Thursday, July 2nd

Le Petit Journal du Congrès
LE QUOTIDIEN DU MEDECIN

Session of the day

Multidisciplinary Teams: Insights from European Experiences

Multidisciplinary care teams are proving indispensable in addressing the challenge of access to care, particularly in rural areas. Today's session presents various initiatives undertaken across Europe to identify relevant lessons.

Working in multidisciplinary and multiprofessional care teams is becoming essential to ensure high-quality care and follow-up for patients who increasingly suffer from multiple conditions and comorbidities. This reality is even more pronounced in isolated rural areas facing a shortage of doctors. To address this, multidisciplinary care teams have developed several specific organisational and funding models.

However, without structured planning, a clear healthcare strategy, and solutions

that truly address the actual needs of the populations they serve, these multidisciplinary care teams face a real risk: that of inadvertently exacerbating existing health inequalities or undermining the continuity of care.

Thus, there is a clear need to share lessons learned from the various organisational models that have emerged in Europe: How were multidisciplinary teams formed? What roles and functions were assigned to each healthcare profession? Which approaches seem to provide the most effective solutions in the long term? At the end of the session, which will present experiences from the Czech Republic, Italy, Poland, and the United Kingdom, participants, working in small groups, should be able to identify the main challenges involved in creating a multidisciplinary care team that is as efficient as possible in order to best meet the needs of the populations concerned.

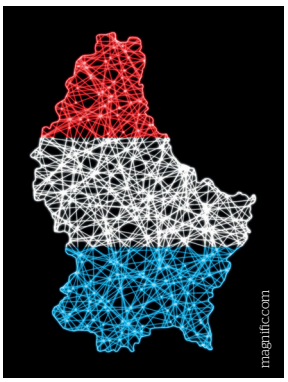
Looking at the organisational models that will be presented, a common trend emerges within multidisciplinary care teams: the transfer of certain tasks, previously performed by physicians, to paramedical staff.

8:00 am – 9:00 am, Room 242B

Around Europe

In Luxembourg, general practice is at a crossroads

Luxembourg is overhauling its primary care system in response to an aging population, a shortage of general practitioners, and the growing complexity of care pathways. An aging population, a surge in chronic diseases, increasingly complex care pathways, and a growing shortage of general practitioners: Luxembourg, like France, faces a complex challenge that is transforming medical practice and forcing family doctors in the Grand Duchy to reinvent themselves.



How is this small country, with its high-performing yet strained healthcare system, concretely rethinking the organisation of its primary care? This is precisely the question this session aims to explore. For the Luxembourg model, due to its size and ability to experiment quickly, offers a valuable testing ground for European healthcare professionals. Far from grand rhetoric, four Luxembourgish doctors and researchers will detail the ongoing transformations in general practice: new ways of practicing, the appeal of the specialty, continuity of care, reducing inequalities in access, and more. A session not to be missed if you're looking for concrete ideas to (re)think the future of primary care.

3:00 pm - 4:00 pm, Room 342A

Film screening and discussion on the role of caregivers

Whilst several sessions this Thursday afternoon are open to patients, the role of caregivers within healthcare systems will take centre stage during the film screening and discussion at the end of the day. The film *Caregiving* highlights the difficulties faced by caregivers in the United States, whose numbers are estimated at between 53 and 105.6 million adults. Following the screening of this documentary, which combines first-hand accounts from caregivers with expert interviews, a discussion will take place led by Dr. Chloé Delacour and André Simonnet, co-director of the French association DanaeCare.

5:10 pm – 7:10 pm, amphitheatre bleu

The choice of the « Quotidien »

• *Organisation of Care – Exercise*

Menopause: a frequently stigmatized experience

Although menopause is a universal biological stage, perceptions of it, the expression of its symptoms and the behaviour of healthcare professionals vary from one culture to another. During this workshop, Dr Yusianmar Mariani Borrero (a women's health specialist at the Newson Clinic, UK) will address the stigma and prejudice surrounding women going through menopause. Whilst in some contexts, menopause is seen as a new beginning, or even a liberation, in many others it remains poorly understood, associated with shame, or even equated with a stigmatising chronic illness. General practitioners, who are often the first point of contact for healthcare, must understand these cultural influences in order to provide appropriate and equitable care.

