It was in my teenage years, whilst studying French and enjoying foreign cinema, that I stumbled upon a film called *L’auberge espagnole*, which introduced me to the existence of the Erasmus programme. Always wishing to partake in such an exchange, the opportunity presented itself in an email from the RCGP. After speaking with Dr Bernadeta Bridgwood and reading through her words of wisdom exchanged via a few emails, I applied without further thought. And as luck would have it, I was given the chance to take up one of the two grants available, to experience the life of a GP working in France. I was content beyond words.

I had the privilege of working in the beautiful town of Millau, situated in the south of France, approximately 1h30mins from the university town of Montpellier. The town of Millau has a population of approximately 24,000 and is in the commune of Aveyron. I was based primarily at the *Maison de santé des Ondes*, which is the equivalent of a polyclinic in the UK. It was here that I had the absolute pleasure of working alongside Dr Marie Lemanissier for two weeks.

I would like to begin by describing how the French healthcare system works and is funded. The WHO described the French healthcare system as “the best performing in
the world in terms of availability and organisation of healthcare providers” in 2000. Rather like our NHS, it was a product of post-war pride and heritage, founded in 1945.

The French system is funded primarily by compulsory national health insurance, with premiums deducted automatically from one’s salary. The system is predominantly patient-centred and is also a mixed model system, with both public and private healthcare provided. Laboratories for blood tests and scans are all privately owned and much like in the UK, private organisations in France provide no acute care at present, and are mostly centred on conducting outpatient consultations and performing elective surgery. The French government refunds 70% of care costs, and for those with chronic conditions, a 100% refund is provided. Approximately 77% of France’s health expenditure is covered by government funded agencies.

All legal residents in France are to have *l’assurance maladie* (*health insurance*) but there is also a new universal healthcare insurance system known as the *Protection Maladie Universelle* (PUMA), which replaced the old *Couverture Maladie Universelle* system. There are charges payable at the point of use for services, such as when visiting the GP. For this reason, many often apply for additional private health coverage, known as *mutuelle*. The PUMA scheme allows all legal residents in France to stay with their health insurance plan despite changes in either their employment or personal circumstances. The change in system has also significantly reduced the administrative burden placed on doctors. The PUMA system also allows all EU and non-EU citizens to apply for their *carte vitale* (*health insurance card*). This must be brought with them for all appointments. The excellent thing about this card is that it contains the health records of each individual patient, as well as their eligibility to access public healthcare. This also prevents the issues of IT fraud and information governance, which we sometimes face in the NHS. The *Maison de santé des Ondes* consisted of 5 GP’s (known in French as ‘médecins généralistes’), 2 Osteopaths/Kinésithérapeutes, 2 podiatrists, 2 rheumatologists, 1 clinical psychologist, 6 nurses who worked on site and in the community, as well as a Sophrologist. During my time there, I shadowed Dr Lemanissier in the ‘cabinet médical’ (GP consulting room), which allowed for an excellent opportunity to interact with the patients that presented. I was also exposed to the workings of some of the other specialists mentioned above.
A typical working day ran from 9am till 7pm. It involved appointments in the mornings, dealing with general day-to-day ailments, as we would encounter in the UK. The appointments on Tuesday morning were emergency appointments. The main differences I noted in the consultations was that the pace of work seemed far less rushed and allowed for more time (on average) per patient. The total number of patients seen was less than at the GP surgery I was based at during my 6 months of ST1, however, I was informed that the number of patients seen is dependent on each GP, who is also able to decide on how many days they wish to work. Some of the GP's at the practice worked till 8.30pm and had smaller time slots allocated per patient. Minute details such as meeting QOF targets (they do not have an equivalent in France) and adhering to appointment times, wasn't necessarily a priority at the practice I was based at in France; which was interesting to see. I also noted that the general public seemed far less annoyed by unintentional delays, whilst awaiting their consultations. This may largely be due to environmental factors, but it was wonderful to see a smiling patient present through the door, despite waiting for longer than anticipated. Many patients presented with lists of problems they wanted to have addressed, and each of these was dealt with during the consultations, without there being a cap on the number of issues we could address. It should also be noted that since the 1st May 2017, the patient presenting pays 25€ for each consultation (it was 23€ prior to this). This is later reimbursed based on their healthcare needs and claim-ability status (as mentioned above).

