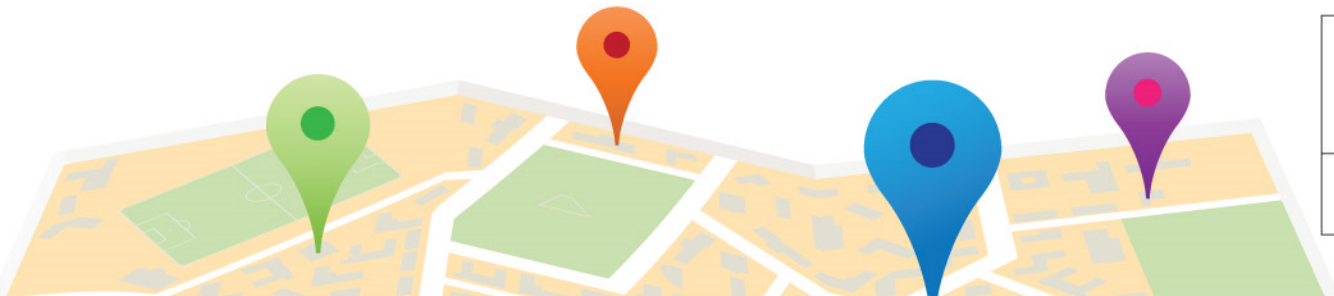


« Le Pacte territoire santé »

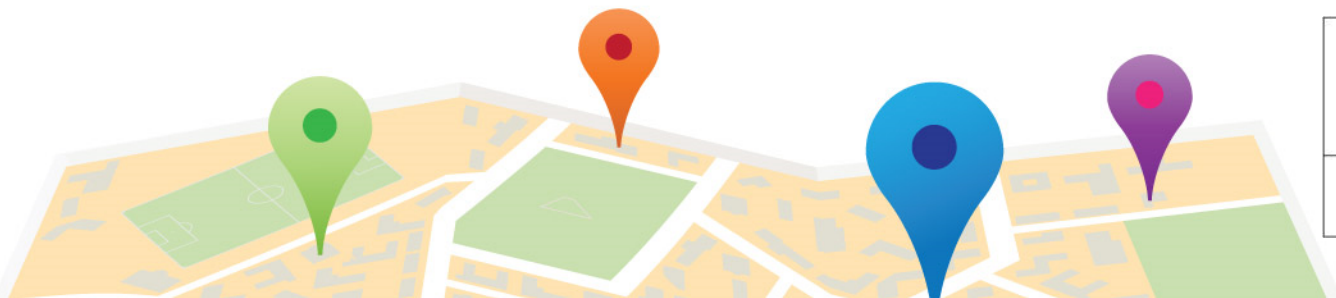
A French program
for recruitment and retention
of health workers in underserved areas

Jean-Marc Braichet (French ministry of health)

Meeting of the Expert group
on European Health Workforce
Brussels, June 17th 2015



A new program launched in December 2012



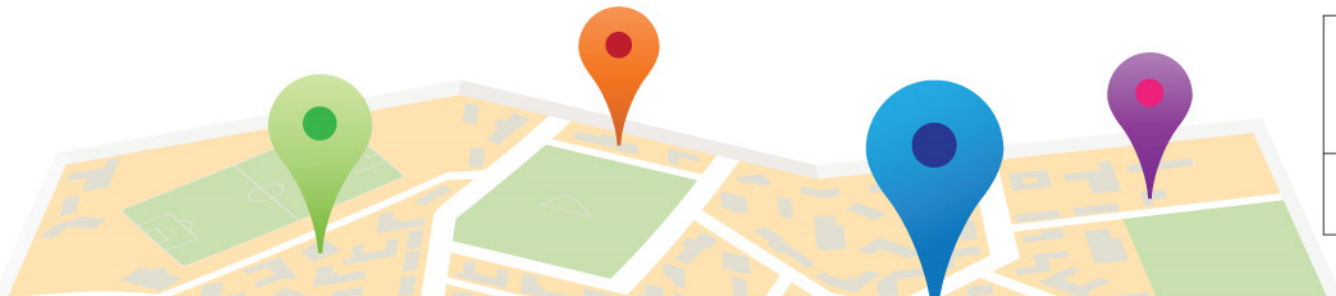
Context and goals

A new context

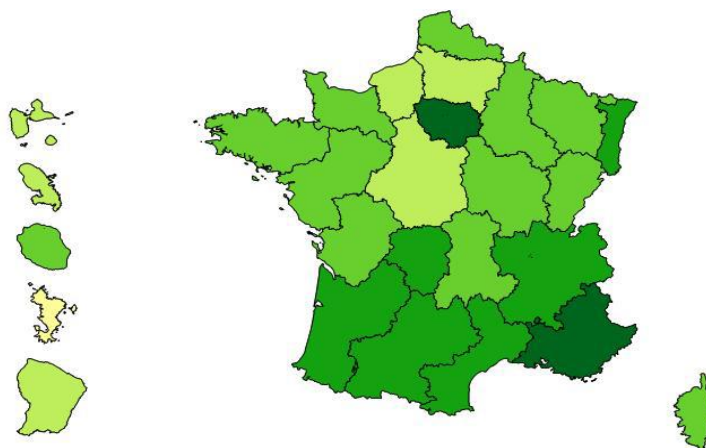
- Ageing of population
- Increasing chronic diseases
- New expectations from patients
- New approaches and expectations from the new graduated (medical doctors, nurses, etc.)
- Territorial misdistribution of health workers

