



Research in general practice in France today: Appraisal, perspectives and challenges

Gwenola Levasseur, François-Xavier Schweyer & Jacqueline Perriniaux

To cite this article: Gwenola Levasseur, François-Xavier Schweyer & Jacqueline Perriniaux (2001) Research in general practice in France today: Appraisal, perspectives and challenges, The European Journal of General Practice, 7:2, 62-67, DOI: [10.3109/13814780109048790](https://doi.org/10.3109/13814780109048790)

To link to this article: <https://doi.org/10.3109/13814780109048790>



Published online: 11 Jul 2009.



Submit your article to this journal [↗](#)



Article views: 51



View related articles [↗](#)

Research in general practice in France today

Appraisal, perspectives and challenges

Gwenola Levasseur, François-Xavier Schweyer, Jacqueline Perriniaux

Objective: To identify what research in general practice represents today in France: results and typology, methods, the group of researchers in general practice, constraints, challenges and perspectives.

Method: The analysis of a corpus of 271 research articles obtained from systematic scanning of three French medical journals (published between 1990 and 2000).

Results: The number of publications has increased since the early nineties. A total of 161 lead authors were identified, of whom only eight have published more than four articles in eleven years. 121 articles are the result of individual initiatives, 62 are signed by several authors, 44 jointly by an author and an organisation. Applied research focused on professional practice is the main theme (one article out of two). The methods used are predominantly quantitative (8 out of 10 cases).

Conclusion: Research in general practice in France is still very limited. This raises two questions: that of the links between general practice and universities and that of the place of general practice within the French healthcare system. There are several issues at stake here: to establish the legitimacy of an autonomous deg-

ree course; to provide knowledge that will enhance individual practice and quality of care; to fit into a wider movement on a European and international scale.

Eur J Gen Pract 2001;7:62-7.

Key words: research, general practice, family practice, training

Introduction

In France, training for doctors has been provided by the medical faculties since 1803 and these have been part of teaching hospitals, under the supervision of the State since 1958.¹ Appointments in teaching hospitals depend in part on numerous publications in scientifically recognised, specialised and technical periodicals. Clinical disciplines and general practice are therefore the poor relations of the system and the latter finds itself de facto outside these selection criteria.²

However, it was only in 1991 that a decree opened up the possibility of recruiting general practitioners as associate professors or senior lecturers in general practice. Between 1958 and 1991 the teaching of general practice, even though it constituted a specific study course, was in the hands of academics from teaching hospitals. The third cycle of general practice changed in 1997 with the introduction of a six-month training period outside the hospital, in general practice surgeries. In May 2000 there were 52 teachers of general practice, including 22 professors, for the 43 French medical faculties.

At present students graduate with a medical degree in general practice after successful completion of their theoretical and practical training and defence of their thesis, which corresponds more to a set exercise than to an authentic piece of research. It is true to say that general practitioners receive professional training that prepares them for general practice and not for research.

Research in general practice in France fits at least partly into this institutional context: general practice is recognised

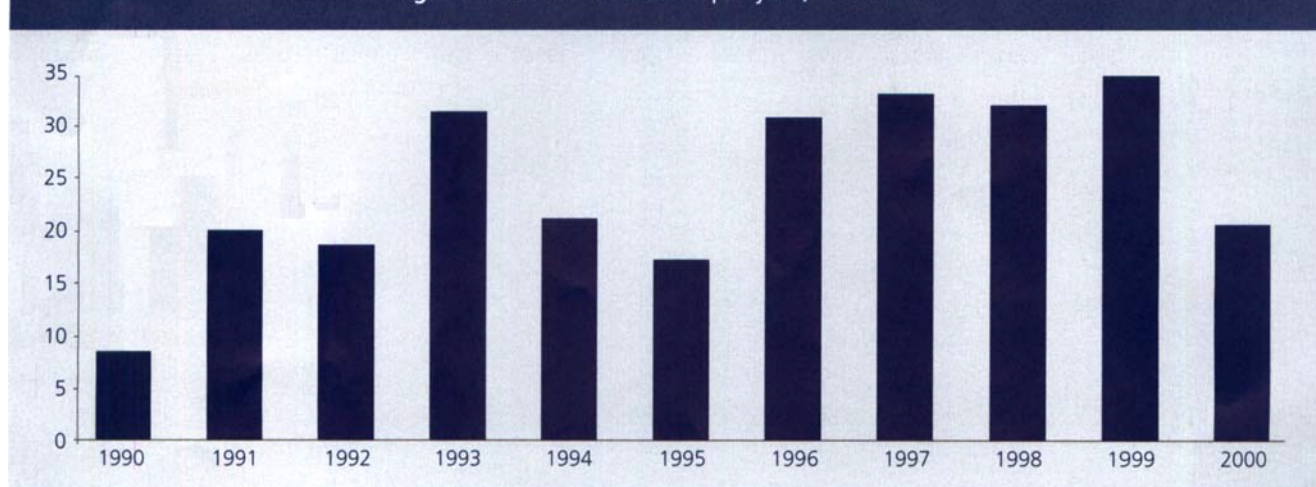
Gwenola Levasseur, assistant associate professor.
Department of general practice, University of Rennes, France.
General practitioner.
Rennes, France.

