

EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification
in National Realities

WP5 – Inclusion, Certification and
Adherence to EUCCC Certification

FRANCE COUNTRY PROFILE



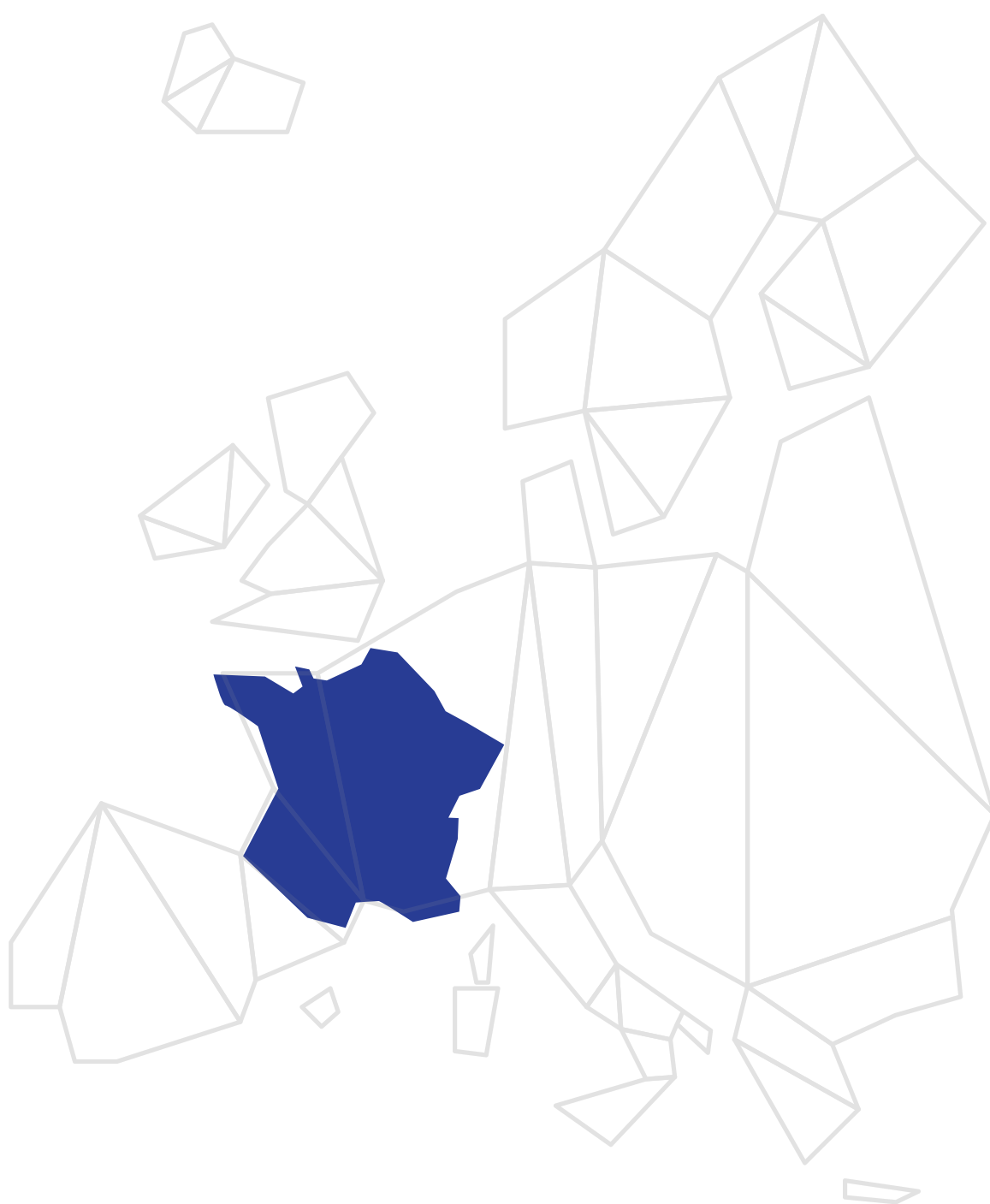
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THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK



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Context: existing certification systems and organization of cancer care

All health care facilities must undergo mandatory safety and quality certification

Introduced in 1996, hospitals certification in France aims to continuous improvement of safety and quality in care delivery. The **French National Authority for Health (HAS)**, an independent public scientific body, is responsible for certifying **all health care facilities** across France, regardless of their legal status (public, private, or non-profit). It covers both **clinical and organizational aspects** of healthcare delivery and is **legally mandatory every four years**.

