

ELECTIVE (SSC5b) REPORT (1200 words)

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

Brunei is a country many have not heard of, tucked away in Borneo on the South China Sea it is a country very different to the UK and yet tied to it through a long history and continued collaboration. In the Western corner of the country is the base of British Forces Brunei a garrison containing a battalion of Gurkhas a helicopter flight from the Army Air Corps and a support network including a Defence Medical Services Primary Care Medical Facility (PCMF). Medical support is needed for the military population, including those permanently based in Brunei, those visiting on courses, the dependents of the servicemen and women including spouses and children and support staff including those working at the school. The population for the practice is around 2000 and the PCMF aims to provide a UK standard of support for all that need it including the clinical work of nurses, GP's, physios and dental care; as well as providing support for the additional exercises and courses that take place within the unique environment of Brunei and its Jungles. Secondary care is divided between the local hospitals and also Aeromedical Evacuation back to the UK for specialist interventions or follow up that is unsuitable to take place locally.

Providing Primary Care in a posting outside of the UK does provide challenges, you are often a source of true support for people who are somewhere that they are finding challenging and sometimes isolating. From a medical standpoint people have to be prepared for the new environment they are facing including information on how to prevent illness such as safe sun care, use of air conditioning, the state of repair of housing and of course vaccinations. Illness faced out here is also different to that within the UK - there are tropical diseases such as Dengue fever and the monitoring of the risk posed to the population of Rabies, forms of Malaria and Japanese Encephalitis; within the child population there is also a high incidence of febrile illness that can prove scary to parents and their children and is due to be studied further at the PCMF within the next year.

Occupational health is always a key part of military primary care provision including the medical grading of people to ensure they are fit to carry out the job they are required to do. I saw several medicals within my time at the PCMF including specialist ones for driving, aviation and other specific occupations. During my time at the PCMF I also attended a Unit Health Committee, it was interesting to see how involved all members of the chain of command are in ensuring the readiness of the soldiers to work and the positive outlook on providing support for rehabilitation of injuries. The health of the whole garrison is focussed on and provisions put in place to try and ensure healthy lifestyles can be maintained and ensuring support for the whole community.

Medical care is also needed to support servicemen and women when they are training within the jungle - a particularly harsh environment. Some of the exercises require the capability to have medevac within 60 or even 30 minutes as they are at such high risk of injury due to river crossings and live firing. Conditions that need attention included heat illness, a potentially life threatening condition that is brought on by high demanding physical exertion, temperatures in the high thirties and high humidity within the trees. Musculoskeletal injury is often common as well due to the difficult terrain and high physical demands placed upon individuals in the exercises. Within this situation importance of integration between different members of the medical team including medics on the ground the support of a doctor and the involvement of helicopter crews providing transport back to suitable medical care including local hospitals is key allowing swift delivery of high level medical care when needed. This was made possible by clear communication that was able to state the severity of the patient's condition and ensure that the correct procedures and care pathways were put in place, what I witnessed was a professional and fast response ensuring that best outcomes for patients.

Compared to placements I had within the UK the PCMF had far more integration between different healthcare professionals, doctors, nurses, physios, pharmacists, midwives and health visitors are all under one roof. Holistic care of whole families is possible due to communication both formal in meetings and informal by asking for advice on an almost daily basis. This allows a high level of support to be offered to patients whether that be through rehabilitation of an injury or providing help to families who may be

struggling. Unlike in the UK fewer patients seem to fall through the cracks and so receive care in a far more timely manner and follow up is frequent and thorough. I know that it is a unique environment out here with a small population that is well informed and motivated but I do feel that aspects of this could be used in general practice in the UK in the form of more frequent communication between different health care practitioners.

Appointment times within the PCMF for general practitioners are longer than their NHS colleagues 15 minutes instead of 10 minutes; this I found to be very useful for several reasons. Firstly the consultations can be complex due to injuries or medical problems that are acute, due to a mostly young and fit population there is not much management of long-term health conditions, in depth history taking, examination and note taking is key. Another reason the longer appointments are so useful is that for a large proportion of the battalion population English is a second language (due to be originally from Nepal) having time to ensure the patient understands the consultation is so helpful especially in ensuring compliance and reassurance with children. Due to the environment being quite isolated and with limited psychiatric secondary care support having enough time within 15/30 minute appointments to allow discussion and assessment of potential mental health issues is so important for patient safety.

Being a general practitioner in Brunei does provide its own challenges, compared to military GP practice within the UK they have to have more up to date competencies such as paediatrics, pre-hospital care and tropical medicine due to the environment and population under their care. Due to the differences in secondary care provision and the care given here (which is not always to UK standards) outcomes of referrals must be closely monitored and sometimes take the decision that repatriation to care back home should be taken.

My elective has helped me think about the differences I will see in my practice as a military doctor compared to my NHS colleagues. Our patients are often young, fit and well motivated however how and when they access medical collaboration challenge due to deployments and also a culture of avoiding downgrading. I witnessed medical practice that I hope to emulate empowering patients in their medical care, providing an excellent standard of clinical care and good teamwork with multiple healthcare professionals ensuring holistic care for all patients.