Where Shall John Go?

France

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Medicine is an almost unique profession because doctors can find employment fairly easily in other countries. Those of us who have sought a change from the National Health Service have presumably done so for many different reasons. Most of the annual exodus of British graduates will be seeking employment in English-speaking countries. It is now, however, becoming clear that such countries are nearing self-sufficiency in medical manpower and for this reason it will certainly be more difficult to gain entrance in the years to come. As a member of the Common Market we shall presumably benefit from an easing in the regulations governing the exchange of doctors between member countries. Until now, most doctors looking to France as a change have been thinking in terms of a short period of work in a good hospital offering some particular experience. As a senior registrar, I was given the opportunity of spending a year abroad and I chose France, believing that this would offer a complete change both medically and socially.

Essentials for living in France

Most of us have visited France, but in view of its nearness it's surprising that so few have worked there for any length of time. Paris is only 50 minutes by air, eight hours by train, or an unhurried day's boat and car journey from London. Despite this advantage, perhaps the chief reason for choosing France is that it offers a complete contrast to our own way of life. Clearly it is essential to master the language—I started with enough French to understand the menu and to finish up with what I thought I had ordered. Assuming that you also have this rudimentary knowledge, then with some effort you may expect to be fluent within six months of arrival. I found certain things of value in hastening progress towards fluency. There is little to be gained from arming yourself with self-instruction books before leaving, as you will soon learn that there is no substitute for complete exposure to spoken French; and you will certainly not succeed in slowing down conversation enough to use textbook language. Nevertheless, it is certainly worth while tuning in to French radio as much as possible, reading French newspapers, and perhaps taking a short course at a language college. Once you are there, you must take every opportunity to speak French, and the usual reluctance of the British to make fools of themselves will have to be overcome. Furthermore, it is essential not to allow the French to impress you with their command of English (as they will certainly try to do). If your progress is slow, the "Alliance Française" offers excellent language courses which you may take either before or after normal working hours.

When I arrived in Paris I needed to arrange schooling for my two children. This particular problem should be overcome before you travel as it will have important implications for your way of life. It is best to find the school first, and then to arrange accommodation nearby. The choice of schools lies among the French Government schools; the very expensive American English-speaking schools; and one of the many small private schools. The standard of all these is excellent, but I would strongly advise the last-named possibility. There are several small private schools scattered throughout Paris and in other large cities in France. Fees vary considerably but many of them tend to charge according to the income of the parents. The fees for my two children were only about £30 a term (which was even less than the cost for their excellent school meals). Given suitable schooling, accommodation is the next requirement, and this will probably be your major financial concern. Unless you can find a rent-controlled property, which is most unlikely, the average monthly cost for a two-bedroomed furnished flat on the outskirts of Paris is about £120 a month. If you wish to live within the *boulevard périphérique* you will certainly have to pay double this. Early on you will be shocked by the cost of food, although small savings can be made by using the local open markets. Visits to these markets at the weekends are always amusing and the fresh food that they sell is of the highest quality. The cost of travel in France is also very expensive: petrol is now over £1 a gallon; motorway tolls are an added burden; and car insurance for the foreigner in a city the size of Paris will cost at least three times that in Britain.

These economic woes are not meant to deter—they are included merely to emphasise the need for financial planning before you depart. They will be offset by the great advantage of living in France, living alongside the French, and sampling their way of life. Undoubtedly once you are accepted, life in France is full of interest and is never dull. The French are most hospitable, and are great believers in the quality of life: they work hard and play hard; holidays are considered essential and, if you go with them, it will be an experience that you will never forget. French people still view Englishmen with amusement and curiosity, but one soon makes very good friends—particularly if one is careful to avoid discussions on politics and cricket. The only people to keep well clear of are the police, and all railway staff. Finally, never let your children cross the boule pitch; and if you must play—never win.

Medical practice and training

To the outsider the career structure for French doctors appears very complex. In part this is because of the fundamental differences between the French and British systems of medical

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education. For you to appreciate the position of junior medical staff in hospitals I must outline and explain these differences. Unlike the British computerised selection system, every French school-leaver with scientific qualifications (baccalauréat) has the right to enter first-year medical school. This first year consists of studies directed towards an equivalent of 1st MB, and this examination is the first of many hurdles that the aspiring hospital doctor must overcome; it is competitive and carries about a 25% pass rate. The student then spends two years studying towards an equivalent of 2nd MB, and it is after this that the major differences in the two systems occur. The French clinical student then becomes an "externe," and from this early stage of his medical career he must decide on his future. As an externe his duties are those of a houseman. He has full responsibility for taking notes and investigating patients (under the supervision of his seniors), but he is not allowed to prescribe drugs.