François-Xavier Schweyer, professor of sociology.
Jacqueline Perriniaux, professor.
ENSP (National School of Public Health), Laboratoire d'analyse des politiques sociales et sanitaires, Rennes, France.

Correspondence to: Dr Gwenola Levasseur.
Department of General Practice, University of Rennes, 2 Ave Pr Léon Bernard, CS 34317, 35043 Rennes Cedex, France. E-mail: gwenola.levasseur@wanadoo.fr.

Submitted: 6 February 2001; accepted: 26 April 2001.

Figure 1. Number of articles per year, 1990-2001.



within the medical faculties solely as a function of care.³ Its social and public health dimensions are ignored and this raises a major problem for the promotion of recognised research. In 1998, at the government's request, an assessment of the third cycle of general medicine was carried out in the French faculties. In its report⁴ the National Committee of Evaluation of public scientific, cultural and professional institutions identified two types of difficulties for research in general practice: on the one hand the level of training and scientific work, and on the other, the lack of relationships and exchanges with other teams and disciplines. In spite of these difficulties the profession has been active in recent years, promoting research in general practice. The study presented here aims to define, from the analysis of a corpus of publications, what research in general practice represents today in France with regard to research work and its typology, as well as to the professional group of 'researchers in general practice', as it is today, and the constraints and dynamics observed.

Method

We undertook a systematic analysis of three French

medical periodicals published between 1990 and 2000. A study of *Concours Médical* revealed a total absence of any reference to research. The corpus is therefore made up of two periodicals. The first, *Exercer*, is the fortnightly journal of the National College of Teaching General Practitioners. The other, *Revue du Praticien Médecine Générale*, is a weekly journal and constitutes a reference for general practice. Both journals were founded in 1990. We took the articles published under the heading 'research' that had appeared in *Exercer* since 1990. In *Revue du Praticien Médecine Générale* we took the articles published under the headings 'meetings' (1990-1991), 'studies' (1992-1998) and 'research' (1999-2000), as these three headings follow on from one another and give an account of studies in general practice.

Results

The corpus thus constituted 271 articles, with 161 lead authors. It should be remembered that there are 86,490 general practitioners in France today, of whom the vast majority practise independently.⁵

Publications

As shown in figure 1, the annual number of publications has been on the increase since 1990, stabilising, however, in recent years. The apparent fall in the year 2000 would seem to be due to strict criteria before publication, notably in the *Revue du Praticien Médecine Générale*. It is obvious that research activities still concern only a few French general practitioners.

The 271 articles are not all original works, as cases of 'double publication' are found, when an article is published in one journal one year and in another the next. This total of 271 articles in three French periodicals over a period of eleven years may be compared, for example, with the 114 research articles published in the *British Medical Journal* in 2000 alone.

Figure 2. Number of publications per lead author.

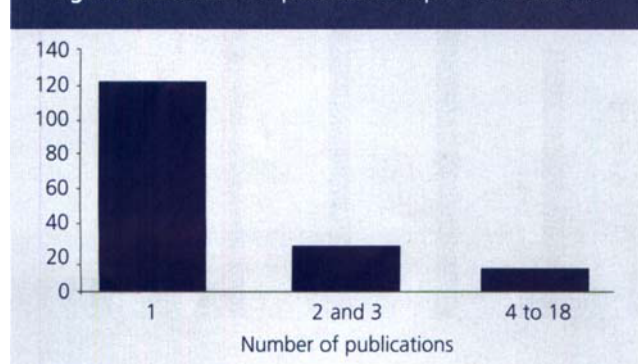


Table 1. Authors who have published more than four articles.

