

Through the Hippocrates exchange programme, I was given the opportunity to shadow a French GP trainer, in the town of Chef-Boutonne, in Poitou-Charente, between Poitiers and La Rochelle in France.

I was warmly welcomed by Dr Touzard into her home and medical practice. She is probably one of the few GPs left in France who lives and works in the same building. Living area is on the first floor with consultation rooms on the ground floor and basement. I was surprised to find out that the working day was long - 8 AM to 8 PM, with each GP working independently and doing a mixture of consultations and home visits each day. I, however, thoroughly enjoyed the one hour lunch every day prepared by the secretary. This is a unique set up and I certainly feel that lunch in the UK is not viewed as such an important meal as it is in France.

Obesity is not such a problem in France, and meal times and lack of snacking surely must contribute to this, but the low obesity rates may well be reflected by the integral role of the GP in promoting healthy living. This was done with every patient systematically, no matter the reason for the consultation. Maintaining a healthy weight was raised again and again with patients as an issue. I feel this is something I should certainly take note of when I return to Glasgow. However, I feel many Glaswegians tend to have several lifestyle issues – obesity, smoking and high alcohol consumption –so tackling all of these issues in ten minutes is very difficult. The French GP has the luxury of choosing the consultation length which ranges from ten to thirty minutes. Generally consultation length is 20-30 minutes. Patients pay for each consultation directly with the GP. The patient is re-imbursed 65% by the state and normally have private health insurance which covers the rest. Some patients with chronic diseases are reimbursed 100% by the state. Seeing money exchange hands was strange for me. I feel it would make saying no and using time as an aid to diagnosis more difficult.

The GP is responsible for monitoring chronic diseases in France. The role of the practice nurse does not exist. Medical management of chronic diseases are similar to Glasgow with a few differences - notably in the drugs that are prescribed –they use the same families but different types e.g. Use macrolides but prescribe roxythromycin, they prefer to prescribe amiodarone rather than digoxin. Patients are reviewed when they need a new prescription. Generally scripts are given on a 3-6 monthly basis. The repeat prescription system present in the UK is nonexistent in France. But this way of issuing scripts certainly encourages monitoring of patients on a regular basis. The taking of blood pressure is a regular occurrence in the French consultation and patients expect it to be done. Surprisingly, French patients in this area could name a recent weight, height and if presenting with a fever could recall an actual temperature. This contrasts strikingly with Glaswegians I see, who often don't own a set of scales or a thermometer. As well as a GP emphasizing lifestyle risks, patients can be referred by the GP to a specialised nurse who explores patients' motivation to change lifestyle and the barriers they face. They provide practical solutions to empower patients to make active changes. This specialized nurse has only recently been introduced and there are only 22 of these currently in France with most in the area where I was.

The GP has a pivotal role in encouraging people to attend screening and organising this. Screening is done, as in the UK, for breast (mammogram), cervical (smear), colon (FOB) cancers. In addition, they also offer colonoscopy screening of patients with whose relative has had a diagnosed dysplastic polyp or bowel cancer. This screening either

commences 5 yrs before the age at which the relative was diagnosed or from the age of 50.

I do not think colonoscopy is an acceptable screening test as it is uncomfortable and unpleasant. In France it is done under a small general anesthetic with an anesthetist present. Patients are however allowed home on the same day, to have the whole process repeated 5 years later. Having an anesthetic certainly makes it a much more acceptable screening test and decreases the likelihood of perforation as the patient remains still, although the risk relating to anesthetic is always present. It is indeed food for thought.

The GP undertakes child health surveillance, in those children who are not unwell. Unlike in the UK, the GP regularly sees the child in their first 2 years to ensure correct development. This GP practice is in the countryside, where access to a health visitor can be difficult. There is a big emphasis on vaccination but it is not obligatory. What is good is that they vaccinate against hepatitis B as part of their vaccination routine.

They also can manage the care of woman with uncomplicated pregnancies till they attain a gestation of 24 weeks. They are required by law to check rubella levels every month if the woman has low or nonexistent titres on blood tests. There have been outbreaks of rubella in this area and so they are very vigilant. The care of the pregnant woman was once the role of the British GP and I think I would have enjoyed offering this care. Midwives now follow the care of woman with uncomplicated pregnancies in the UK. GPs also have a role in other aspects of woman's health. They do smears and will regularly do a breast exam as well as they feel their patients never examine their breasts.

Surprisingly a high number of consultations are carried out in English due to the high number of retired English people in this area of France. Those doctors who enjoy speaking English can easily see 3 patients a day without an interpreter. Unfortunately these English pensioners may have been in the country for several years but often cannot speak French, much to the annoyance of the local doctor! However, most of the local French GPs seem to have a good grasp of English, being bilingual however did come in handy.

Both health systems have positives and negatives, shadowing in France for 2 weeks has enabled me to take a more detached view of the British system. There are some similarities and differences in the role of the French and Scottish GP. I found that the French GP dealt with a wide range of care and therefore has a wide range of skills. In the UK some of this care is delegated to nurses, which can be more cost-effective. The French medical system is currently experiencing a paradigm shift. Doctors have traditionally been a one stop shop for all health issues and chronic care, the role of other medical professionals is widening, as they are seen to be more capable. The French GP's role in lifestyle change was enlightening as tackling obesity is often difficult to do for fear of causing offence. Discussing weight in the UK can be considered judgmental as it is only done where there appears to be a problem. In France, a systematic weighing and subsequent discussion enables the doctor to raise issues seamlessly.