There are 4 types of certification decisions: not certified, certified under conditions, certified and certified with honours.

The publication of certification results on a publicly available dedicated website called Qualiscope increases transparency and allows users to compare health care facilities.

The certification covers several key areas of healthcare delivery. These include respect for patient rights, consent and dignity, patient safety, clinical quality and quality of care, organization of patient pathways, implementation of good practices, and risk management, ensuring that care is both effective and secure. It also evaluates how well care is coordinated across services and with other health providers in the territory and how actively patients are involved in their own treatment journey.

The 5th cycle (2021–2025) was characterized by a more patient-focused approach, as well as an assessment of clinical outcomes. Indeed, this cycle marked a shift towards a more patient-based and medicalized approach, in particular:

- 1 Medicalizing certification**, by focusing on patient outcomes, safety, and experience rather than process compliance.
- 2 Simplifying procedures**, granting greater autonomy to hospitals and emphasizing results that are meaningful for healthcare teams.
- 3 Strengthening territorial integration**, by assessing how hospitals coordinate patient care pathways within their local healthcare systems

The 6th cycle, which began in September 2025, is evolving in line with the previous cycle. It emphasizes **clinical outcomes and medical relevance**, moving beyond process indicators and documentation reviews. Three strong axes guide this new cycle: strengthening the requirements on priority issues, aligning with national public health priorities and integrating patients as full stakeholders in the process.

This evolution also places the **patient at the center** of the process, both as a partner in their individual care plan and as a collective actor in improving healthcare quality. Patients' involvement has systemically been increasing in the past decade, culminating in direct implication by patients' associations in the design of the current French healthcare quality certification system. Indeed, they are involved in every stage of the process, and their contributions constitute a key success factor of the system. This is in line with the emergence of "expert patients" who play a pivotal role in the design of healthcare pathways and systems.

Moreover, the assessment focuses increasingly on the **relevance of care**, clinical effectiveness, teamwork, and interprofessional coordination – all major determinants of patient safety.

This external assessment (peer review) takes place every four years by expert surveyors (appointed professionals (nursing managers, physicians, directors), trained by the HAS and mobilized since 1999. The evaluation process combines multiple approaches to assess both clinical and organizational performance.

It includes document reviews, on-site assessments conducted by trained surveyors, and interviews with healthcare staff and patients themselves. More specifically, the HAS has developed 4 evaluation methods deployed throughout an evaluation process:

- The « patient tracer » method consists in focusing on the patient's experience, by first interviewing the patient, and then the care teams involved, based on a review of the patient's file.
- The "pathway tracer" method consists in focusing on the patient's pathway throughout the course of his care journey within the hospital and following discharge. Based upon the file of a recently discharged patient, the evaluator "reenacts" the patient's journey during the hospital stay and meets with all the care teams involved. It also aims to assess the extent to which hospital and outpatient care are coordinated.
- The "targeted tracer" method focuses on analysing processes, based upon a particular topic, such as medication safety procedures, or the relevance of blood transfusions. In this method, the evaluator interviews the involved professionals, observes practices and reviews documentation.
- The "system audit" method consists in assessing the facility's internal quality control processes by interviewing management, care teams and user representatives on a selection of topics.
- During the process of evaluating, the evaluator makes observations on the hospital premises that are taken into account (for example, on accessibility for the disabled, or the display of information leaflets).