Two main goals

- Improving access to care everywhere on the territory
- Improving primary health care



Densité de médecins par région au 1er janvier 2013



Nombre de médecins
pour 100 000 habitants

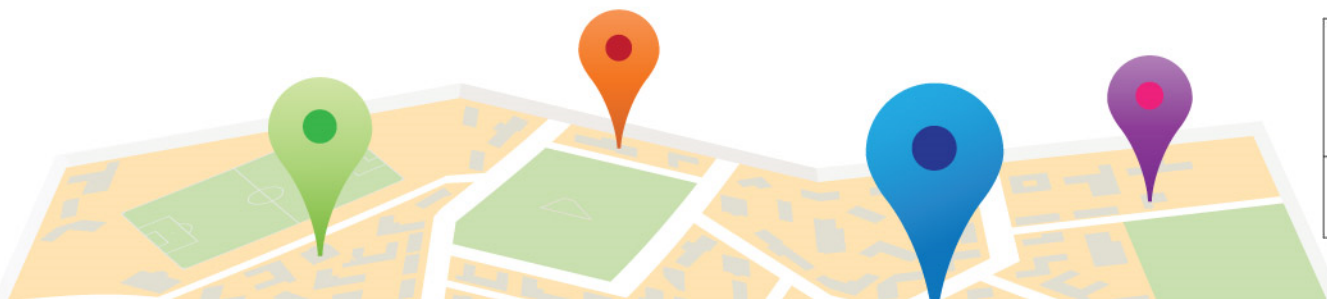
[77 ; 143 [

[143 ; 278 [

[278 ; 324 [

[324 ; 383 [

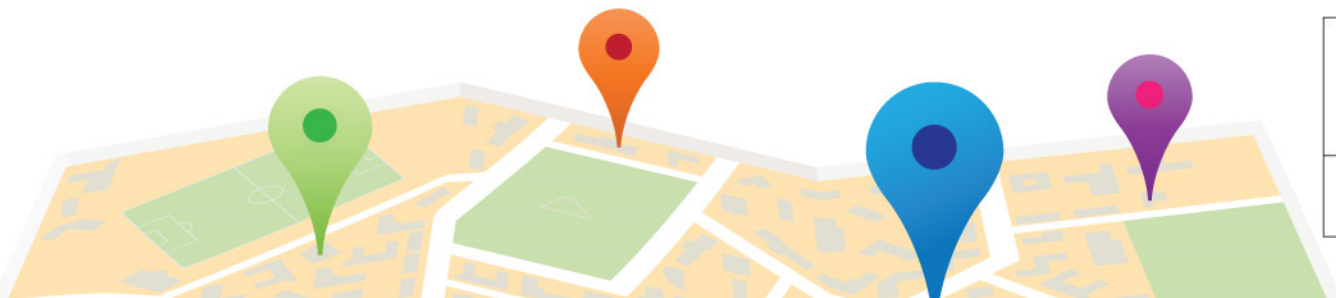
[383 ; 410]



Liberté • Égalité • Fraternité
RÉPUBLIQUE FRANÇAISE

MINISTÈRE
DES AFFAIRES SOCIALES
ET DE LA SANTÉ

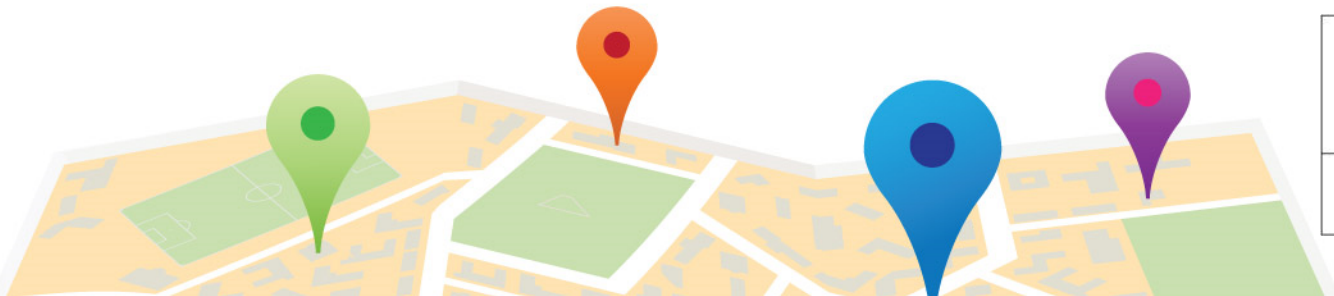
« Skilled and motivated health workers in sufficient number at the right place and the right time are critical to deliver effective health services and improve health outcomes » (World Health Organization)



« Le Pacte territoire santé » (PTS)

