

Paediatric Gastroenterology Elective Royal Children's Hospital, Melbourne 2011

During my elective period in April and May 2011, I have been fortunate enough to spend time at the Royal Children's Hospital in Melbourne, Australia. Having a keen interest in paediatrics, it has been a privilege to spend time in one of the world's leading paediatric hospitals.

1. How does typical patient care at the RCH compare to the UK equivalent?

Compared with a UK hospital, the RCH covers a vast area. This is due to the distribution of the population in Australia (approximately 25,000,000) over such a large expanse of land. The RCH being a tertiary referral centre covers the entire state of Victoria where the hospital is based, as well as New South Wales, Tasmania and other states in Australia and further afield. The RCH employs approximately 4000 staff members who cover a range of clinical services, health promotion and prevention, as well as social and emotional support for friends and family members. In addition to this, the RCH is the major trauma centre for Victoria and is a nationally funded centre for heart and liver transplants. In the period between 2008 and 2009, around 35,000 inpatients were treated, 230,000 outpatients, 7,740 children on the waiting list had their surgery and 67,000 children were seen in the emergency department.

The most appropriate hospital to compare the RCH with in the UK, in my opinion is leading children's hospital, Great Ormond Street Hospital (GOSH), London. Similarly, this is a tertiary referral centre, which sees children, not only from London, but other hospitals in the UK and abroad. The area covered is somewhat less than the RCH, and they see relatively fewer patients each year, around 170,000. As with the RCH, GOSH is highly specialised with more than 50 areas of specialism. Both the RCH and GOSH are major training hospitals and train many paediatric doctors and nurses.

2. How are gastroenterological paediatric tertiary referrals made in Australia as compared with the UK?

Referrals to the RCH are made mainly through paediatricians in secondary care hospitals, this may mean a child has to wait a number of months to see a paediatrician in a secondary hospital, and if referred, a further number of months awaiting an appointment at the RCH depending on the urgency of referral. Referrals at GOSH are also mainly through other hospitals, where a child has already seen a paediatrician. At the RCH, it is possible for GPs and paediatricians outside RCH to request imaging or pathology referrals. To refer a child to the RCH, certain guidelines must be met. For example, a common condition that I came across whilst with the Gastroenterology team was coeliac disease. In order to refer a patient with suspected coeliac disease or abnormal blood findings related to coeliac disease, there must be an initial work-up including, urinalysis, stool culture, FBC, LFTs, U&Es, total IgA, coeliac serology if the child has gluten in the diet and abnormal coeliac serology. It is recommended that the gluten is not stopped before the appointment. Referrals are suggested if there is a need for further evaluation or a gastroscopy.

3. What are the differences in funding treatment between Australia and the UK?

An area that interests me particularly, is funding of healthcare, both in Australia, the UK and elsewhere. Similarly to the UK, there is a national service that aims to provide healthcare to Australians from all walks of life. In Australia, there is a mix of public and private healthcare providers. As in the UK, the Australian government takes the lead role in forming policies and regulating funding. Local governments play a role in implementing these decisions in the public sector. In addition to this, there are many private practitioners available to those willing to pay for healthcare.

There are three main schemes in the Australian health system which Australians use in order to subsidise private healthcare, Medicare, Pharmaceutical Benefits Scheme and 30% Private Health Insurance Rebate. All Australian citizens are members of Medicare or the Pharmaceutical Benefits Scheme. This means that private healthcare is subsidised in addition to making public hospitals available for free for anybody wishing to use them. These schemes are funded through taxes and also through the Medicare levy which is an income assessed contribution. The 30% Private Health Insurance Rebate, is set up as an incentive for Australians to take up private health insurance in addition to Medicare. Advantages being, a lesser waiting time for appointments and plusher surroundings. At the RCH, at a gastro outpatient appointment, the RCH itself is charged per person and the money refunded to the department.

In my opinion, in the UK the system is simpler. The NHS is a government funded organisation, paid for mainly through the taxpayer. If any person, rich or poor needs any medical attention, it is free to visit any NHS hospital or GP practice, which account for the majority of British healthcare services. Private healthcare is available to those who wish to pay privately.

4. Describe an aspect of an experience you have been able to reflect on whilst in hospital.

During my time at the RCH, I have been able to reflect on my experiences here, and on how patient-doctor contact differs from UK experiences. I have noticed that despite the RCH being such a busy organisation and one in extremely high demand, the patients are made to feel very much like individuals. There is less of a sense of hierarchy as there is in the UK, patients here see themselves very much as equal to consultants and other members of staff and seem unafraid of asking questions or even challenging decisions! Having witnessed many doctor/nurse to patient/parent consultations, I was struck by the positive attitudes of the staff, and how this is reflected in the children and parents who on the most part seemed much happier and assured having been seen on ward rounds or in clinics. The rapport that nurses have with the children on the wards is so helpful in keeping children and parents as happy as possible despite difficult times. I think the positive attitude that I have experienced here is something I can learn from and hold on to during my FY1 year and beyond.