I attended daily home visits which took place from 2pm. There were on average 4 visits per day, before we returned back to the surgery for the afternoon clinic which ran from 3pm-7pm. These were mainly to patients who were either too frail to leave their homes, or those who were flagged up by our nursing colleagues during their home visits. Other visits involved attending care homes and respite care facilities in the locality. An interesting home visit I recall was for the review of a 48 year old gentleman, who presented with a 1 year history of ongoing headaches. The pain had worsened over the weekend and his wife was concerned this may be another AVC (the French for ‘stroke’). On neurological examination, we found he had cerebellar signs and
naturally, he needed to attend A&E. The referral system is primarily done on paper; however doctors can also call A&E, to inform them of an attending patient. A handwritten note with a preliminary diagnosis is provided to the patient (for the attention of the examining doctor in the hospital), and if they need transport, a second form is completed to allow for the family to call an ambulance and be reimbursed for this via their health insurance. Again, it was interesting to see that their system is rather like ours, whereby we now have a screening system prior to an ambulance attending to a patient, as well as the ways of referring patients.

**Conducting memory tests on an elderly patient whilst on a home visit with a nurse**

The surgery also holds a weekly doctors meeting, every Thursday morning. This provided an opportunity to meet the other doctors at the practice, who were all very welcoming, and had varied experience in multiple specialities. This session was mainly used as a discussion forum, whereby all the doctors in the practice discussed cases they wanted some help with (in a balint group like format), or raised any general concerns they had. It was a pleasant start to the morning and I would like to see if this can possibly be implemented into the surgery I shall be placed at during my ST3 year, as a way of team building and improving work relations.

I noted that there was a good amount of health promotion around the practice, as well as in the consultation rooms. Posters in the waiting area included ones about vaccines (the ministry of health in France have very recently increased the number of vaccinations needed), the efficacy of generic medications being equivalent to the branded versions, tests de dépistage (national screening protocols – interestingly, they did not have one for prostate cancer detection), contraception and mental health promotion.

All the consultation rooms were spacious and well equipped. An interesting kit I found in each of the doctors consultation rooms was a *Streptatest exacto* for Group A beta haemolytic streptococcal detection. It was an easy to conduct test involving a throat
This project is funded by the European Union.

swab and 2 chemical reactants that were placed together into a disposable plastic tube. It took a few minutes to produce a result and its use has markedly reduced the prescribing of antibiotics at the practice I worked at. I also learnt that they do not have pharmacists who audit the number of prescribed medication at each practice, as we do in the UK.

A delightful poster (left) promoting vaccinations, found in the hallways and reception area at the maison de santé

**Linguistically and culturally speaking**, this was a truly wonderful experience. All consultations were carried out in French and I was able to speak with patients and their families throughout my time there. Dr Lemanissier was more than happy for me to proceed with commencing the consultation and asking questions, as well as examining the patients we saw and taking a history to improve on my skill in medical French. Through reading daily correspondence from specialists in secondary care about our patients, I was able to pick up on medical terminology such as common abbreviations for conditions (‘VIH’ for HIV etc), as well as how examination findings are presented in French. This made for an interesting consultation one afternoon whereby I presented my clinical findings (as I had picked up from the clinical letters) to Dr Lemanissier, and she was more than complementary of this. I am grateful to Dr Lemanissier for allowing me to gain as much from this experience as possible.

**A poster (right)** I found in the patient reception area promoting the use of generic medications and their equal efficacy

The Erasmus exchange is beautiful in that it promotes both work and immersion into each countries culture. This region of France is famed for its culinary traditions, as well as its outdoor activities and is situated amidst the beautiful surroundings of gorges, vast mountains where people are often seen paragliding and partaking in ‘le traille’, as well as being the home of many of the ‘plus beaux villages de la France’ (an independent committee formed to
promote towns across the country that are deemed the most beautiful). I spent the evenings after work visiting many of these places, and making the most of this wonderful natural setting. Spending time with the nurses, doctors and other healthcare professionals; they all recommended something else to try and were a wealth of knowledge about the region. One evening, I was kindly invited by Marie and her family to a summer food festival in the mountain town of Montredon in the Larzac region, which made for a wonderful end to my two weeks in Millau.

Would I recommend this experience to others? **YES OFCOURSE.** I am so very grateful to the RCGP for giving me this wonderful opportunity. I feel I have learnt so much and made firm ties with many people in wonderful town of Millau, due to the excellent supervision provided by Dr Lemanissier. I cannot recommend this experience more highly. It forms an excellent stepping stone for those interested in utilising a foreign language in the medical setting, and will truly remain one of the best experiences I have had since being a doctor. I hope many others will choose to take up this incredible opportunity and gain as much from it as I feel I have.