*A global and consistent program
including 12 measures*

*Based on incentives
rather than mandatory measures*

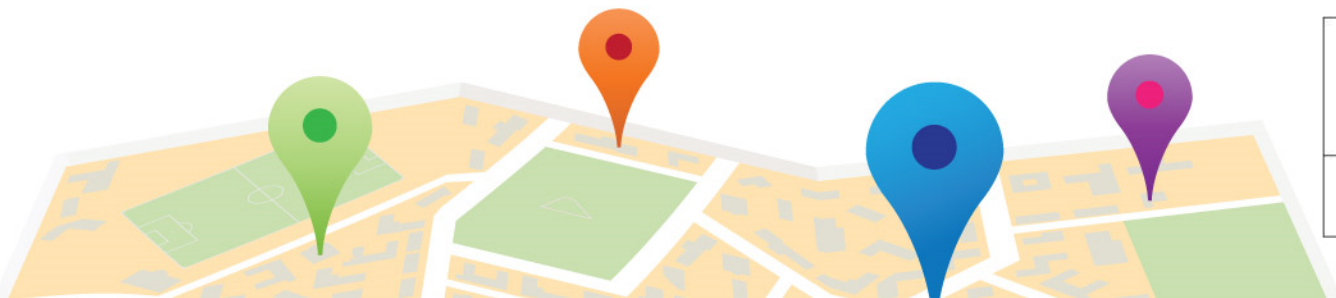


The 12 measures are distributed in three categories:

**1- changing education and facilitating
installation**

2- improving working conditions

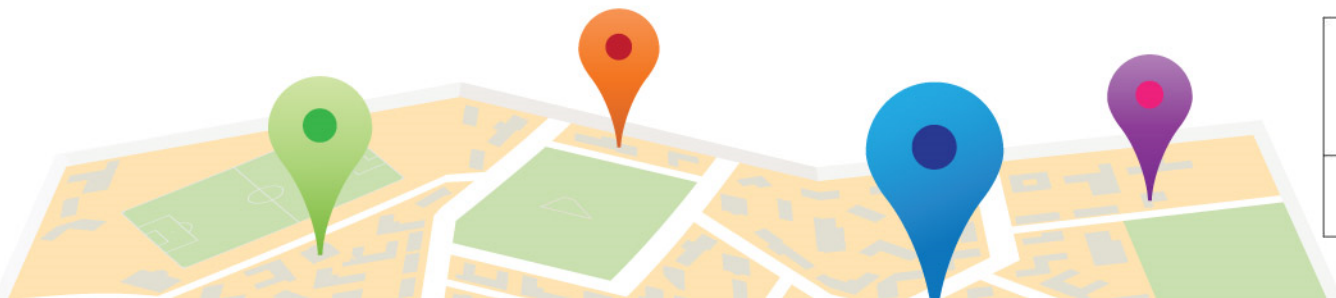
3- investing in underserved areas



Category I : Changing education and facilitating installation of the new graduated

1- An additional internship in a private clinic of GP during the first years of medical studies

2 – The CESP (contrat d'engagement de service public): a specific contract for medical students (doctors and dentists). The student benefits from a scholarship of 1200€ a month if she / he commits to work in an underserved area after her/his studies. The length is minimum 2 years

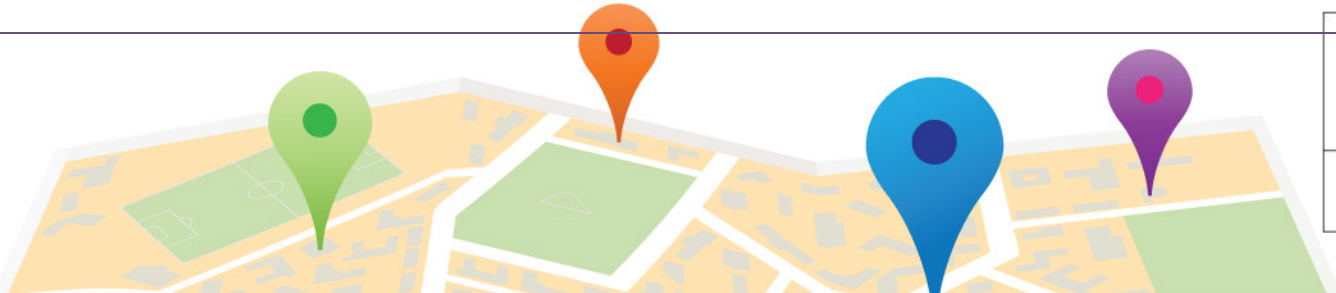


Category I : Changing education and facilitating installation of the new graduated

3- PTMG (Patricien territorial médecine générale): that is a contract between a new graduated medical doctor and the State. The two first years, he/she benefits from a minimum guaranteed monthly income (3 640€/ month) + a better social protection (especially maternity leave)

4 - A contact-point in each region

In each ARS (Agence régionale de santé), an adviser is assigned as contact-point able to provide information, data, advise, support to medical students and new graduated on the measures and the incentives