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	Total
Author 1		1				2	4	3	1	3	4	18
Author 2			8	1								9
Author 3			3	2			1				1	7
Author 4							1		5	1		7
Author 5			1				1		3	2		7
Author 6		4	2									6
Author 7	1	5										6
Author 8			1			1	1			2		5
Author 9				1	2			1				4
Author 10		1			1		1		1			4
Author 11				1	1		1			1		4
Author 12			1			1	1	1				4
Total	1	11	16	5	4	4	11	5	10	9	5	81

Researchers in general practice

Figure 2, which only refers to lead authors, shows that the work is from diverse sources and it would seem difficult to talk about capitalisation of know-how, as the publication of an article is rarely followed by other publications.

Three authors only published during the early nineties, three others have done so mainly since 1996, while five authors published throughout the decade. We may speculate that publication is the result of opportunity rather than a strategy reflecting sustained research work. The work of the very small minority that carries out sustained research work, made up in our corpus of six GPs and two specialists (a psychiatrist and an epidemiologist), varies considerably as table 1 shows.

Of the 271 articles identified, 121 are signed by a single author and appear to be the result of individual initiatives of researchers, practising GPs. A total of 62 are signed by several authors in their own name and 44 are signed by

at least one author and either an organisation, network or institution. Of the 161 authors identified, 26 claim to be independent of any institution. The other 135 state that they work either for a university faculty or for an organisation such as the ANAES (national agency of health accreditation and evaluation) or the CNGE (national college of teaching GPs) or the SFMG (French society of general practice), for example (figure 3).

In figure 3 it can be seen that since 1996 the number of publications produced in conjunction with a university has increased and this is no doubt related to the increase in the number of senior lecturers and associate professors in the medical faculties.

Of the 43 university faculties in France, 25 appear in our classification as being associated with the publication of at least three articles in eleven years. The faculty of Nantes in particular stands out as being the most productive, followed by Bichat, Lyon and Créteil, as shown in figure 4.

Figure 3. Origins of lead authors.

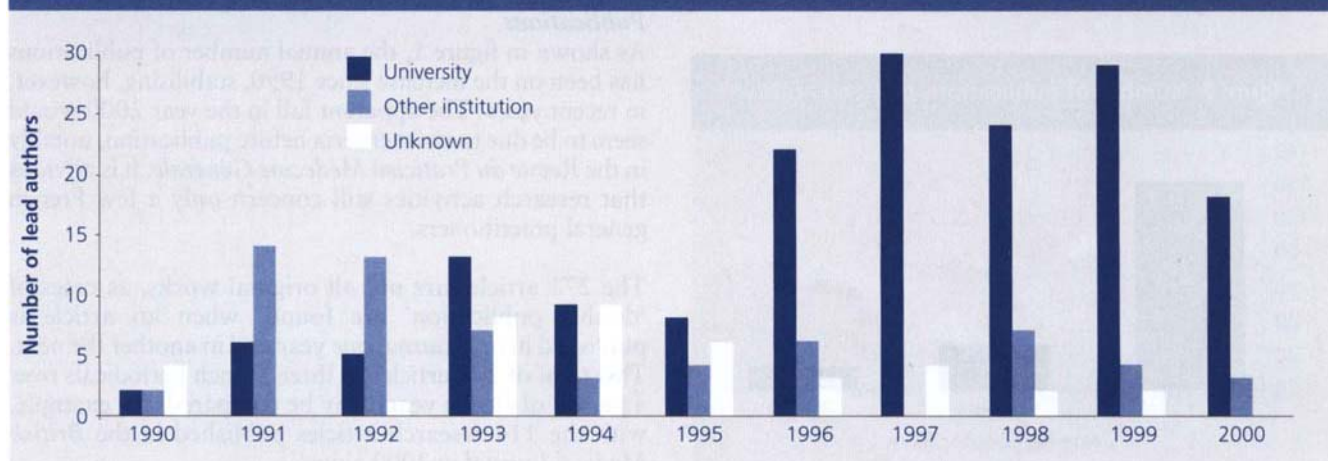
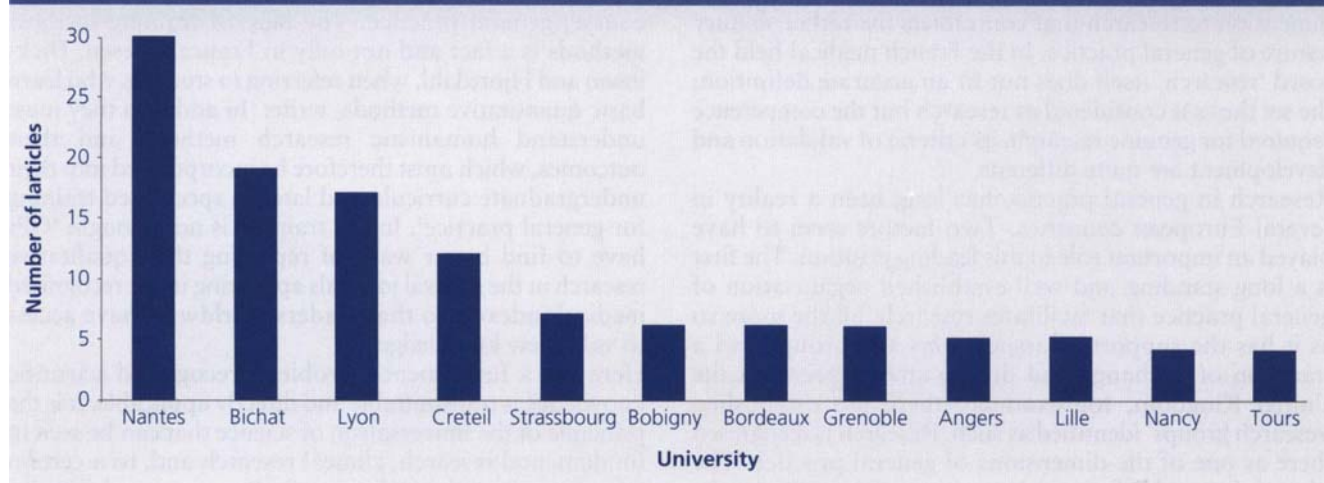