9:15 am – 10:15 am, Room 253

• *In practice*

Are aGLP-1 prescription forms useful?

A team from the University of Lille (France) conducted a retrospective study to determine whether the prescribing support system for GLP-1 receptor agonists (aGLP-1), introduced in February 2025, had changed general practitioners' prescribing habits. While the form was implemented primarily to combat overprescribing and misuse, the data examined by the researchers indicate that the administrative measure did not reduce the use of aGLP-1s and may have encouraged adaptive prescribing behaviors focused on compliance with reimbursement criteria rather than clinical appropriateness.

11:30 am - 12:30 pm, Room 243

• *Society*

The reality of medical tourism

With global revenue of $31 billion in 2024 and an expected $87 billion by 2030, medical tourism is booming. A British study examines this phenomenon, which takes three forms: inbound medical tourism, outbound medical tourism, and an emerging trend: diaspora medical tourism, where members of a diaspora return to their country of origin to receive treatment. In these cases, patients are motivated by the prospect of reducing costs or wait times and gaining access to procedures not available locally. The study's authors fear that these practices may, in the future, intensify competition among countries to attract patients.

11:30 am – 12:30 pm, Room 343

• *Training*

A serious game to simulate a medical consultation

An immersive serious game designed for fifth-year medical students titled "General Practitioner on Call: The Consultation Game" simulated a general practitioner's consultation based on Kolb's experiential learning theory over six sessions between July and November 2025. The goal of this learning experience was to highlight the positive aspects of this practice and to strengthen the students' skills. Of the 125 students who participated in small groups, 75 responded to the evaluation survey. Conclusion: The students were able to improve their clinical skills and their connections with their peers. They also had a more positive impression of their practice thanks to the "fun and engaging" nature of these sessions.

1:45 pm - 2:45 pm, Room 252A

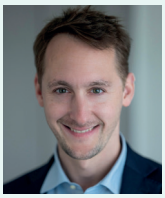
• *Prevention and Care*

Mammograms: Each Country Sets Its Own Pace

In 2024, the U.S. Preventive Services Task Force (USPSTF) revised its recommendations on breast cancer screening, advising that the age for the first mammogram be lowered to 40. Should these guidelines—based on modeling studies and U.S. epidemiological data—be adopted everywhere? An Israeli cost-effectiveness analysis (T. Axelrod et al.) suggests not. According to this study, starting screening at age 40 rather than 50 would prevent 1.3 breast cancer deaths per 1,000 women screened, but at the cost of significant additional financial burden. Thus, for the population in question, *"the small clinical benefit [of these recommendations] does not justify the economic burden they impose,"* the authors argue, calling for a focus on *"screening policies tailored to the country rather than an automatic adoption of international recommendations"*.

3:00 pm – 4:00 pm, Room 341

• GUEST



Dr François Jaulin
Senior Lecturer in Mathematics, doctor specialising in anaesthesia

General practice and the right to make mistakes: challenging the myth of the infallible doctor

3:00 pm – 4:00 pm, room 252B

How do human factors apply in medicine?

This multidisciplinary science aims to understand the interactions between humans and other elements of the system: these may be other humans, but also the working environment, governance... The objectives are to study these interactions in order to improve the system's overall performance and the well-being of frontline staff. This definition applies to any sector: aviation, nuclear power generation... In the healthcare system, this means delivering safe, high-quality care.

What advice would you give to GPs on how to address these human factors and, more broadly, their errors?

Someone who never makes a mistake is someone who isn't working. Nevertheless, there's no need to wait for a serious incident to occur before changing the way you work. This can also involve establishing a routine. For example, a GP can make their working environment safer and avoid interruptions to their concentration by asking the patient to stop talking to them whilst they are writing a prescription.