Contribution of the French Mandatory Health Insurance Scheme to the European Commission's Green Paper on the European Workforce for Health

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At European level, the directive on the recognition of professional qualifications allows better movement within the European Union to professionals who belong to regulated professions (physicians, pharmacists, dentists, midwives and nurses). In the last few years the question of healthcare staff has also been mentioned in the course of debates connected with the debates on the directive on services within the internal market and those connected with services of general social interest. And currently, although healthcare personnel are not directly aimed at by the draft directive on patients' rights concerning cross-border healthcare, it is clear that it is difficult to take up free movement of patients without talking about the healthcare workforce. Moreover, several infraction procedures have been started against Member States in this area (in particular the case of pharmacies in Austria and Spain could be cited).
Concerning future European initiatives in the healthcare field, it could be useful to adopt a complementary approach between this Green Paper and the communication that the European Commission plans to publish on solidarity in health. To take just the example of the demography of certain countries regarding healthcare staff, in order for sustainable solutions to be established the discussion on mobility must be accompanied by a more general discussion on the living conditions in the countries concerned and the support to their economies.

The French mandatory health insurance scheme values the discussion launched by the European Commission on the healthcare workforce. It hopes to contribute by providing its experience and its practice as the direct contact of patients and health professionals and as the manager of health insurance funds whose major objective is to guarantee equal access to help.

Definition
The Commission has chosen to extend the scope of the Green Paper to the "**healthcare workforce**" and not only to "healthcare professionals".
The French mandatory health insurance scheme supports this approach which, by tackling the question of the healthcare workforce more generally, makes it possible to take into account the question of long-term care in all its complexity.

General findings concerning the French situation

A few figures:

In 2007, in France, the professional healthcare workforce, whatever their method of practice (INSEE):
- ✓ 970 201 (physicians, dental surgeons, midwives, pharmacists, nurses with State degrees and licences, massage and physical therapists, chiropodists, speech therapists, orthoptists, opticians, psychomotor therapists, medical radiology technicians, occupational therapists)

France, in comparison with the rest of the OECD (Eco-Santé 2008):
- ✓ 3.4 physicians per thousand inhabitants in France, average of 3.1 in the countries of the OECD.
- ✓ 7.6 nurses per thousand inhabitants in France, average of 9.7 in the countries of the OECD.
- ✓ 3.7 hospital beds for acute care per thousand inhabitants in 2006, average of 3.9 in the countries of the OECD.

Presence of women
With 69.3% of the workforce, women are the majority in all the professions regulated by the public health code. Disparities are noted depending on the professions and the specialities. For example, 98.9% of midwives are women, 96% of speech therapists, but only 38.8% of physicians and 36% of dentists.

At the French national scale, the questions being asked are approximately the same as at European scale: they primarily concern the ageing population and the medical profession, the geographical distribution of available care, the attractiveness of the medical profession and new technologies.

Promote geographical balance for equal access to health

Equal access to high-quality care for everyone is the raison d'être of mandatory health insurance, and the question of geographical balance is one of the primary objectives to be achieved for this purpose. Technical developments in healthcare, the search for economic optimisation, the demography of the healthcare workforce and new expectations concerning working methods are leading to a certain concentration of healthcare structures. In parallel to an indispensable regulation, equal access to care requires the development of overall coverage including screening, prevention and orientation in addition to care; overall coverage that could in the end reduce the necessity, the duration and the cost of healthcare care itself.

✓ Regulation of the range of care on offer

The guarantee of a balanced range of care, especially in rural areas and in urban areas with difficulties, is a shared concern. The initiatives that will be taken at European level will have to take care to preserve a geographical balance while complying with the subsidiarity principle.
Organising the range of care on offer so that it meets the demand falls under the competence of the public authorities, taking into account the territorial dimension and the distribution of health services, which must be based on geographical, social and epidemiological indicators. In addition, the workforce of healthcare professionals has a tendency to vary depending on specialities and areas (rural or urban) of practice, without the surpluses from one country filling in the lacks of another country.
This is why the procedures and licensing of healthcare professionals, the procedures for opening and operating care structures, and the procedures for setting up contracts with professionals and care establishments must remain within the competence of the Member States, while complying with the principles of non-discrimination and proportionality.

- ✓ **Information to healthcare professionals**

The Health Insurance scheme supplies established healthcare professionals and the actors in the field with information on the local context (overview of the range of care available, consumption and demand for care, presence of shortage areas in the French department, etc.) as well as on all aid to existing establishments (cf. example in annexe 1).

