



Royal College of  
General Practitioners

**Erasmus+ funded Hippokrates Exchange Programme**

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**Participant report**

**Dr Catherine Quinn– France – 12/01/2020 to 25/01/2020**

I have learnt many things about the differences and similarities between general practice in France and in the UK during my stay here. In France, they study for six years in university to become a qualified doctor. They then complete six years in which they work in a hospital rotating around different jobs then following this they do three years in general practice for being a fully qualified 'medecin generalist'. Therefore, in total this takes nine years which is a stark difference from our three years in general GP training and two years in foundation training prior to this!

I was hosted by Dr Pauline Girard who works in a GP surgery with seven other GPs in Grenoble in France. She works in the surgery two days a week and spends two days in Grenoble University teaching GP trainees here. She also spends a half a day a week doing home visits to her regular patients which can include nursing homes and also has half a day a week to do some administrative work including meetings. She taught me a lot about the structure of general practice in France and allowed me to spend time with her and her colleagues to help to allow me to understand the role of the GP in their community.

Dr Girard is part of a fairly new organisation in Grenoble ('pole de sante') in which there are multiple members of the MDT who work together to create a new structure for the community to improve patient care. This type of organisation is quite common but perhaps quite mature in the way it is organised compared to others. The organisation is aimed to help these types of people with chronic problems as well as social problems. The organisation uses positive psychology patient education and physical activity to help with their patients' health problems. During my time with Dr Gerard I attended meetings in which they would discuss patient education classes and ways to receive money from the government for these patient education classes for the community. Below is a poster advertising their organisation.





**Les infos du Pôle de Santé Interprofessionnel universitaire**

## IMPACT

**Un objectif :**  
Impact est un dispositif pour accompagner des personnes face à une situation complexe :  
- Pathologie chronique  
- Problématiques sociales  
- Accompagnement ressenti difficile par les professionnels  
Le premier objectif est d'aider le patient à accéder aux droits. Le second est de l'accompagner vers une autonomie dans son parcours de santé.

**Les outils :**

**Un médiateur en santé pour un accompagnement individuel**  
- Aide administrative dans les démarches en lien avec le système de santé  
- Accompagnement physique aux rendez-vous  
- Accompagnement général dans le système de soin

**Un accompagnement en groupe**  
Des activités innovantes pour améliorer la santé globale, par exemple :  
- Psychologie positive  
- Littératie en santé  
- Activité Physique Adaptée  
- et des projets : jardinage, expression artistique, relaxation, danse...

**Un interlocuteur :**  
**François CROAIN**  
06.89.24.24.99    francois.croain@psip-smh.fr  
Le lundi : 8h30 - 12h30 et du mardi au vendredi : 8h30 - 16h  
16 avenue du 8 mai 1945, à St Martin d'Hères

I learnt that each GP is self-employed. They rent their own room in a GP surgery, buy their own equipment, pay a secretary and also an accountant to manage their money. They have a list of patients which are entirely theirs. Their patients can see another doctor if their own GP is on leave/they need urgent assessment but otherwise they see the same GP. This definitely helps the doctor-patient relationship and helps with continuity of care.

It costs €25 to see a GP for an adult and €30 for a child. The patients however do not pay for this, or if they do, it will be reimbursed by their public or private health insurance. A patient may have public or private health insurance in order to pay for this depending on their job and their income. It seems the GPs I observed all operate differently. Some ask for the patient to pay upfront and they will be reimbursed later by their health insurance. Other GPs use a software system in order to register the patients' attendance and get paid by the health insurance companies themselves. Each patient has a 'carte vitale' which is their social security card. The GP use this to register the patients' attendance to clinic.

As the GPs are self-employed they can choose how many patients to see in a day and how long each consultation will last. Most GPs that I observed have 20 minutes per appointment which allowed for quite a thorough history and examination. I noticed a difference in pace during consultations compared to consultations in the UK in General Practice. In general, I saw that the GPs do most things for their patients including assessing developmental milestones in children, vaccinations and reviewing diabetic





medications. They do clinical work that perhaps GPs in the UK, in general, have handed over to nursing staff in their practices.

I observed Dr Girard visit a few nursing homes on one afternoon. One nursing home was a public nursing home and one was private. It was interesting to see the difference inside the buildings. Both nursing homes had different software which again was different to the software that Dr Girard uses in her practice. It seems this provides some difficulty for GPs that review patients in many different nursing homes as they need multiple username and passwords and can cause multiple problems. The visits in the homes were routine appointments to see her regular patients. She would complete a routine health check and review their medications and re-prescribe them for another three months and so she would not see them until another three months unless they had any urgent problems in the meantime.



*An example of the doctor's office one of the nursing homes and a typical patient's room*

A difference that I noted in articulations was that patients needed a sick note ('arret du travail') if they were to take even a day off work in order to be paid by their employers. This was a huge difference to practice in the UK, where we can self-certify for 7 days before a patient needs to attend for a GP review. Therefore, I felt that a lot of 'urgent' appointments were often used for these sick notes for illnesses expected to last less than a week, and perhaps didn't actually need much GP intervention. It was also interesting to note that as a GP in France is self-employed, if they were to take a day off work due to sickness then they would not get paid!

I remember a case in which a patient attended for a routine review (GPs tended to review their patients face to face every 3 months to complete a medication review before prescribing another 3 months of medications). She was a 40-year-old woman





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with a psychiatric history of depression. She had attempted suicide recently by overdosing on her medication. At the time of review, she had nursing staff coming into her home three times daily to administer her oral medication so that she did not have any medication available to her in her home. This interested me as I'd not seen this before and couldn't help but think that this patient would have been admitted to a psychiatric unit in the UK due to her high self-harm risk and due to our lack of community resources, this could not be possible. However, another huge difference in this case was that the psychiatrist had started her on oral antidepressant medication and not written to the GP to inform him. This then meant that the GP was carrying out a medication review without actually knowing what psychiatric medication the patient was taking, and the patient did not know as the nurses were administering it to her. It seems that lack of communication from secondary care seemed to be an ongoing problem.

Overall, this experience was one that taught me a lot and let me gain insight into, in my opinion, a great healthcare system. This experience was invaluable, and I feel that it highlighted both the benefits and drawbacks of our own healthcare system in the UK and perhaps places for us to learn and to consider in the future! I am very grateful to Dr Girard, her colleagues and the Erasmus Plus programme for allowing me to have this experience!



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