Isn’t it fascinating that medicine, a profession with the same goal throughout the world of healing the sick, has evolved very different health infrastructures? It is also incredible that doctors in one country know little about alternative health systems leaving a wealth of knowledge and experience that could improve their own untapped. Through the Hippokrates Exchange I have had the opportunity to experience life as a General Practitioner in France, which has allowed me this rare insight into another health system.

Marlhes

I was working with Dr Droin in Marlhes, a small village of about 1400 inhabitants in the Loire in the South East of France. He has been working in Marlhes for over 30 years and knows his patients and their families very well. Anyone can register at the practice if the doctor accepts them; they are not constrained by the geographical boundaries as we are, on the whole, in the UK. This means that some patients who live in neighbouring villages are also under Dr Droin’s care. He also looks after the nursing and the learning disabilities homes in the area. He moved to a new building a year ago and works in a “pluri-professionnel” practice now where there are not only doctors but also a psychotherapist, dietician, podiatrist, physiotherapist and three nurses. Each professional is self-employed and although each contributes to the running of the building, rent and the mid-morning coffee and croissant, otherwise they are financially
independent of each other. This includes the doctors. Thus doctors work different hours and see different numbers of patients depending on what they wish to earn.

In Marlhes there were 2 ½ doctors looking after about 1500 patients whereas in England the average doctors has nearer 2000 patients. The pressure on appointments that we are used to in the UK was therefore not apparent, with patients being able to attend on the same day for a routine review.

The Practice and Dr Droin’s Consulting Rooms

The working day starts at 0800 with the first patient arriving at 0810. There is no receptionist but we are alerted to the patients’ arrival by them ringing a bell when they enter the waiting room. Helpfully there is also a camera installed which we can access from the computer to see if anyone is waiting and as Dr Droin recognises most of the patients we can be fairly certain whether they are waiting for us. The door of the waiting room has a sign advising the patients of my presence and I learn that until doctors in France finish their training they do not have the title “Doctor”, so I am “Mademoiselle” for the 2 weeks. There are 2 other “internes” under Dr Droin’s supervision. Johanna is, like me, nearing the end of speciality training and works fairly independently. She
has to discuss every patient interaction she has in a debriefing session which normally occurs twice a day. This provides her with feedback on each consultation and Dr Droin’s argument against just debriefing the patients for whom the trainee has queries is that we don’t always know what we don’t know. Christophe is half way through his 3 year training and unlike Johanna works under direct supervision of Dr Droin. He watches consultations and also takes them but Dr Droin is present throughout to offer advice. I was able to see some patients in this fashion but was flummoxed by the drug names which are usually trade names and once nearly sent a patient home without charging him!

Each consultation was 20 minutes long but some doctors in France prefer 15 minute consultations. We normally worked to about 1030-11am before either going to the nursing home or on a home visit. From midday to 2pm it was a 4 course meal at the doctors’ house and all the internes were invited. We dined outside with a view over the mountainous landscape peppered with beautiful yellow flowers. Just before 2pm we had a coffee, although I sadly converted to a tea by day 3 in true English fashion and they laughed at the “cloud of milk” I added to my cup. We then drove back to the practice where we started to see patients again until about 7pm with a small pause half way through for coffee and debriefing. We tended to see between 20 and 25 patients a day.

Lunch time- 4 courses with Dr Doin, his family and his colleagues

There was a good variety of patients both in age and in presenting complaints. There were a number of interesting and unusual cases including a thyroiditis, charcot-marie-tooth and a patient presenting with a broken arm. Most patients have a cardiovascular (including blood pressure), respiratory and abdominal examination and have their weight taken during their appointment. Patients expect to be examined and will undress to their underwear fairly quickly and without embarrassment, even the

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teenagers. The time per appointment enables this assessment which I see as more preventative practice compared to that in the UK, as I identified a few incidental heart murmurs, lung signs and suspicious moles during these assessments. In terms of practical interventions Dr Droin sutured, operated on ingrowing toe nails, performed punch biopsies, removed a wart by diathermy and performed wound dressings. He also made a splint out of a moulding plastic for a lady with multiple sclerosis who was developing contractures. My experience in the UK is that GPs do not tend to perform such a range of practical interventions and usually such patients are either sent to a GP with a specialist interest or even to secondary care. However, it may be different in a rural setting in the UK. Patients also saw their GP for renewing their prescriptions and patients would attend every 3 months for a review and their new prescription. This meant that prescription requests as a separate part of the workload doesn’t exist as this is all dealt with at the appointment. Patients, particularly children, would attend for medical certificates to state that they were fit for sport and this would last a year. During this consultation in addition to a full clinical examination, if they had not had one before, the child would have an ECG to look for conduction anomalies. The self-certification for missing work doesn’t exist and people attend their GP for an “arrêt du travail”, although surprisingly we had few appointments for this. Children are seen much more regularly in France by their GP. They have to be seen three times as a minimum in the first year of life at different milestones but Dr Droin recommends children to be seen once a month up to the age of 6 months, then at 9 months and then at 1 year old. The doctor gives the immunisations so uses the opportunity to enquire about the child’s development and examine them.
It took me a while to get used to paying for the appointment and seeing the card reader was definitely what surprised me most on entering the consulting rooms for the first time. All patients have a “carte vitale” (apart from children who are on their parent’s card) and this accesses their account with social security. Social security is the government body which pays for healthcare. After the patients pay for the consultation the doctor registers the payment on the card and this is how the social security reimburses the patient for their visit. Adults pay 25 Euros per consultation and children under 5 years old are charged 30 Euros. When a procedure is done or a patient is seen on a home visit the charge increases accordingly. These are nationally agreed costs although some GPs do charge more. Generally, the social security pays for 70% of the consultation, unless the patient has a chronic disease or low income when it pays 100% of the costs. The remaining 30% is usually reimbursed by the patient’s personal health insurance “Mutuel”, which most people in France have. In the end the patient is only charged about 1 Euro for the consultation with the GP if they have insurance. The cost of insurance depends on the type of insurance the patient chooses, their age and co-morbidities. For someone in their 20s with no past medical history this is usually 20 euros a month but for someone in their 60s it is normally about 200 euros a month. There were very few DNAs or “poser un lapin” as the French say; during my stay there was only one and the patient had a learning disability and a mental health diagnosis and was coming to the practice very frequently for reassurance anyway. I wonder if this is because patients would still pay for the consultation if they missed it, although if they are 100% funded by social security, they don’t pay.