Figure 4. Universities in relation to the number of articles identified.



Field of research and themes

Five main themes were retained for this study: epidemiology, 'applied research' (practice, including its collective dimension, audit, management, clinical medicine, quality of care), 'social sciences' (articles dealing with the psychosocial or anthropological aspects), policy (analysis of public policies or debate), methodology, theorisation. Figure 5 summarises these main themes classified according to the research situation of the authors (working alone, linked to a faculty, in conjunction with an organisation).

In each case 'applied research' is unquestionably the main theme accounting for 50.5% of the articles (psychosocial aspects 18.8%, epidemiology 13.6%, policy 10.7% and methodology 6.2%). This theme represents 60% of the

publications in research carried out in association with a university. 'Applied research', policy and psychosocial aspects are all treated with similar frequency when GPs work together with an organisation. Diversity of themes is the dominant feature of individual research.

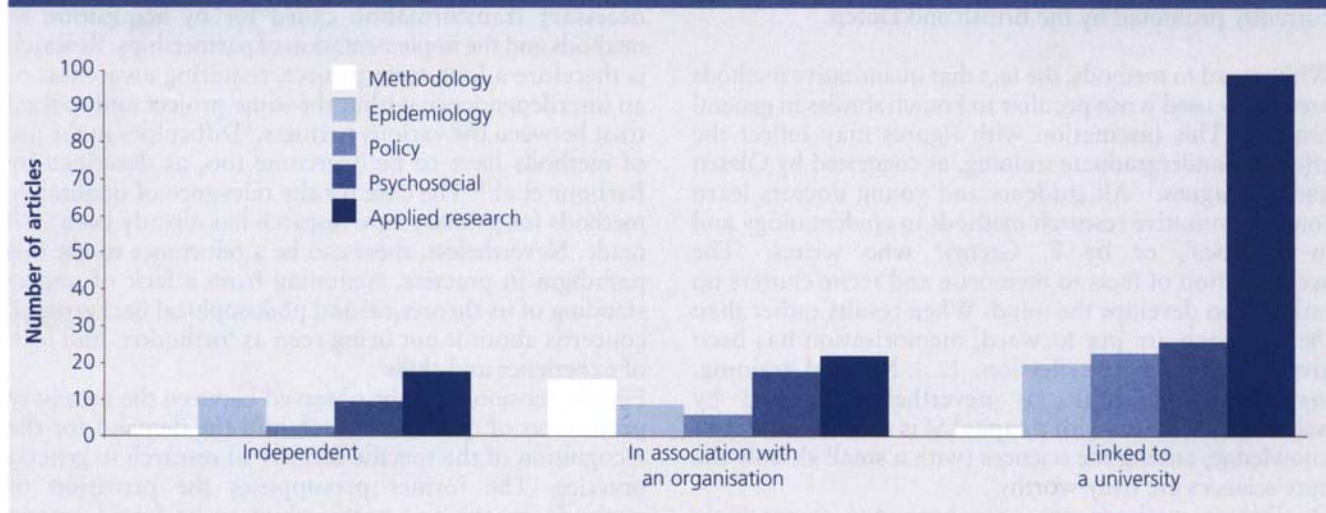
Methods

The vast majority of French studies (8 out of 10) use quantitative methods. Figures obviously vouch for science and at least in the minds of the authors, are a guarantee of reliability.

