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Elective Report

A six week placement in paediatrics in Nepean Hospital, Sydney, Australia

1. Describe the pattern of disease and illness in the paediatric population of Australia and compare it to the UK.

One of the most remarkable, but perhaps not surprising aspect of my experience in an Australian hospital is the similarity in presentations to the paediatric department compared to the UK. The common conditions that are seen in the UK, including asthma, UTI and upper respiratory tract infections account for much of the diagnoses seen in the children's ward on my elective. Despite being geographically distant, the population is of a similar nature. To a huge extent this similarity can be accounted for by the highly developed healthcare systems present in both countries and comparable socioeconomic statuses.

A difference in epidemiology of pertussis was identified even prior to arriving in Australia. In preparation for the elective, I was required to receive a number of booster vaccinations, most of them anticipated. However, one booster which I had more difficulty in claiming was the pertussis booster, which in the UK is only normally given to pregnant women. In this region of Australia, however, there are outbreaks on a regular basis and so a pertussis booster is required for all healthcare professionals coming into contact with children.

An additional aspect affecting the pattern of disease and illness is due to the large landmass of the country. There are huge expanses of rural areas where healthcare provision is limited. The Aboriginal population are one example of a group of people who are often disadvantaged by poor transport networks and the large distances between hospitals in certain

areas. I heard reports that this altered the approach to treatment employed by the doctors working in these areas. For example, a child would sometimes remain an inpatient for longer than was clinically necessary in order to ensure that a full course of treatment was given, as follow-up could not be guaranteed in the more rural areas of the country.

2. Describe the organisation and provision of healthcare in Australia and how it contrasts with the system in the UK.

An element of comparison was immediately evident in the similar format of handover witnessed on the very first morning of the placement. Much of the structure of the team, including junior medical officers, registrars and consultants was in keeping with my experience of hospitals in the UK.

An obvious difference between the provision of healthcare in the UK and Australia is the prevalence of private health insurance. It was immediately apparent that this aspect was more prominent in this hospital, which fees status being included on clinic lists and other clinical documentation. However, I did not experience any alterations in the clinical course of a condition and its management due to financial constraints, which was an aspect of my elective that I was anticipating without excitement.

A perk often portrayed as incentive for a privately funded healthcare system is the availability of appointments. One aspect which was profoundly prominent on attending one particular clinic was the number of hours wasted by clinicians and spent waiting for patients who have not turned up and have not cancelled their appointment. Perhaps this is due to a lack of respect for the publicly funded medical system, shown in stark contrast by the prominence of the private alternative.

This elective gave me the opportunity to examine an alternative approach to healthcare provision. Australia has a mixture of national and private systems. Medicare accounts for a large amount of the costs paid by the government through a 1.5% income tax. The level of subsidisation available to the patient depends on the service provided, benefits and concessions, and the maximum level of subsidisation available per patient per year. The level of tax is increased to 2.5% for those on a higher income without additional private cover. This is intended to ease pressure on the national service.

3. Compare differences in management and team work between paediatric specialities.

In Nepean hospital, the postnatal ward is covered by both the paediatric and the obstetric specialities. This allows new mothers and babies to be cared for together in the postnatal period. The teamwork between teams that I observed on this ward was of a high standard and met the needs of both sets of patients appropriately.

An aspect of teamwork that was occasionally less positive in both the children's ward and the postnatal ward was the nature of the relationship between the doctors and the nurses. It was explicitly recommended during one handover that the nurses could not always be trusted to carry out tasks as directed, with a warning that the doctors should check whether certain scoring was being performed as required. It would seem that room for improvement in teamwork between different members of a department is seen in hospitals all over the globe, without being specific to any speciality or country.

A difference that I was aware of early on in my placement was the level of responsibility entrusted to local medical students. As standard practice, they were involved in writing all the clinical entries during ward round, as well as writing clinic letters. Although this is sometimes seen in the UK, it is not nearly as prevalent. This may be a reflection on the smaller number of junior medical officers present on the wards in this hospital, compared to my experiences in London hospitals. It was however an unexpected experience to be expected to write our own formal communications following clinic!

4. Reflect on how the experience has changed my personal and professional development goals.

A part of my motivation for wanting to spend my elective in an Australian hospital was to enable me to experience medicine in a country I would consider spending at least a couple of years in at a later stage of my career. I have heard a number of positive reports from colleagues in the UK who have spent a portion of their time in Australia and I have been intrigued and excited by the prospect of following a similar pattern, perhaps after my initial foundation years. Although this is still an option I would like to consider, there are a number of drawbacks which I had not previously considered.

Firstly, there are personal reasons that would detract from my enthusiasm for moving across the world. During the course of my elective, I am missing a number of family events

that I am sad not to be a part of. In addition, one of my close friends is getting married and it is a shame that I cannot be there. In a more morbid fashion, the thought of being so distant from my family and friends in the case of a funeral or family illness is hard to bear.

Secondly, prior to experiencing another healthcare system, I had not fully appreciated how proud I am of the NHS and its role in the UK. As a service, it is remarkable and unique. I am privileged to have the opportunity to support this institution and be a part of its functioning.

Finally, the reassurance of being in the country of your childhood should not be underestimated. On a personal level, it is comforting to have an inherent understanding of the society and population. In addition, in a professional context it is much easier to make conversation with patients, particularly in the paediatric setting, if you have a history of shared cultural background to refer to. This would not be an insurmountable challenge, but it is a factor that I would bear in mind if considering moving to any foreign country for a significant length of time.