Additionally, the HAS analyses performance indicators to ensure that facilities are delivering meaningful and measurable results. The system is increasingly focused on outcomes and the medical relevance of care provided.

This certification process is an integral part of a hospital pay for performance program (IFAQ-**incitation financière à la qualité**), by which all French health care facilities, both public and private, receive an incentive payment for the fulfilment of a set of indicators in the following domains: quality of clinical care perceived by patients, fight against nosocomial infections, quality of care coordination, performance in the organization of care, quality of life at work for caregivers, a set of prevention measures and results of the certification process. After an experimental phase conducted between 2012 and 2016, the IFAQ program was rolled out to all healthcare facilities, including hospital-at-home facilities and dialysis, then extended in 2017 to follow-up care and rehabilitation structures, and finally in 2022 to psychiatric institutions. Its annual budget has also been gradually extended and has now reached a total of 700 million euros for all hospitals.

Since 2010, the French National Authority for Health (**Haute Autorité de Santé, HAS**) has been accredited by the **International Society for Quality in Health Care (ISQua)** for the quality of its entire hospital certification process. This accreditation covers the process of setting the criteria and standards, the set of standards itself, and the training program for expert visitors who conduct the audits.

Such international recognition attests to the **rigor, credibility, and alignment of the French certification system with global best practices** in healthcare quality and patient safety.

Organization of cancer care

Providers of care

32 general public university hospitals play a key role in cancer care. They treat 2 million patient admissions yearly. Beyond their care functions, they also play a central role in training doctors and in conducting research from bench to bed.

Alongside these public university hospitals, there are currently 18 centers entirely dedicated to cancer spread out in most regions (**centers de lutte contre le cancer**). They were originally set up in 1945 by a decree. Their activities include care, research, teaching and prevention. They aim to offer multidisciplinary care to cancer patients. They are organized in a network called Unicancer and take care of more than 530 000 patients each year.

Moreover, several hundred general hospitals throughout the country are authorized to take part in cancer care, among them 238 public local hospitals. 395 private hospitals also take part in cancer care in France as the private sector is part of the publicly funded healthcare system and is a significant player, performing almost 30% of hospital stays.

A Long-Term National Commitment Against Cancer in France

Cancer has been a national priority in France since 2003, marked by the launch of the first Presidential National Cancer Plan (2003–2007), which established a national framework for cancer control and led to the creation of the National Cancer Institute (**Institut national du cancer**, INCa).

The second plan (2009–2013) consolidated this effort by strengthening translational research, expanding access to molecular genetics platforms, and reducing inequalities in care. The third plan (2014–2019) further broadened the scope, emphasizing prevention, quality of life, survivorship, and the social and professional reintegration of patients. To ensure continuity and better adapt to advances in research and public health, France transitioned to a ten-year framework with the National Cancer Strategy 2021–2030, launched in February 2021. It is structured around four key priorities, which align with those set out in Europe's Beating Cancer Plan. Implementation is supported by funding of EUR 1.74 billion over five years – an increase of 20% on the previous strategy¹.

The priority areas of the Strategy include improving prevention by combating risk factors such as smoking, alcohol consumption, unhealthy living, environmental pollution, exposure to hazardous substances including radiation and infection control (with the goal of reducing the number of avoidable cancers by 60 000 per year by 2040); enhancing early detection (with a target of 1 million additional screening tests by 2025) – notably by facilitating access to self-tests for cervical and colorectal cancer and potential screening programmes for lung cancer; limiting side effects, improving the quality of life of people with cancer (with the aim of limiting to one third the proportion of patients suffering sequelae five years after diagnosis); and increasing cancer survival among adults and children, particularly for cancers with poor prognosis

A mid-term review conducted in 2025, underlined that over 90% of actions planned had been launched, demonstrating that the cancer research and care community is fully engaged around France's cancer control plan.