Discussion

Research in general practice in France raises the issue of the links between this speciality and the university and,

Figure 5. Themes of the articles in relation to the research situations.



more broadly, the medical profession.

In further education, in universities, research is rarely the work of individuals. There is thus a more or less collective dimension to research that contradicts the rather solitary nature of general practice. In the French medical field the word 'research' itself does not fit an accurate definition; the set thesis is considered as research but the competence required for genuine research, its criteria of validation and development are quite different.

Research in general practice has long been a reality in several European countries. Two factors seem to have played an important role in this leading position. The first is a long-standing and well-established organisation of general practice that facilitates research, all the more so as it has the support of associations and groups and a tradition of exchange and debate among peers. In the United Kingdom, for example, there are established 'research groups' identified as such. Research is recognised there as one of the dimensions of general practice. The second factor is the position occupied by GPs in the healthcare system.⁶ An asserted and balanced position with regard to specialists is conducive to academic recognition throughout the medical profession.

Research in any subject requires a particular frame of mind and a considerable amount of work. Research in general practice, especially in France, seems to be very selective for several reasons. Firstly, research work is costly in both time and workload and thus financially as well, for the GP who receives a fee for service. Furthermore, the field of research is international and based on the confrontation of ideas and results among peers. However in France, general practice is local even if it is situated within a wider multi-dimensional context. The organisation seems to be such that it facilitates above all the exchange between French peers, whether in continuous medical training, practice (referral to specialists) laboratory meetings, journals or university degrees. The obstacle of the language also has a selective effect. Mastery of the English language is essential and enables access not only to international literature but also to European general practice networks, currently promoted by the British and Dutch.

With regard to methods, the fact that quantitative methods are widely used is not peculiar to French studies in general practice. This fascination with figures may reflect the effects of undergraduate training, as suggested by Olesen and colleagues:⁷ 'All students and young doctors learn some quantitative research methods in epidemiology and in statistics', or by F. Gremy⁸ who writes: 'The accumulation of facts to memorise and recite clutters up rather than develops the mind. When results rather than the approach are put forward, memorisation has been given priority over reflection. (...) Medical training, inadequately scientific, is nevertheless marked by 'scientism': Science (with a capital S) is the only source of knowledge; among the sciences (with a small s), only the pure sciences are truly worthy'.

Qualitative methods are now becoming increasingly

recognised, not only as a complement but often as an essential preliminary to quantitative methods, notably in research on the organisation of care, health policies and of course, general practice. The lack of training in these methods is a fact and not only in France. Olesen, Dickinson and Hjortdahl, when referring to students who learn basic quantitative methods, write: 'In addition they must understand humanistic research methods and their outcomes, which must therefore be incorporated into their undergraduate curricula and later in specialised training for general practice'. Initial training is not enough: 'GPs have to find better ways of reporting their qualitative research in the general journals appearing in the recognised medical indexes, so that readers worldwide have access to valid new knowledge'.⁷

Here lies a fundamental problem: recognised scientific knowledge is transmittable and directly applicable. It is the principle of the universalism of science that can be seen in fundamental research, clinical research and, to a certain extent, epidemiological research. But in general practice the approach may also be sympathetic and contextualised, that is, useful but not generalisable in that it deals with local dimensions and policies of specific systems of action.

Conclusion

Research in general practice presents several challenges. Firstly to establish the legitimacy of a recognised, autonomous degree course; secondly to provide knowledge that will enhance individual practice and the quality of care and thirdly to fit into a wider movement on a European and international level. Each of these challenges is regulated by different authorities. The first falls within the competence of the public authorities and the universities. The knowledge intended to improve quality of care and practice comes within the competence of the regional and national organisations, while greater recognition requires publication in international periodicals.