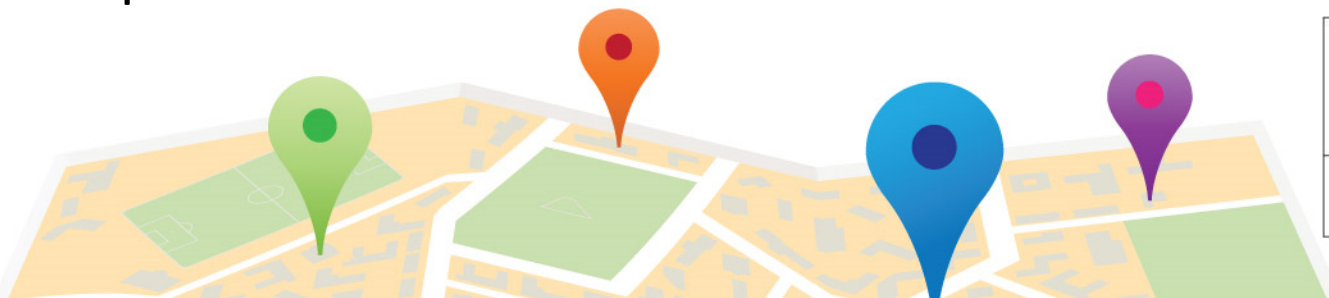
Category II : Changing and improving working conditions of health workers

5 - Encouraging the team work with the « Maisons de santé pruriprofessionnelles » (MSP)

The creation of MSP is supporting in order to develop the multi professional approach

6 - Facilitating partnerships between MSP and faculty of medicine

Development of research projects on primary health care and internships for students in GP



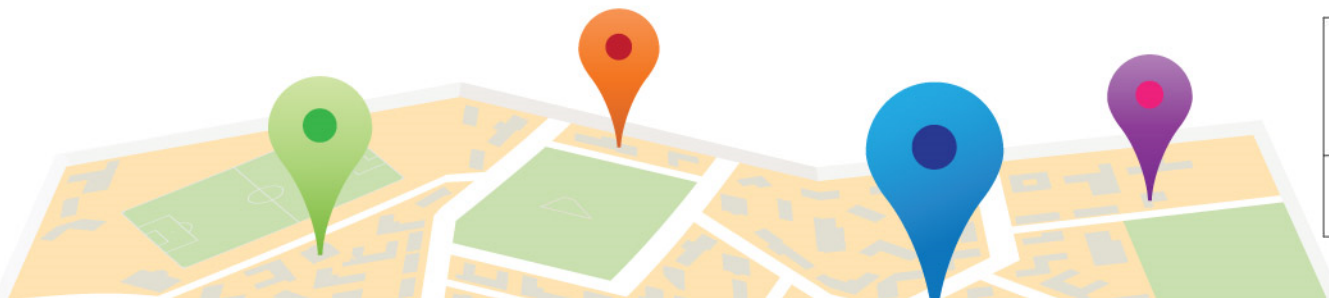
Category II : Changing and improving working conditions of health workers

7 - Developing telemedicine

Mechanisms and measures facilitating telemedicine networks (tele consultation, tele expertise et tele surveillance) in 9 pilot regions

8 – Implementing task shifting

First measures for ophthalmology (ophthalmologist /orthoptist)



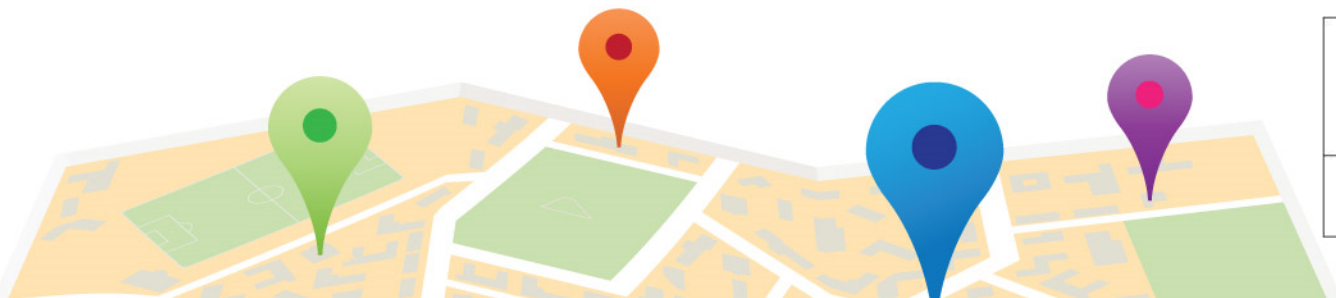
Category III : Promoting specific measures for underserved areas

9 - Guarantying access to emergency care in less than 30 minutes

Improving working conditions, recognition and income of medical doctors who agree to deliver emergency care in such places

10 - Authorizing medical doctors working at hospitals

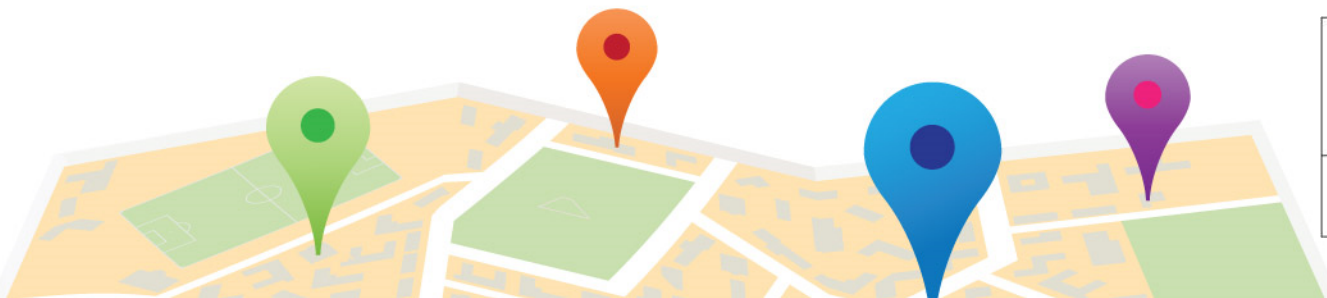
and other publics structures to support their colleagues in the underserved areas