Identified barriers towards the implementation of EUCCC certification in France

- Many centers in France are OECI-certified

The network comprising of the 18 hospitals dedicated to cancer has 12 OECI CCC certified hospitals in the country. This high share of OECI certified facilities is an indication of a strong certification culture and of a deep and widespread understanding of the CCC concept in the country, which might favour the introduction of EUCCC certification. On the other hand, hospitals that have already adopted OECI CCC certification might need to be convinced of the added value in EUCCC certification and are expecting to benefit from a fast-track decision-making pathway, avoiding duplication and unnecessary administrative burden.

Identified enablers towards the implementation of EUCCC certification in France

- The authorization system was revised in 2022 to increase access to high quality care

The authorization system for cancer care facilities, set up in 2007, was revised in 2022. It includes minimum case volume thresholds and certain criteria considered necessary to ensure quality and safety of cancer care: multidisciplinary boards, individual patient assessments, staff training requirements, access to clinical trials, shared electronic health records.

Under the National Cancer Strategy 202130, regulations have further improved quality and standardised access to supportive care and post-cancer active care. Indeed, as part of the National Cancer Strategy 202130, the authorisation system adopted in 2022 states that healthcare establishments authorised to treat cancer must systematically provide each patient with a cancer diagnosis and a treatment proposal based on multidisciplinary consultation.

This treatment proposal is set out in a personal care programme which must:

- announce the proposed therapeutic decision, including information on temporary or permanent sideeffects, impact on quality of life and, where appropriate, preservation of fertility, reconstructive surgery and oncogenetic consultation. However, ultimately, the chosen therapeutic protocol is decided jointly by the patient and his doctor.
- organise a systematic assessment of needs and access to supportive oncology care, and facilitate patient support and referral to this care
- encourage psychological support for carers or those close to the patient
- organise patient access to palliative care
- promote access to innovative treatments and clinical trials.

- France launched the label “network of excellence” in the field of cancers with poor survival rates²

As part of the National Cancer Strategy 2021– 30, the National Cancer Institute launched a new “network of excellence” label, which is granted to the most advanced networks of cancer care providers in the field of cancers with poor prognosis. These networks aim to reduce treatment delays, eliminate pathway bottlenecks, increase clinical trial enrolment, improve treatment of adverse events and ensure effective coordination among network members. In 2023, two networks were accredited for three years for gynaecological and breast cancers, and for neurological cancers.

In 2025, the French Cancer Institute announced **the creation of a uniform and complete cancer registry**, a valuable tool to provide further insights into the cancer epidemiology as well as the quality of patient pathways and care outcomes throughout the country

- Research into oncology is very active

Between 2020 and 2025, the National Cancer Institute financed research projects up to 634 million euros.

The key challenge is to promote the emergence, transfer, and adoption of innovation through research. Financial support actions for research projects will also be undertaken: new initiatives aimed at strengthening innovation capacity across all areas of research (basic, translational, clinical, human and social sciences, and intervention-based), as well as new research programs, particularly to energize translational research.

Moreover, to favor translational research and better integrate research and care, the label “sites for integrated research on cancer” (sites de recherche intégrée sur le cancer, SIRIC) has been awarded to 8 centers in the country for years 2023–2027.³

- Important quality culture in healthcare organizations thanks to the HAS long time mandatory certification

There is a widespread and deep culture of quality in healthcare organizations in France. This strong culture of quality is an asset towards successful EUCCC certification in France.

Conditions for successful EUCCC certification implementation in France

- Achievements of OECI CCC certified centers will have to be recognized

Facilities that have already achieved CCC status through OECI are not in favour of duplicating their efforts in order to be EUCCC certified. Setting up a system by which their current status is recognized within the EUCCC certification framework is a key success factor

- An opportunity for further collaborations between cancer centers dedicated to cancer and university hospitals

EUCCC certification might be an opportunity for deepening existing collaborations and fostering further cooperations between these entities.

