

## **ELECTIVE (SSC5c) REPORT (1200 words)**

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

**I have completed an Inner City Health elective at St. Michael's Hospital (University of Toronto). Most of my time was spent at the Health Centre at 410 Sherbourne Street in Toronto which is essentially an 18 doctor GP surgery. I was allocated to be supervised by different doctor's each day and I was able to see on average 8 patients a day on my own. Three mornings during the week I was at Seaton House Infirmary, which is a homeless shelter a few minutes walk from the GP surgery. At Seaton House I was allocated 4 patients that I followed throughout the 4 weeks.**

**The surgery had many GP's that were sub-specialised in HIV and addiction management. That was a key difference that I experienced with my placement in Toronto compared to London. I had only seen a few HIV positive patients in London throughout the 5 years, but I was never exposed to HIV management at the community level like I was in Toronto. There is a fairly large LGBT community in Toronto and in close proximity to the surgery I was attending. I saw 2-3 HIV positive patients a day on average. It was an amazing learning experience learning how to first diagnose and then manage and provide follow-up to HIV positive patients**

**Another prevalent condition in Toronto that I saw on a daily basis was drug and alcohol dependence. Some GP's at the surgery were licensed to manage and counsel patients on various addiction and maintenance programmes. I saw many patients that were on the methadone maintenance programme which I haven't experienced in London. Patients that were stable were seen once a week at the surgery by the same doctor every time. It was important for the same doctor to see these patients so that the methadone doses could be monitored very carefully and so the risk of methadone abuse could be reduced. I also learned that patients on the methadone maintenance programme were administered their daily dose of methadone at their local pharmacy where they were supervised as they took their oral dose. Again, this was done to reduce the risk of abuse and also to prevent resale of the methadone on the street. This programme is similar to the Methadone Maintenance Treatment programme in the UK.**

**There are many similarities and differences between the healthcare system in the UK compared to Canada. They are both publicly funded healthcare systems with sometimes long wait-lists for certain specialties allowing for growth of the private healthcare sector. While the NHS is similar throughout the UK in terms of central funding, Canada is quite different. The healthcare budget in Canada is composed of sums from the federal government as well as provincial government and insurance premiums. In Canada, the patient must provide a health insurance card prior to receiving medical treatment (unless it is an emergency).**

**Cancer screening programmes are slightly different in Canada compared to the UK. Colorectal cancer screening is recommended for individuals at 50 years of age via a stool test, followed by stool testing**

every 2 years. Breast cancer screening is not recommended for women aged 40-49 years in Canada. Women aged 50-74 are recommended to have routine screening with mammography every 2-3 years. All sexually active women are recommended to have regular Pap smear testing every 3 years from ages 25 to 69 years.

Organisation and delivery of primary healthcare in Canada is similar but quite different at the same time compared to the UK. Like in the UK, it can be very difficult to book an appointment to see your GP urgently. Both countries have a shortage of GP's and long wait times for patients. Payments to GP's are very different in Canada compared to the UK. The entire healthcare system in Canada is run on a fee-for-service basis. Doctor's receive payment from the government for each service they provide. This is markedly different from the salary-based system in the UK. GP's charge the government for each 10-minute patient visit plus any other procedure they may have completed during the consultation. The fee-for-service system is meant to encourage doctor's to provide rapid access and treatment, but it almost never does. GP's in Canada do not spend as much time with their patients as I have seen GP's in the UK spend. This may not be ideal for providing good healthcare service to all patients. Doctor's could easily miss important diagnoses and management issues. Another difference I noticed with regards to primary health care in Canada was the lack of home-visits GP's provided to their patients. There were no home-visits at the GP surgery I was allocated to.