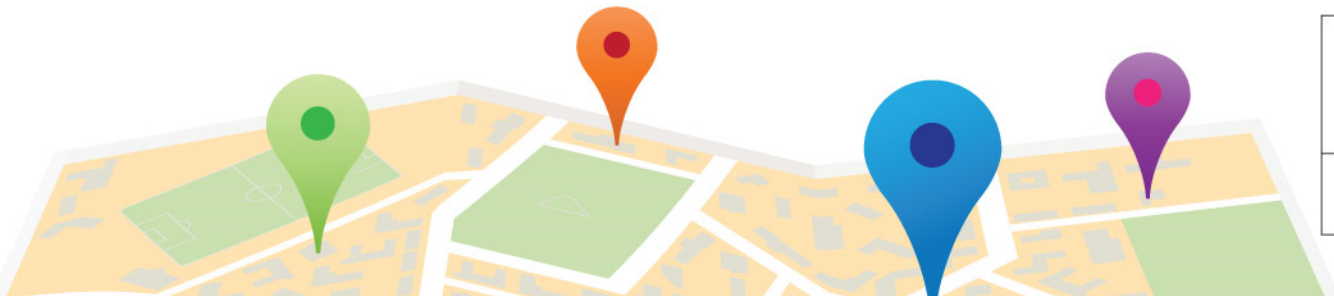
Category III : Promoting specific measures for underserved areas

11 – Strengthening missions of rural hospitals
in order to improve primary health care in isolated territories