- ✓ **Encourage groups and complementarity**

Group practices of physicians, or of other healthcare professionals, constitute one response, among others, to the problem of access to care, while satisfying the changes in practice that healthcare professionals want. The mandatory health insurance scheme is therefore developing incentives in this direction, in particular for rural or peri-urban areas that lack available care (cf. examples in annexe 1).

- ✓ **Financial incentives**

In France there are measures aimed at encouraging healthcare professionals to establish themselves in underserved areas thanks to financial aid: additional flat-rate remuneration, tax exemption, student aid (cf. annexe 1).

Promote prevention

European Union action in the field of prevention should be devoted to developing and supporting exchanges of experience between countries in order to allow States to reproduce innovative initiatives after evaluation.
In France, the mandatory health insurance scheme is investing more and more in disease prevention and health promotion. Several of them have undertaken actions in order to foster the role of healthcare professionals in prevention (cf. examples in annexe 2).

Continuous professional training of the healthcare workforce

In France, a conventional continuing professional training measure has been established through national conventions of the different healthcare professionals.

For physicians in private practice, for example, this training aims at "deepening a quality approach focused on 'evidence based medicine', the development of evaluation and improvement of medical practice, assisting physicians in their missions, questions relating to the organisation of the healthcare system, the healthcare economy and taking into account the economic consequences of medical practice, as well as medical information technology".

Movement of the healthcare workforce in the European Union

The development of mobility among healthcare professionals is already topical, because the directive on the recognition of professional qualifications allows healthcare professionals to practise where they wish to in the EU. The reasons for mobility are generally the attraction due to living and working conditions, remuneration, as well as sometimes the cost of studies and the impact of the numerus clausus.
Although extra physicians can contribute to counterbalancing a demographical imbalance, it poses the question of the disorganisation of the range of care on offer in the countries of origin of these healthcare professionals, and beyond that of the loss of know-how and performance of their own healthcare system. The development of competition between

service providers of different Member States could diminish the abilities of the national managers, governments and health insurance funds to regulate.
It is therefore important to take care that the tools put in place at European level to promote the mobility of healthcare professionals do not harm the regulatory mechanisms established by the Member States in order to ensure access to high-quality care for the entire population.
Moreover, it is necessary to support countries that are threatened with a 'brain drain' of their professionals.

- ✓ **Improve knowledge of the mobility of the healthcare workforce**

France has developed a number of tools at national level in order better to know the situation of its healthcare workforce (Observatoire national de la démographie des professions de santé, répertoire des professionnels de santé (National observatory of the demography of the healthcare professions, directory of healthcare professionals – cf. annexe 3)); if developed at European level, such tools could be an advantage as they could make comparable data available, which requires a definition of the concepts in advance.
It is worthwhile for Eurostat to have access to national information and to centralise the data on the healthcare professional workforces of the European countries, data which should then be the subject of an analysis by Eurostat or by a European observatory of healthcare professionals in order to monitor the migratory flows and to exchange information on practices.

- ✓ **Promote cross-border bilateral agreements**

France has already signed bilateral agreements with some of its neighbours that make it possible to bring complementarities into play, such as the Franco-German agreement on cross-border health cooperation (cf. annexe 3).
Projects carried out within the framework of interregional programmes (Interreg) propose to organise the hosting of students within the framework of their internships, to develop exchanges between healthcare professionals to compare the organisation and contribute to proposals for improvement of care given to patients, to perform comparative studies on organisation and managerial practices, to establish continuing training measures, and to share experiences.

New information technologies

The new information technologies constitute an advantageous tool that health insurance systems are endeavouring to develop and support. Healthcare professionals have a health professional card whose objective is to securitise exchanges relating to medical data and to facilitate administrative procedures.
The Mandatory Health Insurance Scheme encourages the use of the SESAM-Vitale arrangement which allows the electronic transmission of the electronic files for care by the healthcare professionals concerned. In order to do this, they undertake to provide assistance, information and advice on the use and the implementation of this measure and to adopt incentives measures: in this way physicians benefit from financial advantages for using electronic transmission and from assistance with the computer equipment.
Within the framework of the European Commission's work on the European Health Insurance Card, projects are under way on the question of the interoperability of the systems: in particular "Netc@rds" could be cited (http://netcards-project.com).

