

1. Permanence of care, on-call duty and working hours

1. **Revaluation of on-call duty and AWT** (additional working time): demand for a significant increase in on-call allowances and AWT). The government opts for flat-rate on-call duty throughout the country, by delegating the sharing of the budget envelope to establishments according to specialities, on-site on-call duty, operational on-call duty and on-call duty at home.
2. **Reform of on-call duty:** despite the flat-rate payment and revision of on-call allowances at home, the inter-trade unions denounce a remuneration that is still insufficient in view of the arduousness of work.
3. **Effective calculation of working time:** requirement for strict compliance with the hourly ceilings and a better work-life balance. (negotiations in progress)

2. Overhaul of the disciplinary regime

1. Opposition to the decentralisation of sanctions: firm rejection of the project aimed at transferring to the director of the establishment the power to pronounce first-level disciplinary sanctions (currently managed at the national level by the National Management Centre which manages the careers of practitioners). **Request accepted for the moment.**
1. **Protection of independence:** trade unions' fears in the face of the risks of arbitrariness, local managerial tensions and attacks on impartiality, especially in cases of harassment and department leadership.
2. **Confirmation of the mediation role at 3 levels:**
 1. At the local level (CME regional health agency), CPR (independent regional joint committee) and then national level National Mediator if the first procedures fail.
 2. Total number of national referrals in 2025: 459 referrals.
 3. **Evolution:** This represents an increase of **+13.9%** in one year compared to 2024 (which recorded 403 referrals).
 4. Weight of health interns and students: They make up 41% of medical staff who have referred the matter to mediation (compared to 30% in 2024, an increase of 11 points in one year).
 5. Resolution 85%. Failure 11%. Abandonment 4%.

3. Status and integration of PADHUEs

1. **Simplification and security:** request for the simplification of the administrative process and the harmonisation of the procedures for authorisation to practise for practitioners with a non-EU diploma (PADHUE), which have become essential for the continuity of care. 19000 PADHUE registered with the Order of Physicians practise in public hospitals 17 to 18% of hospital practitioners.
2. **Conduct of competitive examinations (EVC):** demands for an increase in the number of successful candidates and the improvement of the conditions for the consolidation of skills.
3. **Examination** for PADHUEs on French territory 2800 (positions to be filled); competitive examination for PADHUEs abroad (1200 positions). Consolidation course (2 years in approved services) for all.

4. Attractiveness, governance and security

1. **Medical governance:** desire for a return to more autonomy and self-governance of medical teams in the face of the administrative management of establishments.
1. **Caregiver safety:** Serious concerns about the increase in physical and verbal assaults in departments (particularly in emergency rooms and psychiatry), with a call for reinforced protection measures. **Validated by a new law.**

The health system has had 9 ministers in 8 years. Major budgetary crisis, new presidential elections in 6 months and status quo preventing any important decision on health policy.