France Consultations Report
March 21-25, 2011

Joshua Tepper, M.D.
Mathieu Dufour, M.D.

Submitted: May 31, 2011
# Table of Contents

Table of Contents

**INTRODUCTION** .................................................................................................................. 3
International Consultations ................................................................................................. 3
Conduct of the Study .............................................................................................................. 3
Outline of the Report .............................................................................................................. 3

**ORGANIZATION OF MEDICAL EDUCATION IN FRANCE** .................................................. 3

**OVERVIEW OF CURRENT AND FUTURE ISSUES IN MEDICAL EDUCATION IN FRANCE** .... 4
Structure
Curriculum
Health Human Resources
Governance
Transitions
Interprofessionalism
Social accountability
Assessment
Specialization vs generalism and CPD
Technologies
Post-Graduate representation and Collective Agreements

**KEY POINTS** .......................................................................................................................... 7

**Appendix 1:** List of People Interviewed ................................................................................. 8

**Appendix 2:** Background Information: Key Documents, Organizations and Websites .......... 9

**Appendix 3:** Medical Education Structure in France ............................................................. 10

**Appendix 4:** Family Medicine Competencies ....................................................................... 11
INTRODUCTION
The Future of Medical Education in Canada Postgraduate (FMEC PG) Project
The Association of Faculties of Medicine of Canada (AFMC), the College of Family Physicians of Canada (CFPC), le Collège des Médecins du Québec (CMQ), and the Royal College of Physicians and Surgeons of Canada (RCPSC) have formed a coalition to undertake The Future of Medical Education in Canada Postgraduate Project (FMEC PG Project).

The goal of the FMEC PG Project is to conduct a thorough review of postgraduate medical education (PGME) in Canada, establish whether the structure, content and processes of the current system are designed for the best possible outcomes to meet current and future societal needs, and formulate recommendations for change.

This 25-month initiative is focused upon gathering information and evidence for analysis, widespread consultation and engagement of stakeholders, development of themes and the formulation of recommendations for changes to the Canadian Postgraduate Medical Education (PGME) system, and some early dissemination of project findings. An extension for the final delivery of recommendations emerging from the FMEC PG Steering Committee has been granted until March 31, 2012.

The FMEC PG Project is building on the themes generated by the FMEC MD Education Project (August 2007 – June 2010) in its exploration of the highly interrelated PGME environment.

International Consultations
As an additional source of input into the FMEC PG Project process, the Steering Committee identified international institutions, locations and individuals able to contribute relevant information and examples of innovative PGME programming and processes. Many environments outside of the Canadian context were included as a method to facilitate an understanding of the following: the PGME response to societal shifts in different but comparable contexts; identification of international trends and drivers; and evidence of exemplary practices in PGME.

Conduct of the Study
We were able to arrange visits at three medical schools in France (Créteil, Nantes and Brest). In each site we interviewed recognized leaders in medical education (See Appendix 1 for a list of people interviewed). In addition, a number of key reports were reviewed in conjunction with the visit and are listed in Appendix 2.

Outline of the Report
This report is based on the notes taken during the interviews as well as key reports on medical education in France. This report is not meant to be comprehensive but to highlight key themes.
ORGANIZATION OF MEDICAL EDUCATION IN FRANCE

The French medical curriculum is divided in 3 cycles. (See appendix 3).

The 1st cycle is composed of 2 years. The first year is open to any student with the equivalent of a high school diploma (baccalaureate). This year is theory based and appears to be comparable to a pre-med program. After this first year, there is a national exam ("Concours") where a set number ("Numerus clausus") of students will pass and will then be selected to continue in medicine. Those who do not pass can re-do the exam in the following two years or re-orient their career path towards professions such as pharmacy, dentistry or midwifery. As many as 1000 students can write the exam at one university and only approximately 200 students will continue into the 2nd year. The second year of the first cycle is the defacto first year of medical school. Medical students begin with a 4-week rotation in nursing where their primary supervisors are nursing staff.

