ELECTIVE (SSC5a) REPORT (1200 words)

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

I was fortunate enough to complete my elective in Ear Nose & Throat (ENT) surgery across two hospitals. The first being Wellkin Hospital, which is a private hospital in Mauritius, and the second is Homerton University Hospital in London. Wellkin hospital is the largest private hospital in Mauritius and offers a wide range of medical specialties. I chose ENT as the specialty for my elective as it is an area which I did not receive much exposure to during my undergraduate training, and during my foundation training I will likely encounter numerous ENT conditions. At the time of writing this current report I have not completed the United Kingdom (UK) part of the elective, because of this it will limit some of the comparisons I can currently make.

Both the UK and Mauritius have a two-tiered healthcare system comprising of public and private healthcare. Like the UK most of the health needs of the population in Mauritius are catered for by public healthcare (1). In the UK patients are usually referred to an ENT clinic by their General Practitioner, whereas at Wellkin hospital patients are able to make appointments directly with an ENT specialist, and in many cases have a same day walk in appointment. As a number of ENT illness may be acute in nature this allows patients to be seen by the appropriate doctor quickly, but also puts more onus on the patient to know which specialist to see. Because patients are able to gain appointments with a specialist directly this is likely to influence the breadth of conditions seen by the specialist. Although I have not yet completed the UK part of my elective to compare this, I have noticed a number of patients being managed for Gastro-Oesophageal Reflux Disease (GORD) and Laryngopharyngeal reflux disesase (LPRD), whereas this is more commonly managed by a gastroenterologist in the UK.

During my time at Wellkin hospital I have been exposed to a wide variety of conditions mainly through outpatient clinics and theatre sessions. The majority of ENT work is outpatient based therefore there were not many inpatients during my time at the hospital. Inpatient stays tended to be short, examples of these were post-operative patients or conditions such as tonsilitis where they were unable to tolerate oral fluids.

During outpatient clinics I have seen a wide range of conditions including but not limited to diseases of the external and middle ear, diseases of the throat, and diseases of the thyroid gland e.g., thyroid nodules. Due to the nature of private healthcare patients were able to undergo investigations and management in a timely manner. This gave me the opportunity to observe multiple patient journeys in a short space of time. Therefore, I was able to see the process of diagnosis and management on a range of conditions and also appreciate the impact these conditions have on a patient's quality of life, and how appropriate management can help to alleviate this.

There is no epidemiological data available for ENT conditions in Mauritius but whilst observing in clinics the pathologies I commonly encountered included Sinusitis, otomycosis, otitis externa, and tonsilitis. The first three pathologies can likely be attributed to the climate in Mauritius which is hot and humid. This is contrasted to the UK where cross-sectional studies have shown that in the community reduced hearing, tinnitus, and dizziness are more frequently occurring (2). Once I have completed the second half of my elective in the UK, I will be able to compare the conditions I will regularly come across in clinic.

It was also interesting to compare the management of the conditions I encountered between Mauritius and the UK. For example, tonsillectomies are more routinely performed at Wellkin for recurrent tonsilitis, in contrast to the UK as these are not as routinely performed. The UK takes a much more conservative approach requiring multiple episodes of tonsilitis before surgery is considered. The absolute indications for tonsillectomy in the UK are shown below in figure 1. The UK's approach falls in line with current

American Academy of Otolaryngology – Head and Neck Surgery (AAOHNS) guidance, which states the benefits of tonsillectomy in those with recurrent tonsilitis not satisfying the criteria in figure 1, do not outweigh the risks and cost of surgery (3). These risks include haemorrhage, dehydration, and infection. When speaking to my supervising consultant he would begin to consider tonsillectomy if the patient has already had 3 episodes of tonsilitis that year. This is not to say either approach is wrong, but it does highlight a difference in approach to this common presentation.

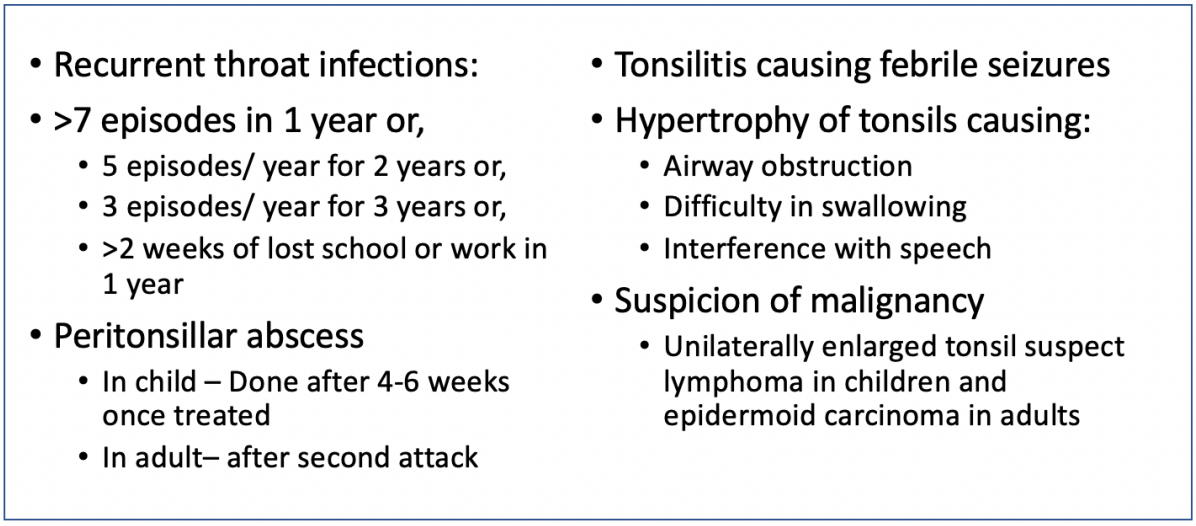

Figure 1: Absolute indications for tonsillectomy as per the Scottish Intercollegiate Guideline Network (SIGN) (4).

It is well documented that a number of ENT conditions such as tinnitus and hearing loss are associated with marked psychological distress (5). In private healthcare settings such as Wellkin patients may be able to have these conditions managed quicker, offsetting some of this stress as compared to the NHS where waiting times may be much longer. Although this may come with significant financial implications for those who chose to use private healthcare but do not have insurance. Whilst cost is not an issue in the NHS, often patients are met with very long waiting times due to capacity restraints and no user charges (6). Waiting times for elective operations in the NHS have also increased due to the COVID-19 pandemic. This means that patients have prolonged periods of illness which may have further psychological and social effects.

Whilst in Mauritius I also aimed to improve my French as I had not studied this language since I was at school. During my time at the hospital there were not many opportunities to do so as most conversations were in English, but I did pick up some terms whilst in hospital such as amydale which means tonsils. Outside of my placements there were more opportunities to speak French, but I still require a lot of improvement. This is something which I would like to continue to improve upon for the future.

This elective has given me an invaluable opportunity to appreciate some of the differences and similarities between Mauritius and the UK. It also gave me insight into some of the challenges of working in a private healthcare system. This is something that I have little experience of as trainees work primarily through the National Health Service in the UK. Overall, I have thoroughly enjoyed the first part of my elective and my time in Mauritius. It has given me a good insight into the specialty, and I am now in better stead to consider this specialty in the future.

References:

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6. Riganti A, Siciliani L, Fiorio C. The effect of waiting times on demand and supply for elective surgery: Evidence from Italy. Health Economics. 2017;26:92-105.