Elective Title: Elective in Rheumatology at Hull Royal Infirmary

My elective period was spent in Kingston upon Hull, the UK City of Culture 2017. UK City of Culture was an initiative which began in 2009, a city was to be given the designation once every four years, with each designation period lasting for a year. It provides an opportunity for the city to generate cultural, social and economic benefits for the area, as well as to changing a city's image and raise its visibility and profile. As this was my first time visiting I was not aware of what pre-2017 Hull was like, but upon arrival I was impressed by the exhibitions, shows and events scheduled for literally 365 days of this year.

With regards to the hospital itself, Hull Royal Infirmary is one of the two largest hospitals in Hull, and it's a teaching hospital for Hull York Medical School. The rheumatology department here is much larger than at the district general hospital I was placed at near London during my rheumatology placement at medical school. I wanted to gain more exposure of rheumatology as the majority of the conditions I've seen in previous clinics were rheumatoid arthritis and fibromyalgia. Although, after the first week here I was shocked into the realisation that the rheumatological conditions I've learnt during medical school was merely a tip of the iceberg, there are a whole range of conditions which I've never even heard of such as pigmented villonodular synovitis and TRAPS syndrome. As well as hearing about these new conditions for the first time I've also learnt some conditions which I've never previously thought of as rheumatic diseases such as chronic recurrent multifocal osteomyelitis was in fact an inherited autoinflammatory disease.

The pattern of health provision at Hull is the same as in London, as both are part of the NHS. Therefore the diagnosis and management of conditions primarily follow the same NICE guidance. Although one difference I've noted in Hull is the use of plasma viscosity in blood tests instead of the measurement of ESR, as it appears to be more accurate. I've heard from many doctors previously about how ESR is not an accurate measurement and its use has been more discouraged, however I've never heard about this alternative. I was surprised by the fact that ESR was not used at all here because I thought measuring ESR was used as an definitive diagnosis for polymyalgia rheumatica, therefore after hearing this I reread the guidance and realised the measuring of ESR was in fact more of an exam question, when the real world diagnosis can be based on other inflammatory markers as well as from the symptoms.

While at Hull I had the opportunity to attend paediatric rheumatology clinics and have seen many children with query rheumatic diseases. While many had muscuskeletal pain associated with hypermobility and growing pain, a few children suffering from inflammatory conditions such as juvenile idiopathic arthritis had made me think about their quality of life. It is estimated that 1 in 10,000 children are being diagnosed with juvenile idiopathic arthritis per year in the UK, giving a figure of around 1000 children per year. While a majority of them are controlled, a third will have ongoing active disease in adulthood. The quality of life of children with JIA are significantly lower than those without, not only is there a physical limitation to mobility, but also their psychological well being. Living with pain and frustration at an young age can contribute to low moods, taking medications and attending various regular appointments can make them different from other children. All of these reasons can contribute to poor school attendances which can further lead to a lower quality of life in their future.

During my time here I have noticed that nearly all the patients I've seen in the hospitals were Caucasians. This led me to question whether if this was because rheumatic diseases are more prevalent in Caucasians or if this observation was because the population in Hull are primarily Caucasians. My question was answered by a consultant who told me that the M62 is the only way

into and out of Hull, making it a fairly geographically isolated location. I was told that most people who live in this area are originally from this area, and it's population is not very diverse at all. I then compared the population in Hull to London and realised that 90% of Hull's population are made up of White British people, where as less than 45% of London's population is made up by this group. Not only did this explain my observation, it also made sense to why I thought patients in Hull seem to be more acceptable of their managements given by doctors. In London I felt doctors usually have to spend more time negotiating management plans with patients, as patients generally seem to ask more questions and are more doubtful to starting medications. This may be because London is very ethnically diverse and certain group of people such as from Asian and Afro-Caribbean populations tend to have more cultural differences which may include alternative therapies and different ideas about medications, making it more difficult to come to an management between doctors and patients.

In conclusion I have thoroughly enjoyed my time at the City of Culture and at Hull Royal Infirmary, and I'm glad to say I've definitely broadened my horizons of rheumatic diseases while at here.