

Training for general practice at Bobigny, Paris

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THERE are now 13 universities in Paris. Bobigny is a suburb in the North-east of Paris where the medical school of the thirteenth university has been created and is the place where, in the last year, one of the very few experiments in training doctors for general practice is being made.

Specialisation has more secure root in the minds of French patients and doctors than it has in England. A great many general practitioners in towns and cities add a specialty after *médecine générale* on their door-plates. Patients have open access to specialists and at least ten per cent make use of them. It is difficult to find a book on general practice in a Parisian medical bookshop. The setting for general practice and for the creation of a special training is therefore less favourable than in England or Holland. This may be the reason why a start has been made only recently.

The experiment at Bobigny owes its start to a professor of biology who later became dean of the medical school. He invited Dr de Butler to form a group of four who devised the course and who act as lecturers within the medical school, drawing on a larger group of practitioners to provide practical attachments. It is therefore a university venture, but it has close links with a newly formed Association of General Practitioners which is an academic body with aims similar to those of the Royal College of General Practitioners. This clearly offers a route by which ideas and experience generated at Bobigny might reach other medical schools. There is also a link with the ideas of Michael Balint, because three of the four lecturers have worked in Balint groups in Paris.

The organisation of medical education in France is not the same as in the United Kingdom. It is essential to make the differences clear. The first is that some degree of specialisation is permitted from the third year of a seven-year course. At present a young man or woman remains a student until the end of the seventh year. It is planned at Bobigny that this should be extended to nine years, with increasing responsibility and earning capacity in the last three. The change from student into doctor would occur after eight years.

In terms of our curriculum, therefore, undergraduate education at present includes our pre-registration year, but at Bobigny it includes a further year, to which is added yet another year of training after graduation as a doctor (diagram 1).

What is taught?

As there will be no medical students starting at Bobigny until next year, the present course consists of students from other Parisian medical schools who want to do a general-practice training, drawn from years seven, eight, and nine. Although they are called students their course has the same purpose, timing, and duration as a vocational training programme here:

“This course is designed, against a background of re-valuation of the general practitioner’s competence, with the fundamental idea that any coherent organisation of medical care depends on the training of generalists of high quality.”

“The organisation of this additional course finds an important support argument in the

Diagram 1
Comparison with training for general practice in the United Kingdom

Year	Bobigny	United Kingdom	
1	Sciences	Sciences	
2			
3	Sciences and clinical medicine	Clinical medicine	
4			G.P. elective
5			
6			
7			
8	M.D. Bobigny training	vocational training	
9			

mediocrity of the last part of medical studies for those students who do not want to be hospital specialists. At Bobigny, the idea is to take a new look at these three years and to organise them as teaching schemes which allow the student to move progressively towards the branch of the profession which he has chosen."

"The clinical examination and the writing of a thesis are included within this training scheme so as to ensure continuity over the two years. The student will become a doctor of medicine at the beginning of the third year of study. The third year itself will be essentially devoted to entering active practice, starting continuing training, and writing a critical study whereby the young doctor will receive the university diploma of higher training in general medicine."

"It is a question of passing from theoretical knowledge supposedly acquired and from experience limited to hospital pathology, sometimes highly specialised, to the practice of general medicine. Rarity, severity, complexity are the qualities of hospital pathology; common incidents, obviousness, simplicity, and benign outcome are the usual characteristics of the pathology met every day in the consulting room outside hospital. . . It is therefore a practical aptitude that must be developed in this training; aptitude to practise general medicine, that is to face all situations, even, or especially, those for which the advancing medical sciences have not yet found a solution, and those especially which are not the object of specialised training. . . ."

Pattern of training

A. In the first two years

Six months in a hospital post (full-time),

Six months as a locum in a chosen (usually a group) practice (nearly full-time),

Six months (part-time) in a variety of possible situations usually outside hospital.

(During these 18 months the student will be earning and has limited powers to diagnose and prescribe.)

Diagram 2
Organisation of three-year training at Bobigny

Year 7	Hospital posts (6 months) Full-time general practice (6 months—under supervision)
Year 8	Part-time work outside hospital } (6 months) Theoretical course } Elective (3 months) } M.D. examination and thesis (3 months)
Year 9	Full-time practice } (1 year) Group discussions } Preparation for higher diploma }

Three months elective. Three months for the final examination preparation (and thesis).

These practical arrangements are accompanied by a theoretical course, the main headings of which are:

- (1) Emergency medicine,
- (2) Everyday pathology seen in general practice, emphasising especially early diagnosis, family medicine, and therapeutics,
- (3) The natural history of diseases and the patient's progress through the medical services,
- (4) The extended medical team,
- (5) Psychological aspects of general medicine,
- (6) Prevention and environmental medicine,
- (7) Legal aspects of practice,
- (8) Practice organisation.

There are also some special subjects covered chiefly in evening classes, for example, gastroenterology, dermatology, gynaecology, geriatrics, renal medicine, sexology, applied therapeutics—and a Balint group.

B. The third year

This has a less structured programme. The student is now qualified and has “to verify and guarantee” the quality of the training in the first two years—by working in a practice either as long-term locum, or in his own practice. Continuing education starts now—the confrontation with new knowledge; also preparation for teaching. Group activities continue, with the personal activity of writing a second thesis (“*mémoire*”) under supervision, preferably related closely to general practice.

Methods

Within the three-year training there is concurrent teaching by doing and by theory. There is heavy stress on small group discussion—indeed this was one of the few prescriptions laid upon the designers of the course by the university.

Prognosis

“Even if we are too late for France, other countries may take notice.” This pessimism by one of the four promoters of the course sounded to me unjustifiable.

When general practice has been allowed to decay, either it is re-invented or other doctors find themselves acting as general practitioners. I have seen many other signs of life in French general practice in other parts of France and I believe there will be the same revival and the same development of training that we have seen here.

I doubt if we have very much to learn from the French at present, but the doctors whom I met at Bobigny are serious, sincere, and intelligent thinkers who are succeeding with their experiment. We would be unwise not to keep in close touch as their thinking and work develops and spreads.

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