KEY DATA IN FRANCE
DOCTORS REGISTERED IN FRANCE

296 755 DOCTORS REGISTERED
43% OF WOMEN
AVERAGE AGE 57.1 YEARS OLD
AN INCREASE OF 2% SINCE 2017 AND MORE 13.5% SINCE 2010
DOCTORS AGED BY 60 YEARS OLD REPRESENT 41% AND THOSE LESS 40 YEARS OLD 18%

AN INCREASE OF ACTIVE RETIREES (+0.1) AND A DECREASE OF REGULAR ACTIVITY (-1.3)

Number of doctors in total activity is 217,107, an increase of 0.5% since 2017.
DOCTORS REGISTRED IN REGULAR ACTIVITY

57% OF WOMEN
AN AVERAGE AGE BY 50,7 YEARS
REGULAR ACTIVITY REPRESENT 66,7 % OF REGISTRED IN NATIONAL ORDER, IN 2007 THEY REPRESENT 78%
A QUASI PART OF LIBERAL AND SALARIED ACTIVITY
➢ MOST OF GEOGRAPHICAL DIFFERENCE
  Departments attractive of not (multifactorial approach)
  Difference by qualifications

198 081 DOCTORS IN REGULAR ACTIVITY
• 87 801 ARE GENERAL PRACTIONNER (44,3%)
• 24 631 ARE CHIRURGICAL SPECIALISTS (12,4%)
• 85 647 ARE MEDICAL SPECIALISTS (43,2%)
DOCTORS REGISTRED IN REGULAR ACTIVITY

75% REGISTRED IN REGULAR ACTIVITY AND 23% IN PART TIME ACTIVITY

84 % GRADUATED IN FRANCE , 16% GRADUATED OUT OF FRANCE

- MAJOR DIFFERENCE BY DEPARTMENTS
- OFTEN MORE IMPORTANT IN DEPARTMENT WHERE MEDICAL DENSITE IS LESS

62% WORK AS SALARIED
23% AS REPLACEMENT

IN 2018 , DOCTORS OUT GOING IN REGULAR ACTIVITY ARE 58 % TO RETIRE
AGE BY OUTGOING OSCILLATE BETWEEN 48 (MAYOTTE) AND 66 (TARN AND GARONNE)
DOCTORS 
GRADUATED OUT OF 
FRANCE
ORIGIN OF GRATUATED BETWEEN 2007 ET 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>EXTRA UE</th>
<th>UE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>39%</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>45%</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>45%</td>
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</tbody>
</table>
WORKFORCE: FROM OBSERVED TO EXPECTED

22619 in regular activity

+ 90% between 2007 and 2017
COUNTRY OF GRADUATED REGULAR ACTIVITY

Gratuated from France (in regular activity):

2017: 175,240
2007: 187,367
-6.5% (-12,127)

Gratuated from UE and extra UE (in regular activity):

UE and extra UE 2017: 22,619 = 11% of all regular activity in 2017
UE and extra UE 2007: 11,447 = 6% of all regular activity in 2017
+49.3% (+11,172)
### DEMOGRAPHIC PROFILE

#### French Doctors' Age Distribution

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men 50 years old</th>
<th>Women 51 years old</th>
<th>Extra UE</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;=65 ans</td>
<td>58</td>
<td>149</td>
<td>21%</td>
<td>1846</td>
</tr>
<tr>
<td>60-64 ans</td>
<td>674</td>
<td>536</td>
<td>2010</td>
<td>2329</td>
</tr>
<tr>
<td>55-59 ans</td>
<td>716</td>
<td>830</td>
<td>1261</td>
<td>2329</td>
</tr>
<tr>
<td>50-54 ans</td>
<td>659</td>
<td>647</td>
<td>2010</td>
<td>2329</td>
</tr>
<tr>
<td>45-49 ans</td>
<td>819</td>
<td>593</td>
<td>1261</td>
<td>2329</td>
</tr>
<tr>
<td>40-44 ans</td>
<td>891</td>
<td>536</td>
<td>1004</td>
<td>1795</td>
</tr>
<tr>
<td>&lt; 40 ans</td>
<td>589</td>
<td>291</td>
<td>414</td>
<td>993</td>
</tr>
<tr>
<td>&lt; 40 ans</td>
<td>1210</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### The average age of doctors graduated from France is:
- 51 years old (all gender)
- 53 years old for men
- 49 years old for women
MODES OF PRACTICE IN 2017