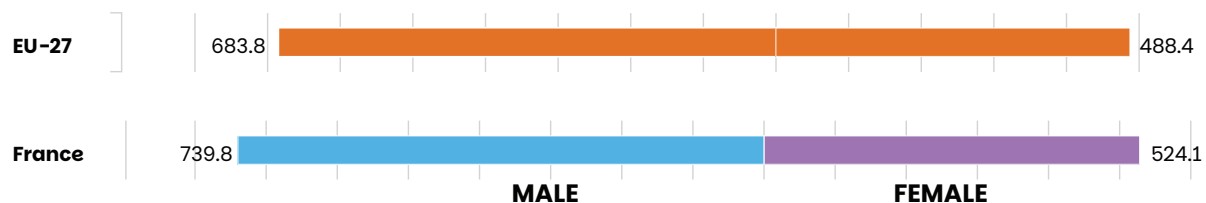
Number of OEI-certified CCCs: 12

Number of EUCCC pilot centers: 4

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022



Mortality rate:

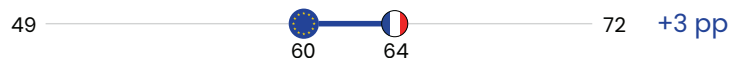
Cancer mortality
ASMR per 100 000 population



Survival rates:

For the selection of cancers:

Colon cancer 5-year survival
% survival for patients diagnosed 2010-2014



Breast cancer 5-year survival
% survival for women diagnosed 2010-2014



Lung cancer 5-year survival
% survival for patients diagnosed 2010-2014



Screening performance

Breast cancer screening
% of target population



Cervical cancer screening
% of target population



Colorectal cancer screening
% of target population



Risk factors

Daily smoking
% of population aged 15+

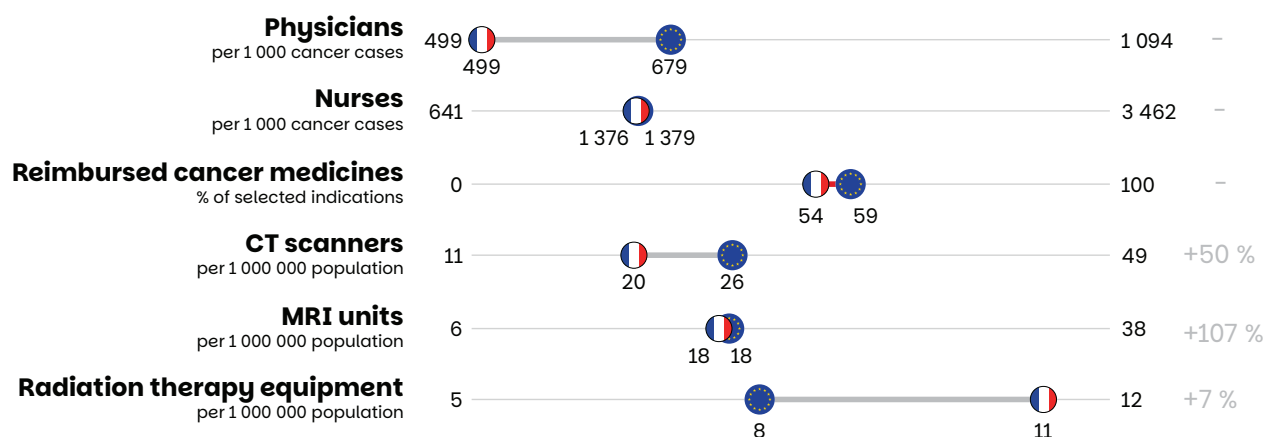


Alcohol consumption
Litres per capita, population aged 15+



Human resources and infrastructure

Number of clinical trials: 3581



Endnotes

1. OECD. 'EU Country Cancer Profile: France 2025', 3 February 2025. https://www.oecd.org/en/publications/eu-country-cancer-profile-france-2025_4aa8453a-en.html.
2. INCa : Labellisation de Réseaux d'excellence clinique pour lutter contre les cancers de mauvais pronostic (LABREXCI)
3. Objectifs et missions des SIRIC



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