Projects also under way concerning a card for health professionals (Project HProCard [http://www.hprocard.eu/]) are to be developed. At the time of the adoption of the directive on the recognition of professional qualifications and the creation of a European card for healthcare professionals, the health insurance systems were glad about the reference made to such a card. Obviously this would present a number of advantages: simplifying the free movement of healthcare professionals, certifying the professional skills of its holder and his/her authorisation to practice, identifying the competent authority in the country of origin, speeding up and improving the exchange of information between the competent authorities, all in order to guarantee a level of ethics and of advanced qualification for healthcare professionals.

Other new technologies, such as diagnosis or indications for care at a distance, could be developed. However, they pose the question of the sharing of professional responsibility between the person who acts at a distance and the one who executes actions in place.

Annexe 1 – To promote geographical balance

- ✓ **Information for healthcare professionals**

Within the framework of the Convention d'Objectifs et de Gestion (COG - Agreement on objectives and management)) 2006-2009, the Health Insurance scheme has provided in particular for an overall range of service dedicated to healthcare professionals who are establishing themselves.
This range includes a counselling service before establishment, with information on the Internet, a possibility for meeting with the primary fund for advice, an interactive online tool called "c@rtosanté", which supplies maps showing the offer of care and the activity of physicians, and the computer program "c@rtosanté Pro", which makes it possible to establish a more complete view of the care on offer, of the consumption and the demand for care.
In connection with the development of this service, the health insurance schemes are participating on the local level in information and awareness raising actions with medical interns, in all the regions that are faced with difficulties in access to care.

- ✓ **Encourage grouping and complementarity**

Within the framework of amendment 20 of the national convention of physicians, group practices are encouraged in the geographical areas underserved by the medical workforce.

Multidisciplinary care facilities (MCFs)
- Multidisciplinary care facilities have an interest in providing coordination of care as healthcare professionals, facilitating the achievement of prevention missions and making it possible to implement better ongoing care. The grouping of healthcare professionals from different disciplines in these facilities is a solution to promoting the establishment of healthcare professionals where the supply of care is insufficient.
For several years the Health Insurance scheme has been intervening via the Fonds d'Intervention pour la Qualité et la Coordination des Soins (FIQCS- Fund for intervention in the quality and coordination of care)**,** playing a significant part in the total costs of projects for multidisciplinary facilities and in particular for operating, investment and study costs. In 2006, 702 247 € was granted for the development of 19 MCFs, 53% of it as operating expenditures, and 44% as investment expenditures. In the first half of 2008, 35 multidisciplinary care facilities were financed in the amount of 1 286 079 € in 20 regions.

- To guarantee access to healthcare to populations of rural territories that lack a supply of care, multidisciplinary facilities called rural healthcare homes (maisons de santé rurales) are established within the framework of partnerships between the MSA agricultural system and the local and regional authorities (http://maisonsdesanterurales.msa.fr/).

- With the same objective, the social security system for the mines currently manages 175 healthcare facilities open to the entire population in the former mining regions.

The centres of multidisciplinary healthcare

- The Health insurance scheme is also intervening via the Fonds d'Intervention pour la Qualité et la Coordination des Soins, on an experimental basis, in the financing of multidisciplinary centres of private practice healthcare. These healthcare centres are emerging in certain regions, such as Brittany, Basse-Normandie and the Pays de la Loire. They are concerned with meeting the local healthcare needs by grouping together several medical professions. This "medical project" includes an aspect of prevention and public health, with action coordinated around patients and chronic pathologies thanks to a common information system. These centres allow professionals working there to free up medical time by delegating the administrative tasks and the management of the centre to dedicated staff.

- With the same thoughts in mind, the MSA agricultural regime, together with the insurer Groupama, is carrying out an experiment called "Country of health" (Pays de santé) to maintain a range of care appropriate to the rural environment. It represents an approach that is complementary to the solutions already established and is based in particular on a diagnosis of the healthcare needs conducted with patients, physicians, elected officials and local institutions (http://www.paysdesante.com).

Action for Private Practice Healthcare in Teams

The Fonds d'Intervention pour la Qualité et la Coordination des Soins is participating in the financing of an experiment to delegate tasks between general practitioners and nurses within private practices in Poitou-Charentes (Project ASALEE). Salaried nurses are tasked in this framework with the detection and monitoring of certain pathologies. They also have a specific mission in terms of supplying information to the patients.