During these three clinical years the externe passes through six clinical "attachments," which are in hospital specialties of his choice. Clearly, popular studies (medicine, surgery, obstetrics and gynaecology, and paediatrics) are greatly oversubscribed. As a result of this many students may qualify without ever having examined a pregnant woman, or, perhaps, with little experience of paediatrics. In his final year the externe must obtain 13 "certificats" (equivalent to the continual assessment practised in some of our medical schools). The externe is paid a nominal sum of about 15 francs a day and he is often required to clock in and out.

Climbing the ladder

Once the externe has completed his clinical years he must decide which branch of medicine he wishes to take up. If he favours a career as a specialist or in hospital medicine, he must apply for various clinical attachments to gain experience in the subject of his choice. These attachments are for eight periods of six months each, and during this time he is an equivalent of our registrar and is called an "interne." The posts obtained are exchangeable between hospitals and thus he may spend time, for instance, as an "Interne des Hôpitaux de Paris" or "Interne des Hôpitaux de Lyons." There is considerable competition for the available posts in the major teaching centres. After two years as an interne he may write a thesis and take a competitive examination equivalent to the MRCP or FRCS. If he completes a specified number of these attachments in any one specialty he becomes a "spécialiste." To be a cardiologist, for example, requires three attachments in cardiology units (usually at different centres). At this grade he is paid about 4000 francs a month.

The next move up the hospital ladder is to obtain a post as chef de clinique (senior registrar). He will remain in this post for a maximum of seven years and at this stage of his career the financial rewards are considerable, in that he earns between 5000 and 6000 francs a month and also is allowed to practise privately. Posts of chef de clinique at the better centres are difficult to find and are usually reserved up to two years in advance. Promotion from this grade will then be into a teaching hospital consultancy or senior lectureship ("professeur aggrégé"), or direct to professor ("professeur," "chef de service"), or as a consultant in a peripheral hospital ("chef de service"). In these grades a doctor is allowed to practise privately for much of his time. Simultaneoulsy, he could expect a salary of about 12 000 francs a month. It's difficult to discover the exact earnings of consultants, but they are certainly higher than those in Britain. As an alternative to being a chef de clinique he may enter full-time private practice: a walk through the suburbs of Paris shows that most chefs de clinique choose this option. Not surprisingly, there are tremendous bottlenecks in this advancement system (even more than those experienced in Britain). Aspiring young surgeons find it very difficult to advance from externe to chef de clinique, and only the chosen few make the grade to teaching hospital consultant surgeons. There is currently much discontent with this system among hospital doctors in France and changes may be expected in the near future.

As in Britain, most externes wish to enter general practice (médecine généraliste): to do so, the externe must spend at least one year as an interne in (what is usually) a peripheral hospital. During this time the French obsession for a thesis must be satisfied, and this particular one is on a subject of one's choice—the standard varies from a trivial review of published work to a high MD standard. One great drawback is that many general practitioners may have had little experience of subjects such as obstetrics and gynaecology, or paediatrics. I know of no training schemes for general practitioners once they are in practice. The average earnings of a general practitioner are about 15 000 francs a month but this figure varies, of course, with the amount of work done.

In effect general practice is totally private. Most practitioners and specialists are what is called "conventione," implying that they have come to an agreement with the Department of Social Security as to a charge for each item of service. On this basis, the usual charge for a surgery visit is around 33 francs, for a home visit around 53 francs, and for a night call about 105 francs. Specialists, of course, may charge more for a visit and may also charge for any investigations they may carry out, such as an electrocardiogram. In return for his being conventione, the doctor is covered for social security, and for a pension. On this basis a popular, hard-working general practitioner could earn a very large salary, but few attempt to earn more than the surtax level of about 170 000 francs a year. Every consultation in the surgery or at home is a cash transaction between the doctor and his patient. Social security will reimburse the patient about 80% of these fees although certain chronic illnesses (carcinoma or tuberculosis), and all emergency treatment are reimbursed in full. Practically everyone in France pays into social security, although some self-employed people may pay into private insurance schemes.

Some personal observations

Most of my observations have concerned living and working in Paris. There are, however, many fine medical centres in other parts of France and if one seeks merely to sample "French medicine" the choice of location would be wide. It may be assumed that living out of Paris would be cheaper. My welcome in France was sincere and wholehearted and this has certainly been the experience of other British graduates visiting France for a short time. If you're looking for a change from the National Health Service, and wish to live in a completely different style, I can certainly recommend France. If you are forced to live far away from your place of work it will take your wife some time to get used to living in what will probably be a large suburban apartment block. Furthermore, most of her neighbours will be at work and it is a great advantage if she has a car for her own use. Spare time should be full of interest and novelty, and weekends or longer holidays in the country, exploring this beautiful country, will be a never-to-be-forgotten aspect of your visit. The standard of living of the average Frenchman will amaze you, but you will soon realise that this is due largely to a difference in priorities. The message is—work hard and play hard.