12 – Strengthening health centres

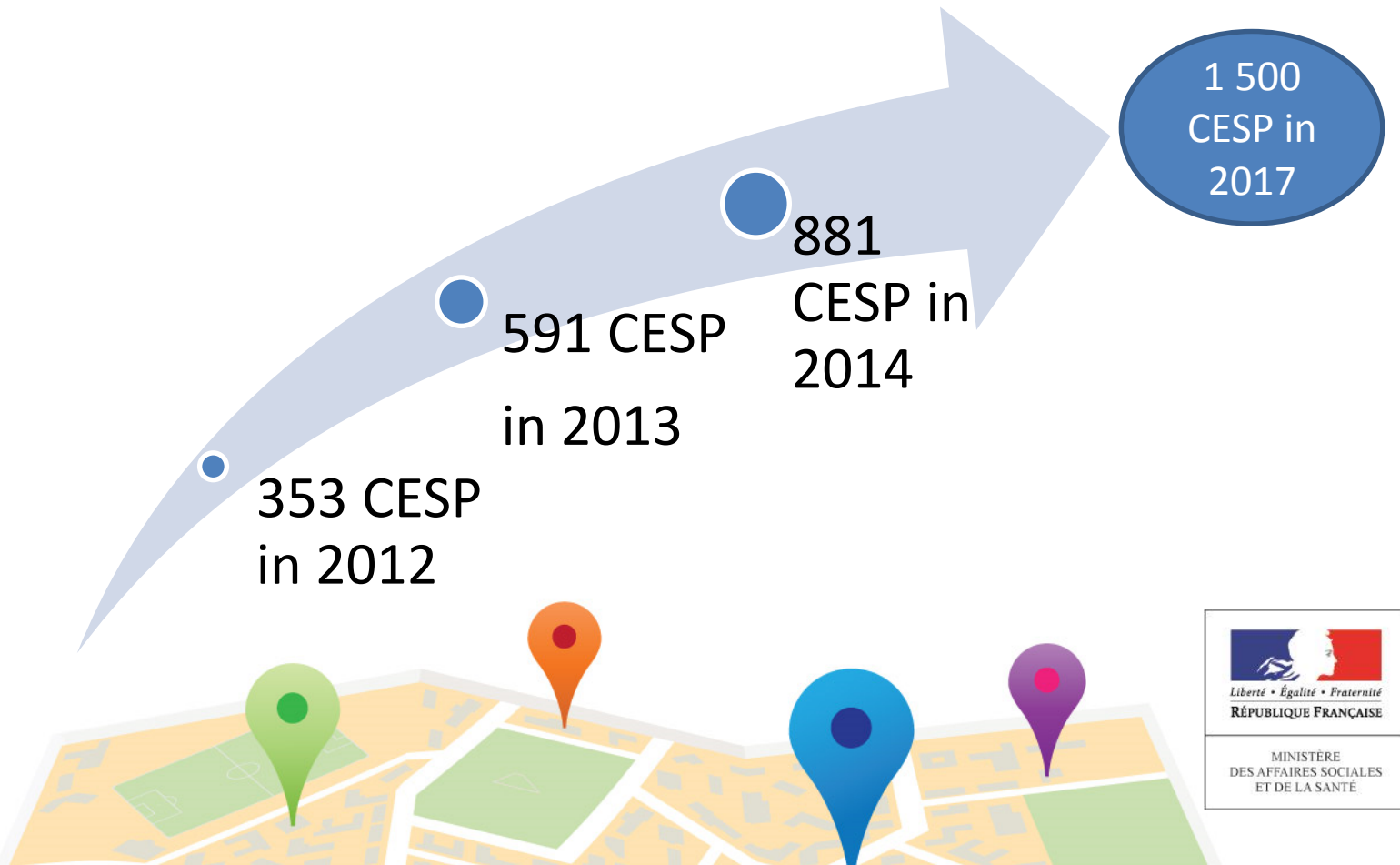


The first assessment of PTS after 2 years of implementation



Category I : Changing education and facilitating settlement of new graduated

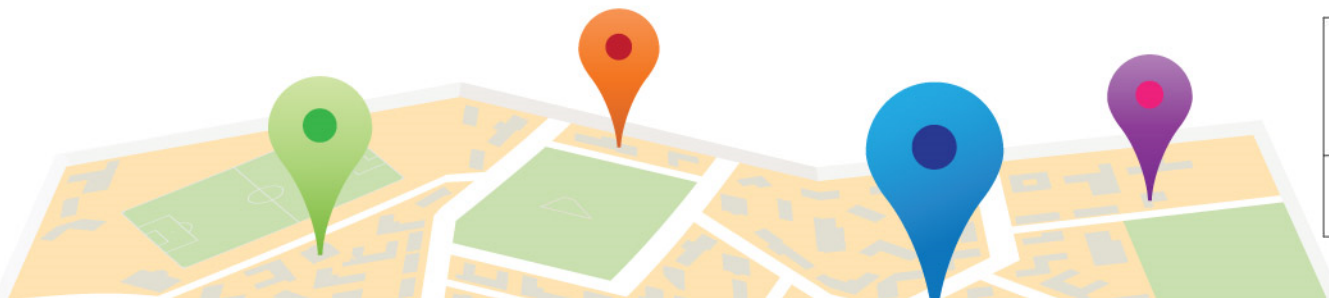
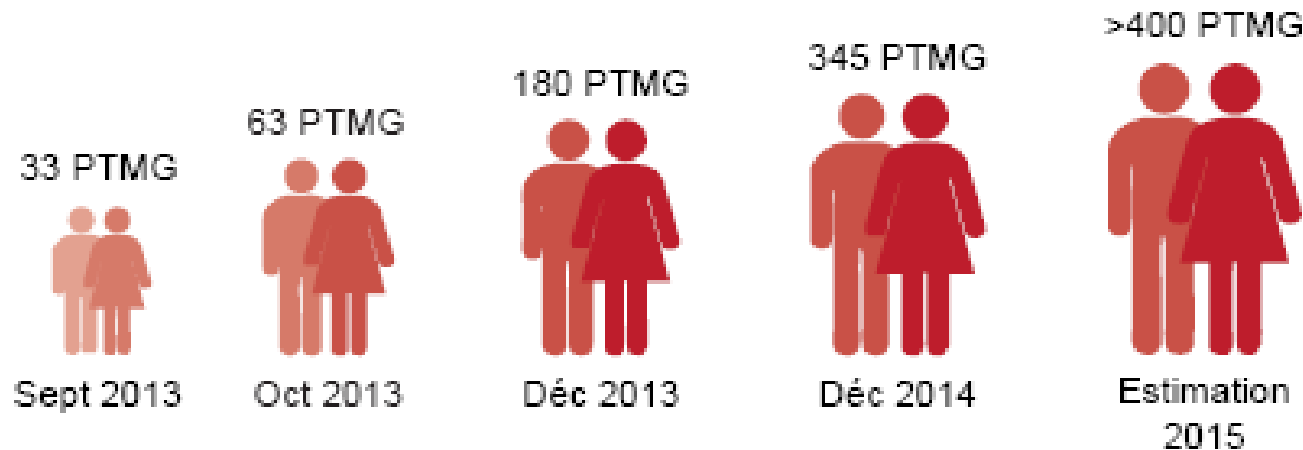
Measure 2 : The CESP (contrat d'engagement de service public):



Category I : Changing education and facilitating settlement of new graduated

Measure 3- PTMG (Praticien territorial médecine générale)

