

ELECTIVE (SSC5b) REPORT (1200 words)

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

I spent my six week elective working in a GP practice in Australia. It was a large surgery called Ningi Doctors and was situated in an area called Ningi, Queensland, which is just north of Brisbane and has a population of approximately 3,500. Patients visited the practice from Ningi but also from other surrounding areas, such as Caboolture. Some of the patients had known our GP from his previous practice in Morayfield, and so many of them travelled to Ningi for consultations with him. Generally the population of Ningi are of a lower socioeconomic background compared to other areas of Australia, with a large number of patients unable to pay for treatments and medications.

Objective 1: Describe the pattern of illness seen in general practice in Australia, and compare this to that seen in the UK.

During our time at Ningi Doctors, by far the most prevalent condition we saw was skin cancer. We saw a range of squamous cell and basal cell carcinomas, as well as malignant melanomas and actinic keratoses. Many of the appointments were spent doing skin checks (where the doctors look at all of the patient's skin, using a dermatoscope where indicated), punch biopsies and excisions.

Other illnesses we saw during our time there included some coughs and sore throats (although far less than we would usually see during a general practice placement in the UK), diabetes, depression and anxiety and drug and alcohol misuse. We also saw many patients for health reviews, which involved a long appointment to discuss any chronic health problems the patient had and the medications they were taking. Many of the appointments were also scheduled so that the patient could receive a flu vaccine. A large number of the nurse consultations were spent removing stitches and the GP would review the wounds (usually following skin biopsies and excisions). We also saw a lot of patients presenting with infected skin wounds and cellulitis, possibly owing to the warm climate and the fact that many of the patients didn't wear shoes.

Objective 2: Compare the health provision in general practice in Australia to that of the UK.

The health provision in Australia was fairly similar to that in the UK, compared to other countries. Patients were able to see the GP as and when they needed and these consultations are paid for by the government. Should the patient require specialist care, they could then be referred to a specialist by the GP, as in the UK, and the GP was also able to order blood tests and investigations (again, similar to the UK).

However, there were also some quite considerable differences. At Ningi Doctors, the vast majority of patients who presented with a skin cancer would have it excised in one of the treatment rooms by the GP, without the input of a hospital-based specialist: often these would be performed when the patient arrived for the result of their biopsy, eliminating the need to schedule a further appointment. At our surgery, the GP performed punch biopsies, excisions, skin flaps and skin grafts. I am aware that some minor surgery is performed in general practices in the UK, but have never seen skin cancer managed entirely by a GP.

On the other hand, I also noticed some negative aspects of the healthcare provision. In Australia, many patients must pay for their medications, meaning that some of the poorer patients couldn't afford

them. The medications are subsidised, but I noticed that there were consultations in which a patient would be prescribed an alternative antibiotic by the GP, as it was cheaper and the patient was on a low income, and some couldn't afford their medications at all. I was also made aware by the GP that many of the patients elected to have their skin cancers excised by the practice, as the wait to see a specialist could be weeks or even months. This varies dramatically from the UK, where all cancer is referred under the two-week-wait pathway.

Objective 3: What public health initiatives are prioritised in general practice in Australia? Does this differ from those present in the UK?

In Australia, there is a large focus on skin cancer awareness and prevention. A very large proportion of the population seemed to be aware of the importance of using sun screen and of the relationship between sun exposure and skin cancer. In the UK there is some awareness of sun damage and skin cancer, but I don't feel that it is prioritised in the same way. Furthermore, there seemed to be a very good awareness of vaccines and their ability to prevent illness: I noticed that the flu vaccine seemed to be extremely popular, with the practice running out on a number of occasions. I felt that this differed significantly from the UK, where often the GP often must encourage patients to have the vaccine and many patients refuse it.

There were other public health initiatives that are very similar across both countries. There was a focus on encouraging childhood immunisations including the HPV vaccine, as in the UK, and many of the diabetic patients seemed to have a good awareness of the importance of diet to affect their sugar levels, as well as monitoring their feet and having eye and kidney checks.

Objective 4: What are your thoughts on pursuing a career in medicine in Australia? What do you think would be the strengths and weaknesses, compared to working in the UK?

Having completed this placement I would definitely consider a career in Australia, possibly in general practice. I really enjoyed the variety of my time at the surgery: swapping between consultations and procedures was interesting and I enjoyed the practical elements of the placement. I also found it very satisfying watching the GP managing to diagnose skin cancers and then go ahead and treat them, without needing to refer the patient on. On the whole, the patients in Australia seemed more satisfied with the care they received, compared to those in the UK, and seemed to have managed to obtain a GP appointment more easily. I think this helped considerably with the mood of the consultations and made for a more pleasant environment in general.

On the other hand, I think I would find it frustrating trying to get patients an appointment with a specialist, given that the waiting lists can be so long, and would find it difficult if a patient struggled to afford a medication. I also feel that I could struggle to live somewhere so far from the UK, especially with such a big time difference. All in all, however, I feel that I would consider living and working in Australia in the future.