Research in general practice in France today falls within contradictory fields of force. There are predictable tensions between the current habits of GPs working alone and the necessary transformation called for by acquisition of methods and the implementation of partnerships. Research is therefore a long-term project, requiring awareness of an interdependence within the same project and mutual trust between the various partners.⁹ Difficulties in the use of methods have to be overcome too, as described by Barbour et al.¹⁰ The case for the relevance of qualitative methods for primary care research has already been well made. Nevertheless, there can be a reluctance to use this paradigm in practice, stemming from a lack of understanding of its theoretical and philosophical background, concerns about it not being seen as 'orthodox' and lack of experience and skills'.

Finally, tensions may be observed between the necessary promotion of quality research and the demand for the recognition of the specific identity of research in general practice. The former presupposes the provision of methods, means and partnerships to be found among

institutions such as universities and research units. The second presupposes the development of research specific to general practice, which would be a completely new field. There is a relative contradiction between 'producing' research in general practice at all costs and at speed, and the final objective (the recognition and legitimacy of general practice) which can only be achieved in the long term and through quality research work. ■

References

- 1 Arliaud M. Les médecins. Paris: La Découverte - Repères; 1987.
- 2 Imbault-Huart M. Hôpital: la réforme inévitable. In: État providence. Arguments pour une réforme. Paris: Gallimard Le débat; 1996.
- 3 Dubernet A.C. Faire (quelle?) médecine. In: Professions et institutions de santé face à l'organisation de travail. Aspects sociologiques. Cresson G, Schwyer F-X. ed. Rennes: Editions ENSP; 2000:87-96.
- 4 Comité National d'Évaluation des établissements publics à caractère scientifique culturel et professionnel (CNE). Le troisième cycle de médecine générale dans les universités françaises. Paris: F. Sarrazin, 1998.
- 5 Bulletin National de l'Ordre des Médecins: <http://www.conseil-national.medecine.fr>.
- 6 Broclain D. La médecine générale en crise? In: Les métiers de la santé, Enjeux de pouvoir et quête de légitimité. Aiach P. Paris: Anthropos - coll. Sociologiques, 1994:121-60.
- 7 Olesen F, Dickinson J, Hjortdahl P. General practice - time for a new definition. *BMJ* 2000;320:354-57.
- 8 Gremy F. Médecine et sciences. *Pour la science* 2000;272:8.
- 9 Griscelli C, L'INSERM et la recherche en médecine générale. *Rev Prat Med Gen* 2000;14(506):1396-98.
- 10 Barbour R, Featherstone V, and members of Woren (World Primary Care Research Network). Acquiring qualitative skills for primary care research. Review and reflections on a three-stage workshop. Part 1: using interviews to generate data. *Fam Pract* 2000;17(1):76-82.

LETTER TO THE EDITOR

Pain control

Sir,

In 1965, Melzak & Wall¹ described the so-called 'gate control system' claiming that stimulation of nerve fibres causes the release of endorphins in the hypothalamus. Following this theory, several clinical studies have been carried out proving that this theory could be used in treating pains of different origins. Stimulation of nerve fibres could be achieved by simple pressure at the skin (transcutaneous nerve stimulation - TNS) or by electrical impulses (transcutaneous electrical nerve stimulation - TENS).

TENS has since been used in pain clinics and by physiotherapists using large machines, whereby electrodes are placed on different parts of the body. TENS is used for different kinds of pain, mostly in muscular and skeletal parts of the body, such as arthritis, tennis elbow, headache, low back pain and muscle strains.

A new Danish device has now been invented whereby patients can treat themselves at home. The device, *Pain Gone*, is a plastic unit no bigger than a large pencil. By

putting pressure on the top of the pen, an in-built generator produces an electrical current of 15,000 V, 0.000,006 A and a frequency of 1-2 Hz. The pen does not need batteries or reloading and can be used for up to 100,000 clicks.

Clinical trials^{2,3} in tennis elbow and arthritis of the knees have proved that up to 75% of the patients have good to excellent relief of their pain. The trials were performed in general practice and similar results have come forward in different countries. The *Pain Gone* is now being tested in different pain clinics in hospitals within the UK.

Ole Asbjørn, GP, past-president UEMO.
Gaerdesmuttevej 9, 2970 Hørsholm, Denmark.
E-mail: asbjorn@dadlnet.dk.

References

- 1 Melzac R, Wall PD. Pain mechanism. *Science* 1965;150(3699):971-9.
- 2 Asbjørn O. Treatment of tennis elbow with TENS. [not published].
- 3 Asbjørn O. Treatment of arthritis of the knees with TENS. [not published].