- Modes of practice in regular activity (graduated Europeans and extra European):
  - 62% Salaried
  - 25% Mixte
  - 13% Libéral

- Modes of practice in regular activity (graduated France):
  - 45% Salaried
  - 44% Mixte
  - 10% Libéral
CONCLUSIONS - INTERESTS

• LONGITUDINAL APPROACHES
• GEOGRAPHICAL APPROACHES
• APPROACH BY SPECIALITY

• DOCTORS GRATUATED OUT OF FRANCE AND MEASURE OF IMPACT OF THEIR INSTALLATION IN TERMS OF PRACTICE, BEHAVIOR OF PATHS
RESEARCH PROJECT

DOCTORS GRADUATED OUTSIDE FRANCE AND TERRITORIAL INEQUALITIES OF CARE SUPPLY: TRAJECTORIES AND IMPACTS PROFILES
COLLABORATION- ISSUES

- Analysis of the equity of access to care
- Evaluation of public policies
- Territorial accessibility - territorial health inequalities
- Determinants of health and use of care
- Variation of medical practices
- Analysis of professional and geographical trajectories

KEYS WORDS

- Doctors graduated abroad
- Territorial inequalities
- Accessibility to care

• THE USE OF INTERNATIONALLY QUALIFIED DOCTORS (MDE), ASSOCIATED WITH THE REGULATION OF ACCESS TO THE PRACTICE OF MEDICINE IN CERTAIN SECTORS AND / OR PLACE OF INSTALLATION, IS ALSO CONSIDERED TO SOLVE THE PROBLEMS OF RAREFACTION AND DISTRIBUTION OF PHYSICIANS (Y. MOULLAN AND X. CHOJNICKI, 2017).

• FRANCE HAS LONG BEEN AN EXCEPTION WITH MODEST RECOURSE TO MDE BUT WITH A SIGNIFICANT INCREASE RECENTLY (OECD, 2015).

ISSUES

THE QUESTIONS OF THE IMPACT OF THE ARRIVAL OF MDE IN TERMS OF INSTALLATION, MAINTENANCE, PROFESSIONAL TRAJECTORY REMAIN ENTIRELY POSED. INDEED, INTERNATIONALLY, AS IN FRANCE, FEW STUDIES HAVE DEMONSTRATED THE EFFECTIVENESS OF MDE RECRUITMENTS IN REDUCING DISPARITIES IN HEALTH CARE STABILITY.

- THE FIRST IMPACT STUDY TO MEASURE THE CONSEQUENCES OF THE MASSIVE ARRIVAL, COMPARED TO THE EXISTING ONE, OF MDE ON THE TERRITORIAL INEQUALITIES OF CARE OFFERINGS IN FRANCE AND ON A FINE SCALE

- IT WILL PROPOSE AN ANALYSIS OF THE PROFESSIONAL AND GEOGRAPHIC TRAJECTORIES OF THE MDES SINCE 2007 AT THE NATIONAL LEVEL.
MATERIAL AND METHOD

• THE HISTORICIZED ORDINAL DATA ON DOCTORS IN REGULAR ACTIVITY, GRADUATED ABROAD AND IN FRANCE SINCE 2007.

• FROM AGGREGATED DATA AT THE LEVEL OF THE TERRITORIES OF LIFE, WE WILL BE ABLE TO EVALUATE THE IMPACT OF THE MDES ON INEQUALITIES BETWEEN TERRITORIES WITH OR WITHOUT FACILITIES.

• THE INDIVIDUAL DATA WILL BE USED TO FOLLOW A COHORT OF FOREIGN DOCTORS PRACTICING IN FRANCE IN 2007.
RÉFÉRENCES

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- COTTEREAU, V., 2015. LES PRATICIENS À DIPLOMÉS HORS UNION EUROPÉENNE (PADHUE) EN FRANCE : QUAND LES HOPITAUX ONT RECOURS À DES MEDECINS MIGRANTS. REVUE FRANCOPHONE SUR LA SANTÉ ET LES TERRITOIRES.
- OCDE (2016) HEALTH WORKFORCE POLICIES IN OECD COUNTRIES : RIGHT JOBS, RIGHT SKILLS RIGHT PLACES, OECD HEALTH POLICY STUDIES, OECD PUBLISHING, PARIS.
UE HEALTH WORKFORCE NETWORK

• MORE THAN 250 EXPERTS

• INITIATE DIALOGUES IN HEALTH WORKFORCE

• ACTIVATE A HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK

• SEEKING SUPPORT IDENTIFIED SOME REAL LIFE PROBLEMS (E.G HOW TO MANAGE DATA COLLECTIONS FOR PLANNING, WHICH MODELS TO USE IN THE PROJECTIONS, OR HOW TO IMPLEMENT POLICY INTERVENTION ETC.)