Even a medication like paracetamol is prescribed by its trade name “dafalgan” or “doliprane” and this was one area of the exchange I found quite challenging as I would frequently not know what medication was being prescribed until Dr Droin told me what the generic equivalents were. In France they also use combination medications, frequently for hypertension. The cost is the same regardless of which drug company has produced the medication and the patient is reimbursed in a similar fashion to the consultation for their prescriptions.

If a patient needs to be referred to a specialist Dr Droin produces a referral letter which he then gives to the patient. The patient often knows of a specialist they want to see and calls up the specialist to arrange an appointment. If they don’t know a specialist, Dr Droin would recommend one locally, but again, unless it was an emergency, the onus is usually on the patient to arrange the appointment. It appears that a lot of specialists work in clinics outside of the hospital and I understand that’s because the pay is poor in hospital in comparison so most specialists tend to move in to the community for outpatient work. Usually Dr Droin would receive a letter from the specialist detailing what happened, but not always. Usually he would receive 5-6 letters a day in the post from specialists and would scan these to the notes himself. There would be normally be no action in the letter for him to do and it was more for his information.
Patients can be seen at another GP practice up to 4 times in one year but their clinical dossiers are not linked. Indeed, France seems to have the same trouble as we have with different computer systems in primary care, and if a patient moves surgery the dossier is printed and sent to their new surgery. There doesn't appear to be an electronic transfer of notes.

Doctors are monitored on their rates of referral and prescriptions but there isn’t an appraisal or equivalent for qualified doctors. Government incentives such as QOF also don’t exist which means, I think, that if patients do not attend for their prescriptions or reviews, the doctor may not know. Screening exists for breast and colorectal cancers. There isn’t a cervical screening programme, however, most women have a smear test every 3 years. Gynaecology, in addition to psychiatry and ophthalmology are the only specialities a patient can see a specialist without a referral from their GP.

Morning commute

As Dr Droin is a GP trainer I was able to join a session that he facilitates at the medical school in St. Etienne for GP trainees in their second year. It was called “les groups d’échange de pratiques” and is similar to problem based learning. The trainees present a piece of research on a topic to a group of 15 or so of their peers. The topic is chosen based on their clinical experience where they felt they had a gap in their knowledge. They also discuss interesting cases and it is a forum for discussing any concerns they have in their placement. There was a very interesting presentation on “mésothérapie” which is a technique I had not heard of before. It is where very fine needles inject a substance, often a local anaesthetic, into the dermis and is used to treat pain. It is not evidenced based but anecdotally there are good results. Unlike the UK doctors can recommend treatments that are not evidenced based. They also can prescribe some homeopathic treatments. I also learnt about the French vaccination programme during this session and that there is poor uptake throughout France as parents have fears about the side effects of the vaccines and that this fear is sometimes propagated by people, sometimes even nurses, who are ‘anti-vaccines’.
In terms of training the French have a “concours” system where after each year of medical school only a percentage of students are accepted in to the next year. The percentages are shocking with only 15%-20% of students who had taken the first year in St. Etienne passing the exams to enter the second year. After six years of medical school the student chooses a speciality and a town or village to work in and based on their grades they either get their first choice or lower down their preference list. It seems that if, for example, you wanted to do dermatology in a certain area but you didn’t get a place, you might quite possibly end up doing a speciality that wasn’t your first choice in order to work in a certain area. To become a General Practitioner in France the training is 9 years including medical school with only 12 months of this in General Practice. Trainees have to complete placements in paediatrics, obstetrics and gynaecology and A+E.

I really thoroughly enjoyed my stay in Marlhes. Dr Droin is an excellent physician and teacher, well loved by his patients and colleagues! I feel very privileged to have had the opportunity to work with him. He and his family were so welcoming and I certainly enjoyed the very best of French cuisine. Johanna, the GP trainee, gave me a tour of St Etienne and I spent time with the owners of the gîte where I was staying debating French and British politics in view of the recent elections in both countries (and Brexit)!

Prior to my visit, I, like most doctors in the UK, believed that the National Health System was the only way to deliver high quality healthcare. Now, however, I have discovered a different system also of a very high standard. I think there is so much European doctors can learn from each other to further develop our own local and national practice and I would encourage all doctors to participate in a similar exchange to help facilitate this. My time in Marlhes was incredible and an experience I will never forget. I thank the founders and the Hippokrates Exchange teams who help continue such a wonderful scheme.