At the time of writing the politicians in Brussels still have to reach agreement about the mutual recognition of medical diplomas. Until this is done I find it very difficult to envisage a British graduate making a career in hospital medicine in France. The overcrowding of at least the more popular specialties and the very competitive nature of the French system as it stands today will always, I think, be severe disadvantages for the British doctor wanting to emigrate permanently to France. Theoretically, once degrees are accepted the British graduate

should be able to go straight into general practice: he will certainly be medically well educated for this. Nevertheless, the goodwill of local doctors would be of paramount importance if he is to be successful, and this seems unlikely in the present competitive society.

At this stage, therefore, I would counsel caution to those British graduates who might consider emigration to France. On the other hand, if what you want is a short-term visit of a year, then France is to be highly recommended. There are now many ways in which this is possible, as several organisations such as the British Council and the Ciba Foundation offer exchange bursaries with French hospitals for junior staff, either for clinical experience or for research. To those who decide on France I wish them "bon voyage."

Letter from . . . Brisbane

Going down first class

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Times never were normal—not within living memory. The Edwardian era led on to the first world war, the roaring 'twenties to the depression, the short-lived recovery of the 'thirties ended with the second world war. In Australia we had a period of postwar reconstruction coupled with a major migration programme, and then 20 years of prosperity. First came the wool boom of the 'fifties, then a brief expansion of the beef industry, a continuing demand for minerals, and on the domestic scene rising prices on the stock market and in real estate. In 1972 Australia had possibly the world's hardest currency, but November 1976 saw devaluation of 17·5% and the country in the grip of a malaise of epidemic proportions.

Australia's advantages

Australia has enormous natural advantages. We are surrounded by a wide expanse of ocean, policed formerly by Britain and more recently by the United States, and, though we can no longer look to powerful friends for protection, we have no immediate military threat in our vicinity. Our island is occupied by one nation, predominantly English-speaking, which so far has been free of the serious factional problems observed in some other countries with mixed communities. We export food; have vast reserves of coal, iron, bauxite, and uranium, for all of which there should be a market for many years to come; can at present provide some 70% of our oil requirements; and if ever solar power proved to be a practicable energy source will be a major exporter. With everything in our favour, with unparalleled prosperity as recently as four years ago, why are we now saddled with high-level inflation and unemployment?

Medicine is an inexact science, yet in the clinical context doctors seldom disagree—or when they do, can usually settle their differences rapidly and adopt an agreed policy, not only from a natural desire to be right, and to do good rather than harm, but also with the knowledge that errors have a habit of coming to light in the autopsy room. Lawyers are paid to disagree, and it has always impressed me that, the barristers having gone to work on contentious issues, decisions can be upset in an appeal court. Even High Court judgments, handed down by the best legal brains in the country, are sometimes majority decisions. Economics is even less an exact science. No matter what policy a government adopts, economists will give every shade of opinion about it, from full-scale approval to total opposition, and one sometimes wonders how a cabinet, mostly laymen in the economic sense, can choose among conflicting opinions offered by heads of different departments, and conflicting but urgent requests from pressure groups of various colours.

Economic problems

Should we have devalued? The commentators agree that devaluation will not solve our economic problems, but will give us a breathing space in which to get value back into the currency. In platitudinous terms, this will mean sounder government policies, better management, harder work, and better industrial relations. It will also mean greater capital investment in industry, particularly by Australians themselves. Paradoxically, there is an enormous amount of money in savings banks, building societies, and finance companies, the impression being that people are apprehensive about the future, and wish to have a nest-egg available as at least a minimum protection against adversity. For some, possible loss of job or failure of a small business would be a major worry, while others may fear a decline in the value of an investment, knowing that the worst that can happen to savings in a safe place is erosion by the effects of inflation. Common to these fears is uncertainty or lack of confidence about the nation's prospects. In my reading of economics I have not come across many references to this factor of confidence, which may play a major part in emphasising swings of the economic pendulum. Over-confidence could turn prosperity into a boom, and anxiety a mild into a major recession. Economists should collaborate with sociologists to try to define the part played by confidence and to seek methods of modifying it. I suspect that press, radio, and television play a major part in undermining confidence. Bad news and disasters seem to produce more revenue for the media than reports of continued normality, and this style of journalism may help to turn anxiety into alarm, and alarm into panic.

Economic commentators have suggested that, while all-out capitalism and communism produce viable societies, our present

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