The 2nd cycle lasts 4 years. The first year is a continuation from the first cycle where teaching is classroom based. The last three years are clinically-based learning ("Externat") similar to clerkship years in Canada. At the end of this cycle, all medical students write another national exam ("Épreuves classantes nationales"). The purpose of this exam is to ordinal rank medical students by their exam results. The highest rank medical student has first choice of hospital based ‘post-graduate’ programs and the process continues until all medical students have made a choice. The hospital-based programs do not participate in the ranking of the candidates. Similar to Canada programs such as radiology and surgical sub-specialties are selected earlier and large urban-based programs are also preferred.

The 3rd cycle represents the post-graduate years ("Internat” or “DES: diplôme d’études spécialisées"). General Medicine (similar to Family medicine in Canada) is a 3-year residency program. Other specialties are 4 or 5-year residency programs. At the end of the programs residents are required to write a thesis that can take the form of a literature review or a research project. There are no national certification exams at the end of their residency. There are some initial discussions about developing regional certification systems.

For further specialization new graduates can choose extra training: diploma, capacity or seminar. Around 15% of residents will pursue this option.

OVERVIEW OF CURRENT AND FUTURE ISSUES IN MEDICAL EDUCATION IN FRANCE

Structure
- The current medical education structure in France will likely change in the next five years as the European Union (EU) will standardize academic structures such as medicine (Bologna framework). The goal is to have the same academic tiers in all EU countries: baccalaureate, master and doctorate.
- Tuition fees are 241 Euros per year throughout the 3 cycles. This low cost is done to help ensure accessibility.
Curriculum

- Strong theoretical knowledge base with an optimal service to education balance
- Robust clinical teaching with committed teachers in academic hospitals
- No formal academic days and modest protected time (up to one day per week) for research, study or other.
- Most formal teaching rounds happen regionally where residents from the same specialty will meet for two days at one hospital to attend lectures all day. These formal academic activities are organized 4-5 times per year. There is almost no use of distance education to facilitate these regional events.
- For Family medicine, fifteen one-day education seminars are organized annually. Similar to Canada, Family Medicine programs have had a recent increase in capacity over the last ten years. Now officially recognized as a specialty the medical education in FM is one of the more advanced program in France in terms of curriculum design and evaluation.

Health Human Resources

- It is predicted that until 2020 there will be a shortage of physicians
- In 1980-90s, a decreasing numbers of physicians were trained mostly because of financial costs
- Starting in 1995 the government increased the number of medical students.
- To increase the capacity of training more residents some efforts are made to increase participation from community physicians. Some tensions exist between the academic teachers who see the community physicians less able to provide clinical teaching. Also residents tend to engage in more service-driven activities in the community settings than experiences that would bring an educational value to their training. The Canadian decision to pursue DME as a means valuing community based training seems less defined in France. DME is driven solely by capacity issues.
- Family medicine will soon be a 4-year program (vs a 3 year-program). Instead of being primarily hospital-based the new FM program will now include 1 or 2 six-month rotations in the community in order to train the residents in the clinical settings they will eventually practice.

Governance

- The governance structure is decentralized.
- The central government sets a national list of objectives for each specialty from discussions with appointed physicians leaders.
- Universities then decide whether they will apply this list of objectives. More than thirty Faculty of Medicine Deans in France will meet on a monthly basis to discuss national issues regarding medical education.
- No formal accreditation process exists to assess the application of the objectives.
- Universities make the decision for promotion based on clinical assessments and annual local exam results. There are no national end-of-training certification exam.
• The central government also establishes the number and the allocation of residency spots

Transitions
• UG to PG
  o Medical students sometimes don’t feel prepared for the residency as they had focused mostly on their exams (“Épreuves classantes nationales”) and less on patient care.