Coordinated monitoring of patients affected by a chronic illness

- The MSA agricultural regime, in partnership with Inserm (Institut national de la santé et de la recherche médicale – National institute of health and medical research), has set up an experiment in coordinated monitoring of patients affected by a chronic illness – as it happens, diabetes and arterial hypertension – between general practitioners and nurses in private practice. The objective is to demonstrate that cooperation between these two professions is relevant and that, instead of the traditional remuneration by the procedure, an alternative price structure (more focused on the quality of care and enhancing prevention action) can be envisaged. The initial idea is that delegating technical acts in precise fields will lead to better overall care of patients, both on the healing and the preventive level. It can also respond at least partially to the problem of the work overload of general practitioners and thus have an impact on the establishment of professionals in areas where the medical and paramedical demography is especially stretched. It is known that nurses have a tendency to establish themselves more easily where there are physicians, and physicians, if they can be released from certain tasks – which are multiplying with the increase in the number of older people affected by chronic diseases or polypathologies – would perhaps be less reticent about practising in certain environments.

- The national social security fund in the mines has just launched the OPERA programme (Optimisation de la prise en charge par l'éducation, la relation et l'accompagnement (Optimising care through education, relationships and assistance), an innovative programme in treatment education, targeted at 900 patients affected by chronic illnesses (diabetes, heart failure, chronic obstructive pulmonary disease). This programme aims at allowing better care

by the patients of their own pathology, to improve their quality of life by limiting their recourse to healthcare professionals.

- ✓ **Financial incentives**

Additional fixed-rate remuneration

In 2004, the law relating to the reform of the Health insurance scheme provided for a framework for setting up such measures within the scope of agreements signed between healthcare professionals and the Health insurance scheme. Practitioners can for example benefit from fixed-rate remuneration when they practice in poor areas. The social security financing law for 2006 refined this measure by specifying that the fixed-rate remuneration intended for healthcare professionals in poor areas could be modulated depending on their level of activity and the procedures of their practice, in particular to promote group practices.

↳ Physicians in private practice benefit from annual supplementary remuneration, equivalent to 20% of the fees received, with the condition that they practise within a group or multidisciplinary practice, perform 2/3 of their work with patients residing in an area underserved by medical staff, and practise for at least three years in a poor area. This measure must be evaluated in 2009.

Tax exemption

The law relating to the development of rural territories allows healthcare professionals established in certain areas to benefit from a tax exemption on the income for remuneration coming from continuous out-patient care, to the limit of 60 days per year.

Student aid

The territorial authorities can grant housing and travel compensation to students in general medicine when they perform their internships in a poor area, as well as study and professional project benefits to any student admitted to study medicine and enrolled in a faculty of medicine or dental surgery, if he/she undertakes to practice as a general practitioner, specialist, or dental surgeon for at least five years in a poor area. They can finance aid to paramedical students and to midwives in training. In this way the county council of Allier offers 38 400 € over three years to students of general medicine undertaking to establish themselves in a rural environment. The county councils of Indre and Cher offer general medicine students a subsidy of 600 €/month for three years, in return for establishment for five years in a poor area. In Haute-Normandie, an experiment in nurse mentoring was launched in 2005. The measure organises the supervision of student nurses by “mentoring” nurses in private practice.

A draft law undergoing discussion provides for the establishment of scholarships for medical students in compensation for which the future doctors undertake to practise for at least two years in poor areas.

Annexe 2 - Promoting prevention

The route of coordinated care and the attending physician

Insured parties are encouraged to choose their attending physician. Because attending physicians follow their patients over the duration and coordinate their care, they are best placed to organise the monitoring of personalised prevention.

Five public health themes are promoted within the scope of the medical convention: the prevention of avoidable medical risks among elderly persons, the prevention of cardiovascular risks with first of all the monitoring of diabetic patients, the screening of breast cancer for women from the age of 50, risk factors of pregnancy, and obesity among young people.

The role of nurses in private practice

The convention of private practice nurses recognises their place as actors in public health: the signatory parties have undertaken to continue their work that aims at defining and implementing prevention actions. First this measure has been initiated within the framework of anti-influenza vaccination.

Innovating in the following of patients affected by chronic illnesses

- Sophia is a Health insurance service dedicated to helping with the chronically ill (*disease management*), proposing an innovative approach based on close cooperation between attending physicians, patients and the health insurance scheme. This service is designed to take over from attending physicians in their action with patients affected by chronic illnesses. This role is fulfilled by a team of paramedical healthcare professionals by telephone (incoming and outgoing calls). Other supports for patients (practical tools, magazine, etc.) expand the range of services offered. Launched in March 2008 in ten departments, at first it will concern 136 000 volunteer diabetics (type 1 and 2) and 6 000 attending physicians. It will be evaluated in order to decide its possible extension in 2010. The contribution of the physicians is recognised and a fixed-rate payment is made to them when a patient participates in the service (http://www.sophia-infoservice.fr).

