rist law » (« to improve health system by confidence and simplification ») has been aimed to increase nurses skill in order to offer a best care access for citizen. Initially it concerned specific domains as stabilised chronic diseases, psychiatry, geriatric care. Subsequently, a bill proposal called PPL Valletoux (former health minister) stipulated that every nurse can perform first access and some first-line medics prescription. In France there's 3 nurse specialties (master level) : pediatric, surgery, anesthesia. Concern anesthesiology, these first access ad first prescription collided with « security decree in anesthesia ». Several discussions between member of parliament, anesthesist nurses trades unions and anesthesist doctors trades unions took place to explain this legislative conflict.

Unfortunately this law has been passed. We are waiting for application decrees hoping specific measures for anesthesia nurses to avoid independent nurse consultation and patient nurse autonomous management and adapt their professional evolution to legislative anesthesia security dispositions.

Sick leave less paid

French government maintain to decrease hospital attractiveness (and more widely public and private employment) by applying less remuneration of short sick leave from 100% to 90%. Hospital practitioners by their health ministry's representative body (Superior Council Of Medical Professionals) voted against this measure. Indeed doctors are not very concerned by absenteeism. Most often, they stay at work even if they are sick sometimes to the detriment of their own health. It is an additional penalty for carers while work health department are in strong difficulties.

Night shift survey

A big survey about on call night shift all health sector included has been organised by Health Ministry. Two data appears important: 80% of night and week-end work are realized by public hospital and 80% by on-call duty at home.

Results are not exploitable in order to build regional schema which provides equal access and equal care quality to all citizens in all national territories : no workload analysis, no home worktime counting, dark night work isn't taken into account, no reflexion about telemedicine...

Revaluation of on-call duty allowance

Therefore, whereas Sécurité sociale budget had been voted in 2024 and provided increase of on-call duty allowances on November 2025 the 1st, no measure had been applied yet.

In light of survey's data and of unjust consideration of this type of on-call duty, a unlimited strike have been announced from the 1st of May. A strong mobilization allowed a quasi immediate successful outcome of transitional revaluation negotiations from now (+ 50% for lump sum compensation and 30% for fixed compensation).

An overhaul of the on-call system is currently underway, with plans to introduce 4 levels of remuneration. The SNPHARE is proposing a classification methodology based on the workload in terms of care, the number of movements and their timetable, and the number of deep-night calls, together with the working time counting.

TETRAMAR survey

The SNPHARE has launched a major survey on the working time of MARs in order to take stock of all the non-regulatory attractiveness measures applied in hospitals, which are responsible for the deterioration of hospital finances and profound inequalities in remuneration between doctors in the same hospital.

The data from the survey is currently being analysed, and in view of its success, it has been extended to all specialities in order to take stock of the non-regulatory practices used by hospitals to maintain their activity.

Work on doctors establishment incentive in medical desert

Interns are currently on strike against the Garot PPL, which proposes to regulate the installation of doctors by granting automatic authorisation in under-densified areas and authorisation subject to the departure of a doctor in sufficiently populated areas.

The interns do not want coercion, but rather incentives to encourage doctors to set up practice in under-dense areas, combined with a big improvement of their working conditions and their work security.