ELECTIVE (SSC5a) REPORT (1200 words)

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

As part of my SSC5a I had the opportunity to organise a medical placement abroad. I chose West Cork for many reasons, however my first connection to the place is that I grew up there between the ages 2-6 and have always loved returning. I also wanted to experience medicine in a more rural setting especially GP as I had done 2 months of practice at an inner city GP in Hackney. I was keen to see what differences there were as well as experience practice in a different healthcare system – Ireland has a hybrid model rather than a fully private or fully nationalised system. Primarily I hoped to get more practice seeing patients face to face (rather than telephone) allowing me to develop my history taking and examination skills as well as presentatng and discussing management plans with my supervising GP. This report describes some of my experiences and address the objectives listed above.

In terms of demographics the republic of Ireland varies greatly from East London where I have had most of my training. Ireland has a population of 5 million people and an average population density of 72 people per square kilometre which falls to an average of 32 people per square kilometre in more rural areas like West Cork. I attended Clonakilty Family Health Clinic for two weeks, the clinic has two sites, one in Clonakilty and, more recently, a site in Timoleague and I was able to attend both sites. Demographically there are huge differences between Clonakilty and East London, however as both have a significant burden of lifestyle related disease as expected with most western populations. My impression from my short time there was that patients in Clonakilty are more active and this could be due to variety of determinants, in particular access to outdoor space, occupation and transport availability. I was surprised by how many patients walked a couple of miles each day, even longterm diabetics with HbA1c in high 70s could still be walking several miles a day for a bus or as part of farming. The practice provided care for the young and for elderly which gave me opportunities to see a wide variety of medicine from dementia to baby checks.

Much like in the UK, primary care in Ireland accounts for the vast majority of patient interactions with healthcare professionals. Patients can then be referred on to secondary care in either public or private hospitals. In terms of funding, care in Ireland is organised in a hybrid model where patients are means-tested for a medicard which grants them free access to GP consultations and public hospitals. Private patients usually have some insurance which covers appoinments and referrals to private hospitals where waiting lists tend to be much shorter. In general practice private patietns may have some of their consultation cost covered but others may not. Practices are not allowed to make a distinction between private and publicly funded patients – they must be given the same access and duration of consultation and the same level of care. My impression is that much like the NHS, the Irish healthcare system is under great strain with long waiting lists and a shortage of staff.

The acute problems I came across where managed in much the same way as they would be in the UK however there is a longer transfer for patients to get to Bantry or Cork. Fracture queries were sent to Bantry whilst possible general surgical cases were referred to hospitals in Cork. One patient we saw had ACS symptoms and an ambulance arrived to transfer him to Cork within 15 minutes, during which time he had aspirin and GTN. Southdoc is a collective service provided by GPs in West Cork to cover out of hours,

this gives patient access to urgent appointments in the evenings and at weekends.

Personally this was a fantastic placement for my development and I am really grateful to the staff and GPs who helped support me. I was delighted that I had my own room and was able to see patients first before the GP. Within two days it felt like I saw more patients face to face than I did during 2 months of GP placement in London. I was able to work with both of the partner GPs extensively and learn more about their special interests. Dr O'Keeffe has a special interest in paediatrics so I had lots of exposure to this population group in her clinics and was able to learn a lot from observing her manner and style with patients and parents. Dr Dahm has a great depth and breadth of knowledge and it was fantastic to have a long term mentoring relationship with him over two weeks. In particular I learnt a lot more about ultrasound as well as a variety of skin complaints. Overall I had opportunity to practice history taking and examination a range of complaints including but not limited to; skin (polymorphous light eruption was a standout), ACS (query NSTEMI), asthma (inhaler use and optimization), diabetes (neuropathy and lifestyle discussion), sick sinus syndrome, testicular torsion vs epididymitis, tonsilitis and pharyngitis, otitis interna and externa, STDs, menopause, abnormal uterine bleeding, mental health, baby checks, query fractures, faints, falls, numbness, weakness etc. I feel this diversity helped refresh a good breadth of knowledge and I was able to start to apply diagnostic reasoning and propose management plans. Ireland has been very welcoming to Ukrainian refugees and several attended Clonakilty Family Clinic, it felt like a real priveledge to be a small part of their medical care, a boy with a chin laceration was the first time I saw glue in action. What we see on the news has no comparison to meeting families who have been directly affected by the war, whose lives have been turned upside down. There is war in Europe and its scarily easy to forget that.

References:

https://www.cso.ie/en/releasesandpublications/ep/p-cp2tc/cp2pdm/pd/

https://www.plumplot.co.uk/East-London-population.html