- Since 2004, the MSA agricultural regime has offered its policy holders (employees and farmers) affected by heart failure, arterial hypertension or coronary heart disease a programme of therapeutic patient education (TPE) with the objective of better understanding and learning to manage their disease better on a day-to-day basis. The originality of this national programme is based on the involvement of the attending physician starting with the development of the educational diagnosis, the specific training of healthcare professionals (nurses, doctors) to lead collective education sessions organised near the residences of the patients, and the design of a specific teaching kit for the cardiovascular TPE programme. In concrete terms, the programme offers three collective therapeutic education sessions, each for three hours, distributed over three half-days. Six modules have been developed: the definition of TPE and the real-life experience of the disease; the risk factors; nutrition and dietetics; physical activity; self-monitoring and warning signs; knowledge of the treatment. The second evaluation of this programme in 2006-2008 showed very satisfactory results: greater confidence in knowledge of the disease, changes in behaviour observed in all areas (nutrition, physical activity, complying with treatment, knowledge of the medications) and the acquisition by the patients of technical skills in self-care and self-monitoring.

- At the beginning of 2009 the Régime Social des Indépendants (RSI – Social security system for self-employed people) launched a programme of education and therapeutic assistance with

its beneficiaries affected by type II diabetes, called RSI-diabète. This programme offers personalised assistance to help patients follow their medical care thanks to the site "Ma prévention santé" of RSI (http://www.le-rsi.fr/prevention) which offers securitised access on line to the personal prevention file and which makes it possible to follow the acts to be performed within the scope of recommendations of the French National Authority for Health (HAS – Haute Autorité de Santé). It also provides for a free offer of therapeutic education session and the covering of services such as care and prevention sessions with a podiatrist. Membership of this programme is done through the intermediary of the attending physician who judges whether it is timely. Launched in two regions in 2009, the programme will gradually be extended to the whole territory and in the end to other pathologies.

Action concerning occupational health intended for the staff in private healthcare or medico-social establishments

A national target agreement (convention nationale d'objectif) was signed at the beginning of 2009 between CNAMTS and the private hospitalisation system. The prevention objectives that it establishes hinge on action themes:

- assistance in the financing of any multidisciplinary action intended to provide aid for the evaluation of occupational risks, to the development of a single evaluation document or to the investigation of a specific risk;
- to provide financial and/or technical assistance for measures intended to prevent risks linked with pathologies of the muscular-skeletal disorder type. For this prevention subject, very special attention must be paid to the organisation of work, the layout of rooms, technical assistance and training of the help and care staff.
- to develop a culture of ergonomics and health – both for assisting and care staff –spurred on by managers and the hierarchy;
- to set up a health and safety structure, with jurisdiction over ergonomics or supported by specialists from outside the establishment, to coordinate and evaluate prevention policy, in connection with the entire staff;
- promote the evaluation of risks, in particular within the framework of working at home;
- supply the staff with appropriate aids, in sufficient numbers, including small technical aids that promote the mobility of the patient, resident or other beneficiary and reduce the load on care and assisting staff.

Annexe 3 - The mobility of the healthcare workforce in the European Union

✓ Improving knowledge of the mobility of the healthcare workforce

L'Observatoire National de la Démographie des Professions de Santé (ONPS - National observatory of the demography of the healthcare professions) was created in 2003. It shall:
- "gather and analyse knowledge relating to the demography of the healthcare professions;
- supply methodology support for carrying out regional and local studies on this subject;
- synthesise and disseminate the observation, study and forecasting work done, in particular at the regional level;
- promote initiatives and studies likely to improve knowledge of the conditions under which professionals practise and the development of their activities".

A directory of healthcare professionals

The shared directory of healthcare professionals is a national directory that centralises and takes stock of all healthcare professionals, professionals in social welfare action and psychologists (physician, pharmacist, dental surgeon, midwife, nurse, psychiatric nurse, masseur-physical therapist, speech therapist, hearing technician, podiatrist, optician, occupational therapist, medical radiology technician, dietician, psychomotor therapist, orthoprothesist, pedorthist, orthopedics-orthotist, ocularist, epithesist, social welfare service assistant, psychologist).

