ELECTIVE (SSC5b) REPORT (1200 words)

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

Compare the prevalence of gynaecological conditions in the population of the UK in context of global health.

The most prevalent gynaecological conditions in the UK, in descending order, are genital prolapse and uterine fibroids, and premenstrual syndrome [1]. These conditions are extremely common, and reflects what I have most often seen in both GP setting and with the gynaecology team. For example, the age-weighted prevalence rate of symptomatic uterine fibroids in the UK has been estimated as 12.2% [2]. The prevalence of gynaecological conditions is similar in the UK to those found globally; worldwide, the top 3 most prevalent gynaecological conditions in descending order are premenstrual syndrome, uterine fibroids and genital prolapse [1]

When looking at disease burden, the gynaecological conditions causing the highest morbidity in the UK in descending order are uterine fibroids, endometriosis and uterine prolapse. It is interesting that premenstrual syndrome has been reported to be a much lower cause of morbidity in the UK to worldwide, where it is the condition accounting for the greatest disease burden [1]. Uterine prolapse, despite being common, causes many fewer years of morbidity worldwide. This is likely to be because genital prolapse is a condition suffered mostly by the elderly population, being uncommon in the young. Thus, the greater morbidity in the UK due to genital prolapse can be hypothesised to be a result of the greater life expectancy of women in the UK compared to the global average.

Describe how gynaecology services are organised and delivered in the UK and contrast this to Sri Lanka.

In the UK, patients must obtain access to secondary care gynaecology services via referral by their general practitioner. This is their first port of call for all health problems, and is known as primary care. Secondary care services include both hospital and community specialist clinics. These include services such as colposcopy, inpatient beds and operative services such as hysterectomies. Tertiary care is specialised care in a setting that can provide personnel and facilities appropriate for advanced investigation and management. For example, tertiary subfertility clinics provide advanced fertility treatments such as in vitro fertilisation procedures [3]. Access to medical services, and secondary and tertiary treatments, is free to UK citizens under the National Health Service, provided by both nationalised and private companies.

Sri Lanka has one of the best health systems amongst developing nations [4]. This is a centrally controlled, public health system that has proved successful at delivering services free of charge with a relatively low financial input per capita [5]. Most hospitals are within the public sector, which handle the majority (around 90%) of inpatient admission. However, the private sector has a much larger share of outpatient secondary and tertiary care, at 60%. Furthermore, the quality of service provision in Sri Lanka is lower than what I have experienced in the UK due to lower funding levels. It has also had problems with overcrowding of its tertiary care centres due to a lack of a referral system for services in both public and private sectors [6, 7]. Despite this, overall healthcare in Sri Lanka is better than I had presumed prior to undertaking this elective.

Explore the use of a cervical screening programme in the UK.

The reduction of mortality from cervical cancer in the UK has proven to be a great success as a result of the national cervical cancer screening programme. Since the 1970s, mortality rates have reduced by 72%, and 10 year survival has increased by around 15% [8]. Furthermore, mortality rates are likely to continue decreasing following the introduction of the Human Papilloma Virus (HPV) vaccine in 2008. This was introduced as infection with strains 16 and 18 of the HPV virus have been found to cause 70% of all cancerous and pre-cancerous cervical lesions [9].

Currently, women are eligible for 3 yearly screening between the ages of 25 and 49, and 5 yearly screening from 50-64 years of age [10]. Screening consists of cervical cytology and HPV triage for patients with borderline or low-grade changes [10]. Take-up rates in the 2015-2016 Quality Outcome Frameworks year were relatively high, at 72.7%, however this is below the target of >75% coverage and trends show that this has been on a slow decline over the past few years [11]. As cervical screening has proven to be so successful in reducing mortality from cervical cancer, such a decline should be taken seriously, and attempts should be made to encourage women to partake whenever possible.

Reflect on whether I would wish to pursue a career in obstetrics and gynaecology.

I thoroughly enjoyed my 4th year placement at the Royal London Hospital, as I liked the diversity of roles and responsibilities these clinicians undertake. Therefore I wanted to spend some more time in this speciality. During my short time with the Obstetrics and Gynaecology department at the Royal London hospital, my interest in Obstetrics and Gynaecology has been reinforced. In light of this, I have taken up the opportunity to become involved in an audit project looking at the pathway of care for women found to have maternal non-anti-D antibodies. Participation in this will likely prove to be beneficial on application if I do decide to apply for specialist training in Obstetrics and Gynaecology in the future.

References

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