ELECTIVE (SSC5c) REPORT (1200 words)

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

I completed my elective in general practice in Toronto, Canada. Prior to my elective, I finished my last rotation in general practice in London, and thus I found the similarities and differences in this field between Canada and the UK very interesting

The GP or family physician system as they call it in Canada is very similar to that of the UK. Toronto is a very multicultural city and the high rate of immigration is continuously expanding. Consequently, the profile of common acute and chronic conditions seen in the primary care is similar to London. Chronic conditions such as diabetes, hypertension and hypercholesterolemia are very common in Toronto as they are in London. This is in keeping with cardiovascular disease being the leading cause of mortality in both countries. The management of these chronic conditions is again similar to that of the UK, for which a step-wise ladder is followed. However the use of some medications in the management of these conditions is different to the UK.

There were some differences on the number of presenting patients with other conditions. Although Toronto tends to be colder in temperature than London, during my time on the elective, I saw fewer cold and flu presentation than I did during my time spent in a London GP. It is difficult to say whether there is less cold and flu illness there, or the lack of presenting patients is due to the fact that the patients residing in Toronto are more used to having a common cold and are therefore less likely to present these symptoms to their GP, given that most of the time it is a viral illness and hence they are usually simply advised to rest and prescribed over-the-counter medication.

I noticed that Vitamin B12 and Vitamin D deficiencies were also a very common presentation in Toronto. A lack of Vitamin D is understandable given that people in Toronto, similar to those in London, lack long exposure to the sun, and hence this condition is commonly seen in both countries. I have not, however, encountered many patients in London to be vitamin B12 deficient. On the other hand, in Toronto patients presenting to the practice to have their monthly B12 shot was a daily occurrence. I am not sure if this is more related to the lifestyle and diet differences between the two cities or simply because in London we do not test for, or emphasis, on Vitamin B12. This could be something to take note of, as Vitamin B12 seems to be very related to mood and memory and a lack of it can present as a variety of different symptoms.

One final difference I noticed in common conditions was the prevalence of mood related disorders. During my time in Toronto I saw a very high number of patients presenting with or having a history of anxiety and depression. Insomnia was also a common issue. Consequently, use of anxiolytic and hypnotic medications were higher than what I had seen during my time spent in a London GP.

Health care in Canada is delivered through a publicly funded system. This system which is guided by the Canada Health Act 1984, allows for all 'insured persons' which are all legal residents of Canada to have free access to healthcare. Similar to the UK, dental and optician services are excluded from this and are mostly paid for privately. The Canadian health service commonly known as 'Medicare', is divided into provinces, and thus most physicians are self-employed private entities which enjoy coverage under each province's respective healthcare plans.

The medications in Canada are not covered in the health care system. Individuals have to either pay for the medications or have private coverage to cover the cost. Although similar to the UK, low income and elderly patients can have a publicly funded coverage (e.g. Trillium) for their medications, other families either buy yearly coverage or are given their coverage through their work. This is important as before the doctor prescribes a certain medication, they usually try to accommodate for the patients coverage and prescribe a medicine that will not work overly expensive for the patient.

Family physicians in Canada have multiple treatment rooms. The nurse calls a patient and places them in to one of the rooms. The doctor will then attend to each room to see the patients. This is different to the UK, where the doctors are based in one room and the patients come one by one to see the doctor. I found this system to be much more time efficient. I noticed that often time is wasted in the UK by patients coming into the doctors room a little slowly as they might need assistance with their mobility or simply taking coats off and then putting them back on again can take up few minutes, which in long term given the high number of patients GPs see can end up to a significant amount of time.

Another difference is that family physicians are not salary based and they get paid per individual visit. This adds a little more incentive for the doctors to be more proactive and try and see more patients. Although this can possibly lead to conflict of interest due to benefits of seeing larger number of patients and thus affect patient care, that was not something I observed in Toronto, and doctors were all very accommodating and spent extra times with patients if needed.

Family physicians in Canada have the same role as GPs in the UK. The physicians are the first point of contact and patient care and help with making the initial assessment, investigation and referrals of the patients. In the UK however, possibly due to the huge financial burden on the NHS funding, wait and see policy is common practice. At times, the presenting complaint is in early stages and making hasty referrals and prescribing medication is not seen as the correct initial action, but rather advising the patient to come back if the conditions have gotten worst or if there has not been any improvement. In Canada, however, possibly due to the relatively smaller population and hence more funded health care system per patient, the threshold for making referrals or investigations is much lower than that of the UK and routine blood tests and imaging is common.

I also observed in Canada, CT and MRI scans in hospitals run on a 24 hourly dual shift manner, where during the day from 8 am to 6 pm, they are exclusively used for in-patient hospital imaging and outside these hours, they operate for the patients referred by the family physician. Therefore a MRI appointment at 3 am is a common time for Toronto out-patients. This is another great use of resources by Canada, as this can significantly reduce the waiting time and possibly in the long-run be more beneficial both financially and to the quality of patient care.

During my time in Toronto, I worked in two different practices, which were both run by the same physician, Dr Zaki. The teams were very welcoming and treated me as a fellow colleague. I was able to see patients individually, where I would take a full history, perform examinations and formulate a management plan. I would then discuss my findings and plan with the senior doctors before recording them in the patient notes. This really improved my confidence and allowed me to be more prepared for the transition from medical student to a Junior Doctor.

One difficulty I came across in Canada was the medications. In North America, it is more common to use brand names when mentioning medications, where as in London we are taught mainly the generic names for medications. Thus at times I felt lost, as I did not always know what the medications were and found I often had to look them up.

Overall, I had a fantastic experience in Toronto and learned a great deal about what it means to be a doctor.