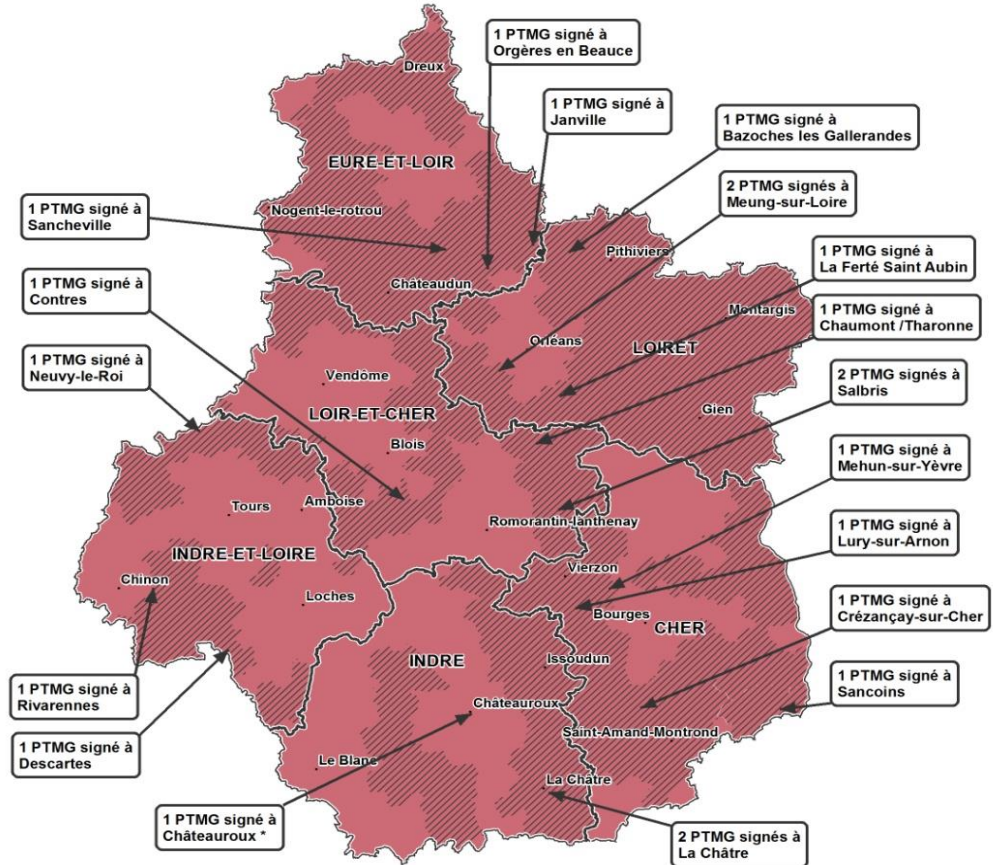
Evolution cumulée du nombre de contrats de PTMG



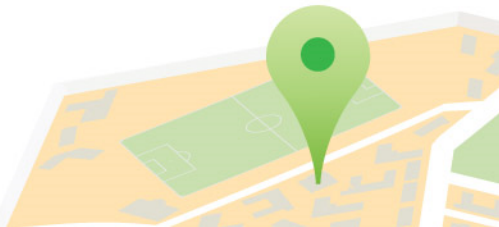
Les contrats de PTMG signés entre 2013 et 2014 en région Centre

 Bassins de vie éligibles au dispositif (86)

An example: distribution of PTMG in the region Centre



* Lieu d'implantation situé en Z.U.S. (Zone Urbaine Sensible)

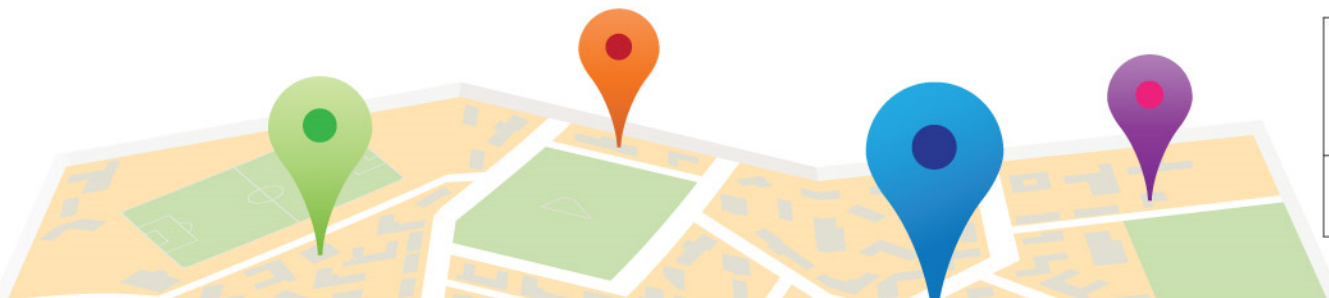
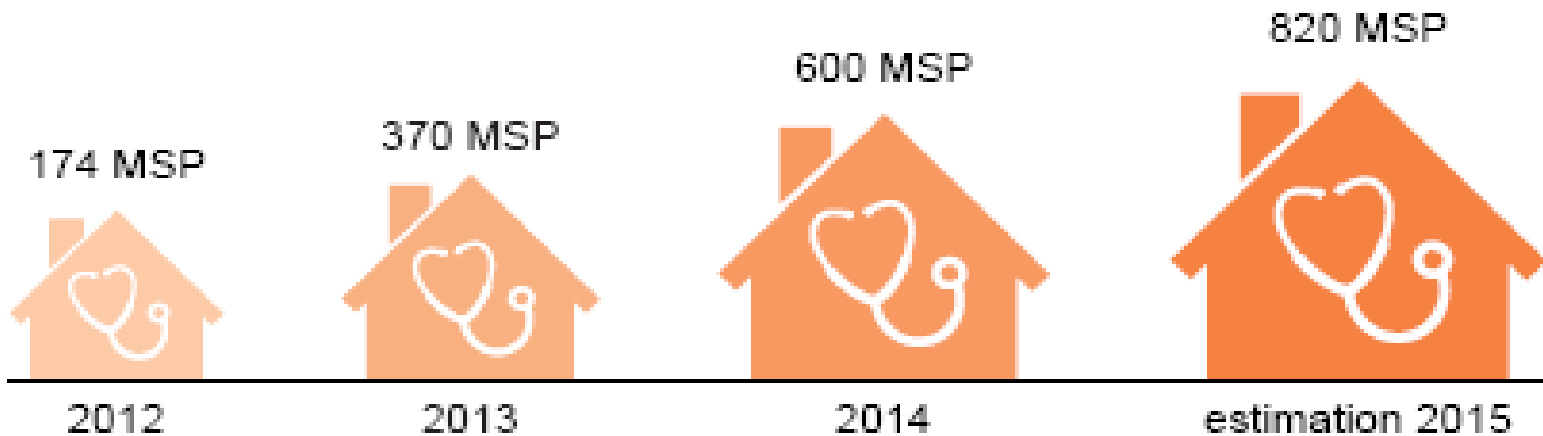