Interprofessionalism
• A hot topic in French medical education.
• Until 2020 there will be a shortage of physicians. To help carry the increased load of patient care new graduates want to work with other professions (nurses, social workers, etc).
• Nantes hosts an interprofessional pilot project in several community family medicine clinics where different professions work collaboratively. The goal of this project is to enhance collaboration and expose family medicine residents to community settings. Historically most family medicine rotations are based in tertiary-care academic centers.

Social accountability
• Some discussions on this topic in France and a desire to better integrate into the curriculum
• Hyper-specialization is highly valued in medicine as opposed to generalism. This has not necessarily created a workforce able to meet population needs.
• In some parts of France, a regional body has been created to help address this problem. The regional health agency (“Agence régionale de la santé”) has a primary role in defining the needs of its population and to influence medical education toward meeting these needs.

Assessment
• Based primarily on the final thesis and attendance at seminars
• Assessment of clinical judgment and skills will be developed via more extensive simulation and direct-indirect supervision.
• Family medicine is more advanced in the competencies assessment. Six key competencies were developed (See appendix 4). There is no CanMeds equivalent which was seen as unfortunate and a future goal.

Specialization vs generalism and CPD
• Recruitment more difficult in general specialties such as family medicine as most UG material is taught by “hyper”-specialists.
Exposure in the 1st and 2nd cycle in Family medicine is limited. There is no mandatory rotation in this discipline and the medical school capacity to receive students in FM is also scarce.

Post-residency training (Continuous Medical Education) is a growing field in France
  - Diploma: one-year part-time program
  - Capacities (“Capacités”): two-year part-time program
    - Examples include
      - Emergency medicine (From Family medicine)
      - Geriatrics
      - Allergy medicine
      - Disaster medicine
      - Tropical medicine
  - One-day seminars

There are significant opportunities for re-entry into PG training

Technologies
  - Technology (simulation, tele-video etc) for enabling education is not widely used in medical education except for some procedural specialties (eg anesthesiology) where some simulation labs are used.

Post-Graduate representation and Collective Agreements
  - Two professional associations represent family medicine (ISNAR-IMG) residents and other specialties (ISNIH) separately. They negotiate directly with the central government to set financial compensations. Residents have a dual status of hospital employees and learners.

KEY POINTS

- A different governance system with more decentralization to the universities and no national certification bodies
- A growing alignment with the value of a CanMEDS competency approach
- Increased training in multidisciplinary team, especially in distributed sites
- Strong clinical exposure and focus on medical knowledge
- Low tuition activity helps ensure fair accessibility to medical training
- Selection criterion based on results of exams opened to all
- Flexibility in getting extra-training (“capacité” or diploma) and opportunities for re-entry
- Opportunities to modernize undergraduate curriculum around competency, social responsibility
## Appendix 1: List of People Interviewed

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catherine Bertrand</td>
<td>Head</td>
<td>Service Aide Medicale Urgence (SAMU)</td>
</tr>
<tr>
<td>Olivier Henry</td>
<td>Chef de service, médecine gériatrique</td>
<td>Université Paris-Est Créteil</td>
</tr>
<tr>
<td>Jean Jouquan</td>
<td>Editor</td>
<td>Pédagogie Médicale</td>
</tr>
<tr>
<td>Pierre Pottier</td>
<td>Chargés 3ème cycle, Chargé de la pédagogie</td>
<td>Université de Nantes</td>
</tr>
<tr>
<td>Rémy Senand</td>
<td>General Medicine Program Director</td>
<td>Université de Nantes</td>
</tr>
</tbody>
</table>
Appendix 2: Background Information: Key Documents, Organizations and Websites

Organizations


InterSyndicat National des Internes des Hôpitaux, http://www.isnih.com/v2/

University of Paris-Est Créteil, Continuous Medical Education curriculum http://medecine.upec.fr/enseignements/formation-medicale-continue/

Reports

Appendix 3: Medical Education Structure in France
Appendix 4: Family Medicine Competencies