## ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

### Describe the pattern of disease/illness amongst the military population and their families whilst overseas compared to that of civilians in the NHS

Although I only got a snapshot from my three weeks in Gibraltar there were groups of conditions that did seem more common amongst the military population based there. Generally those employed by the military should be relatively healthy as the pre-joining medical should exclude people with significant pre-existing problems. This meant we were seeing more low level issues and less chronic disease management than you would be likely see in a UK NHS practice that may have a much larger elderly population or people impacted as a result of wider determinants of health, such as poor housing. Despite this there was still some chronic disease management among the military patients and their families. Treating the families also meant that we still saw lots of paediatrics and obstetrics.

Due to the physical nature of many of the job roles and the fitness standards service people are meant to maintain musculoskeletal (MSK) issues were a more common presentation. Mental health issues were also a big proportion of the cases in this community. This was often due to work related stresses or people being generally unhappy in their posting for various reasons. I also saw a few cases related to alcohol problems, whether that be alcohol contributing to low mood or impulsivity and bad decision making and injury or the wider effects of alcohol abuse on the body. This was a larger proportion of cases than I saw in my civilian placements however, this may be distorted as people may find it harder to hide such issues in a military environment. This is because concerns from chain of command will be brought to the MOs attention. If such issues were a concern to an employer in the UK they would be more likely to be brought to the attention of an occupational health service where available. An employer in the UK would not have the ability to bring such matters to the attention of the employees GP.

It is important be aware of the differences to ensure you keep up to date on cases that you typically see less commonly in a military setting so that you do not become deskilled.

### Describe the pattern of health provision for military personnel and their families in Gibraltar and contrast this with the NHS

Healthcare for serving personnel and their families based overseas is provided by Defence Medical Services. GP services are provided by Defence Primary Healthcare (DPHC) and in Gibraltar the Princess Royal Medical Centre (PRMC) based at Devils Tower Camp provides this service. The centre has Medical Officers, nurses, medical assistants, pharmacy technicians, physios, dentistry services and SAFFA health visitors all under one roof. Referrals to secondary care can be arranged in the local hospital or, if appropriate a patient may be referred to a centre in the UK. Sometimes aeromedical evacuation may be considered. Generally service personnel and their families are supposed to receive the same standard of care as they would in the UK. Due to the nature of their work in some cases people with MSK or orthopedic issues may be fast tracked to speed up the treatment and rehab period. This is to ensure they are able to return to their role more quickly. There are also Primary Care Rehabilitation Facilities (PCRFs) and Regional Rehabilitation Units (RRUs) that can be utilized if needed. Whilst the NHS experience is mostly similar, patients at the PRMC generally have much quicker access to physios.

Another difference is that MO appointments are usually 15 minutes long as opposed to 10 minutes in NHS GPs. This is mainly to allow for additional patient history information which will be required to inform the occupational medicine aspects of the role. This also requires some additional admin, for example the need to arrange the changing of peoples grades due to any restrictions placed on them. Whilst civilian GPs should take a greater interest in rehabilitation into the work place I found limited experience of this due to the time pressures placed on them.

The patient doctor relationship is quite different in Gibraltar as clinicians have to work and live in close proximity to their patients which presents advantages but also unique challenges. In the UK a GP may chose not to live in the area of their practice to avoid a cross over into their personal life. As there are fewer GPs a patient is also more likely to see the same GP which is very different to lots of civilians who see a different GP every time. Blurred boundaries can make it harder to maintain relationships outside of work and there can also be a knock on effect on the families of the Medical Officer who may also experience similar challenges.

**Gain a greater understanding of the specific challenges that military personnel and their families may face with regard to health**

Military medicine is unique in the way that the occupational aspect is key. This can present challenges for patients and clinicians. Some patients may be reluctant to seek help for problems for fear of being downgraded. This may be especially worrying if they are looking to progress in their career and would be undeployable or unable to attend courses. An even greater fear may also be medical discharge which, as I saw can be devastating for people who have envisaged their whole career being in the military. There may be huge financial as well as personal implications from these kinds of decisions. However, ultimately if they are unable to perform their job role, such as an infantry soldier being unable to use weapons, it is not possible for them to remain in service. This is also the case, for example, if they are carrying out safety critical roles where there is potential of them endangering others. Conversely, where a patient is aware of these restrictions and is seeking return to the UK or medical discharge, it is sometimes challenging as the clinician needs to try to assess whether their medical condition is genuine. There is also the challenge of managing added input from the chain of command, who may sometimes try to veer beyond their scope of responsibility, attempting to influence the decisions of the MO.

There are also the need to have an appreciation of specific dangers and risks associated with some job roles which may cause health problems or require a higher level of fitness. When military personnel are moving around a lot it can also be difficult to maintain continuity of care. This is potentially an issue for the patient and MO.

**Become more confident and develop specific skills for my role as a Royal Navy Medical Officer.**

Spending 3 weeks in Gibraltar provided me with a great opportunity to speak and work alongside military MOs and left me feeling excited to start working in July. I found it really good to speak to MOs at different stages in their careers. When speaking with the GDMO, I received practical tips for foundation years and Dartmouth and a clearer idea of what the NEMOs course involves. I also received insight into the role of an MO on a submarine and specific challenges this can present. It was also useful to discuss the logistics of how you deal with sick people at sea and the key skill of being able to determine if the person is 'big sick or little sick' and balancing this risk with the bigger operational picture.

Spending time with the GP MOs also provided an introduction to other aspects of the role, such as the computer system and using PULHEEMS. It was also really good to see different consulting styles and start to appreciate some of the unique challenges of this career.

Prior to visiting Gibraltar I was also a little unclear as to the potential opportunities with regard to specialist training in the Navy. During the visit I was able to hear about some of the different specialist training and other routes people have taken in their career. This was very useful and has made me realise there may be more opportunities than I had originally thought.

Getting to spend time with the visiting occupational medicine consultant was also very useful. As discussed earlier occupational medicine is a huge component of military medicine, but is something I have had very little exposure to as part of my training. Sitting in on the boards gave me a good overview of how the process works and the importance of using the guidelines, but also accepting that not everything is always black and white.