It gives information on the identity, professional situation and activities performed. Professionals have the obligation to have their diploma registered there when they establish themselves.

It "meets a dual need: to better follow the medical demography, facilitating the sharing of information between different actors, and to simplify the administrative procedures for healthcare professionals".

✓ Promote bilateral agreements

Franco-German framework agreement on cross-border cooperation in the health sector (22 July 2005)

Thus, according to article 4 concerning healthcare professionals, "persons authorised to carry out activity in the area of assistance in the territory of one party do not need authorisation for professional practice granted by the other party for the temporary performance of these activities within the framework of cross-border interventions concerning emergency care that are the object of the present framework agreement and are exempt from mandatory affiliation with a professional chamber in the other country. Moreover, they are obligated to comply with the law in force in the territory of the other party. This applies in particular to the rights and obligations concerning professional law effective for the field of the party in the territory in which the intervention is carried out."

These agreements also stipulate rules concerning liability (including medical) and insurance obligations for civil liability (art. 7).

There is an agreement of the same type between France and Belgium (agreement signed on 30 September 2005).

The Tableau de bord transfrontalier de la santé (TBTS)

The Cross-border list of health indicators (Tableau de bord transfrontalier de la santé), produced by Regional Health Observatories, is intended to better find out about the characteristics of the health status of the cross-border population and its determinants as well as the offer and use of care and services. This tool is in line with a dynamic of knowledge and European cooperation, allowing better use of resources while providing concrete advantages to patients, providers and managers of healthcare services. This TBTS constitutes the prerequisite for every cooperation action by taking stock of the strengths and weaknesses of the territories concerned, both from the point of view of the demography of healthcare professionals and equipment available and of the health problems recorded in the populations.

CNAMTS
Caisse Nationale d'Assurance Maladie des Travailleurs Salariés

Chairman: M. Régereau
Director: F van Roekeghem

Website: www.ameli.fr

Covering 85 % of the population, the aim of the general health insurance scheme, is to enable all employed insured and their families to have the best possible quality health care. For this purpose, it acts in tandem with other players: firstly, the State and its decentralised authorities, and secondly, independent health professionals, public and private hospitals and businesses. To fulfil its missions, which include reimbursement for treatment, compensation for loss of salary, illness prevention and medical and social action, Assurance maladie has several organisational levels. The mission of the CNAMTS is to ensure financing in two distinct sectors: (i) health, maternity, disability and death insurance, and (ii) industrial accident and occupational illness insurance.

MSA
Mutualité Sociale Agricole

Chairman: G.Pelhate
Director general: F. Gin

Website: www.msa.fr

First professional social protection fund in France, the Mutualité Sociale Agricole (MSA) administers compulsory social protection of the whole agricultural sector: farmers, employers, employees and their families, a total of more than 4 million people. It is the sole body in this sector for all social protection: health, family, retirement, recovery, social action, services. In executing its mission, MSA embodies the values of interdependence: solidarity, responsibility, democracy. Its action is based on a comprehensive national network enabling it to stay close to its members and offer them personal solutions. In 2005, MSA was the originator of the establishment of ENASP, the European network of agricultural social protection funds.

RSI
Régime Social des Indépendants

Chairman: G. Quévillon
Director general : D. Liger

Website: www.le-rsi.fr

RSI (Self-employed social fund) is a single entity which administers health insurance for craftsmen, tradesmen and service industry professionals and their dependents, retirement and disability insurance for craftsmen and their spouses, and retirement and disability insurance for independent tradesmen and industrialists. RSI insures 4 million people. This single structure strengthens local presence and personalisation of services, using the quality of service already offered by the insurance funds of the former networks. A full network of insurance funds, branch offices and access points is available to insured members throughout French territory. In addition to social protection for the self-employed, RSI offers its members a guidance and advice service for health and retirement formalities.

CANSSM

Chairman: J-C. Aurousseau
Director: E. Rance

Website: http://www.secumines.org/

Caisse Autonome Nationale de Sécurité Sociale dans les Mines The mining insurance sector occupies a very special place in the French social protection system, due, inter alia, to its close links with the mining world and the *ab initio* accent on prevention and public health measures. While the number of insured person decreases year by year, the health care offered by this scheme is open since 2005 to the whole of the population. It enables to meet the needs for patients located in the old mine regions, in difficult economic situation and where the density of the health professionals is in constant reduction. There are more than 500 centres and health and medico-social facilities managed by the mining insurance sector. Home assistance for the elderly and help for families are also part of this system.