• STEPPING ONTO THE DEVELOPMENT PATHS TOGETHER AND FIND THE RESPONSE TO CURRENT CHALLENGES

• CEOM MEMBERS ARE CONTRIBUTING TO CO CREATE
UE HEALTH WORKFORCE NETWORK: CONTRIBUTION TO THE EUROPEAN OBSERVATORY OF MEDICAL DEMOGRAPHY

DEVELOP THE HUMAN RESOURCES INFORMATION SYSTEM;

- DEVELOP THE HUMAN RESOURCES INFORMATION SYSTEM
- STRENGTHEN DIALOGUE AND PARTNERSHIP WITH ALL STAKEHOLDERS;
- SUPPORT THE DEVELOPMENT OF HHR PLANS AND PROGRAMS INCLUDING MONITORING AND EVALUATION;
- IMPROVE ACCESS TO INFORMATION AND DOCUMENTATION;
- CONTRIBUTE TO CAPACITY BUILDING IN THE FIELD OF HRH; ADVOCATE FOR RESOURCE MOBILIZATION FOR HHR.
UE HEALTH WORKFORCE NETWORK: CONTRIBUTION TO THE EUROPEAN OBSERVATORY OF MEDICAL DEMOGRAPHY

- Realize an inventory (number, density, distribution, modes of exercise and medical and surgical specialties)
- Towards a harmonization of databases between member states
- To carry out an analysis of migratory flows between member states

The European observatory of medical demography

- Analyse
  - Conception
  - Modelisation
  - Implantation
  - Diffusion
  - Appropriation
COLLECTING DATA ON MOBILE HEALTH WORKERS: WHAT METHODS ARE APPLIED IN THE MONITORING OF HEALTH WORKFORCE MOBILITY? ESTIMATIONS VS. HARD EVIDENCE

CROSS-MEMBER STATE COOPERATION AND INFORMATION EXCHANGE AMONG ‘SOURCE’ AND ‘DESTINATION’ COUNTRIES. ESTABLISHING A ‘EUROPEAN HEALTH WORKFORCE MONITORING SYSTEM?’

INSTITUTIONAL FRAMEWORK OF HEALTH WORKFORCE MOBILITY MONITORING: WHAT STAKEHOLDERS ARE INVOLVED IN THE DATA COLLECTION PROCESS? IS THE FLOW OF INFORMATION SMOOTH AMONG STAKEHOLDERS? CENTRALIZED VS. DECENTRALIZED COLLECTION OF DATA

DRIVERS AND DETERMINANTS OF HEALTH WORKFORCE MOBILITY. WHAT FACTORS MOTIVATE MOBILE HEALTH STAFF? APPLYING QUALITATIVE METHODS IN HEALTH WORKFORCE MOBILITY MONITORING. TYPOLOGY OF MOBILE HEALTH STAFF: HOW CLASSIFICATIONS OF MOBILE HEALTH WORKERS BY THEIR MOTIVATIONS HELP UNDERSTANDING DETERMINANTS AND DRIVERS OF HEALTH WORKFORCE MIGRATION?

HEALTH WORKFORCE MIGRATION AND REGIONAL IMBALANCES IN THE HEALTH STAFF. INTERNATIONAL VS. INTRANATIONAL MOBILITY OF HEALTH WORKERS? HOW DOES HEALTH WORKFORCE MOBILITY AFFECT HEALTH SERVICES DELIVERY IN RURAL OR REMOTE AREAS?

HEALTH WORKFORCE MOBILITY DATA IN THE PLANNING PROCESS. UTILITY OF MOBILITY DATA IN DEVELOPING POLICIES AIMED TO IMPROVE THE RETENTION OF HEALTH STAFF. IS POOLING MOBILITY DATA IN A SINGLE DATA WAREHOUSE USEFUL AND FEASIBLE