0 30 km

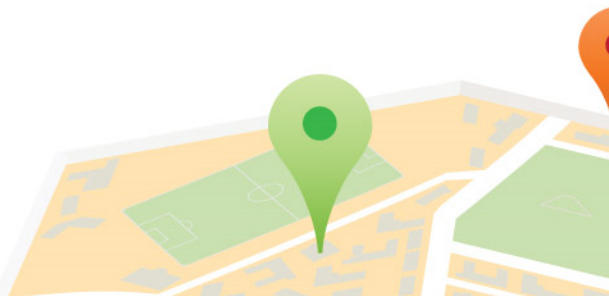
Category II : Changing and improving working conditions of health workers

Measure 5 - Encouraging the team work with the « Maisons pruriprofessionnelles de santé » (MSP)

Nombre de maisons de santé pluriprofessionnelles



An example: the distribution of the MSP in the region Centre

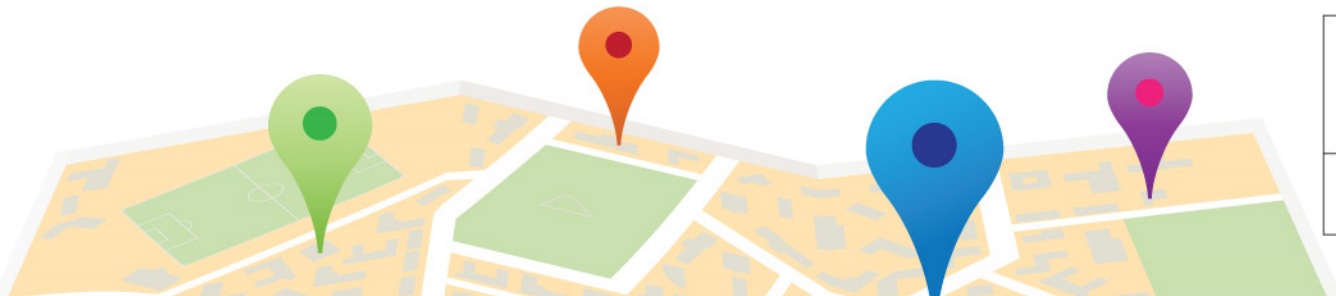


Conclusion

Now the « Pacte territoire santé » is well-known by professional organisations and other health stakeholders

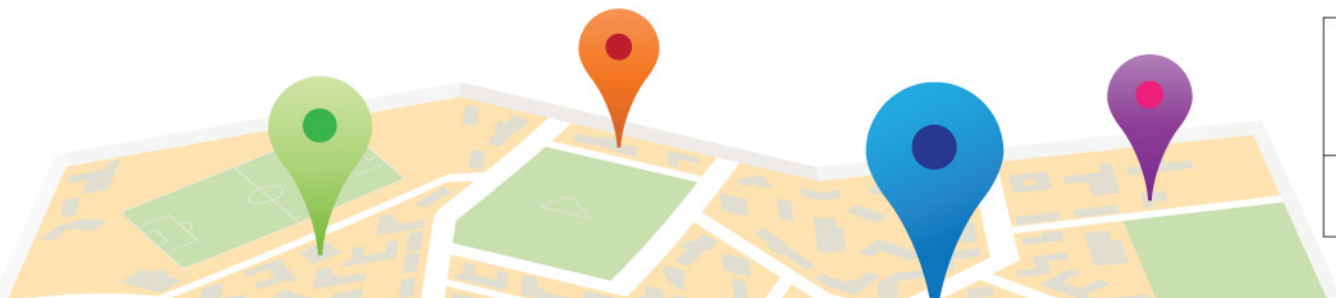
On the field, health stakeholders are very mobilised to implement this program

Additional consultations and thinking are launched to adapt and improve again the PTS



<http://www.sante.gouv.fr/le-pacte-territoire-sante-pour-lutter-contre-les-deserts-medicaux>

<http://www.who.int/hrh/retention/guidelines>



Many thanks for your attention !

