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During my time at Westmead's Paediatrics hospital I have been fortunate enough to spend time in a few departments: General medicine, Emergency department (ED) and Gastroenterology. All the teams have been very welcoming and willing to teach. During my time in General medicine and Gastroenterology I was able to attend daily handover, ward rounds, on call, teaching sessions and journal club as well as clinics. In ED I really enjoyed learning plaster techniques in a practical session, as well as spending time in resus, minor and majors. I also was able to attend Grand Rounds and a teaching day for the ED covering an update on meningitis and sepsis management in particular.

Objectives

1. Describe the pattern of health provision in Australia and how this contrasts with the UK, including structure of the health care system and funding.

When comparing these two countries they vary greatly from a far. Firstly the size of Australia is vast and varied, ranging from snowy mountains, beaches, rainforests and deserts. The total populations of the two countries are also very different. The UK has approximately 63 million people, whereas Australia had about a third of this at 22 million.¹ But when I arrived from the UK I found that the contrast from London to Sydney was not so noticeable. In fact I felt as though I had to really think about what was different. Of course there is the weather and the coastline, but this English speaking country also has a multicultural population and metropolitan feel similar to London.

The provision of health care in the UK is covered primarily by the National Health Service (NHS), which is government funded and free to all at the point of delivery. This paid for by taxes and national insurance contributions. Most people in the UK rely on the NHS with fewer people having private cover. Most of the private care comes as an extra in people's work-place and but are often only used for orthopaedic surgical procedures where waiting lists are longer etc. Whereas in Australia people are members of Medicare or the Pharmaceutical Benefits Scheme, an individual's contribution is based on their income. This covers in and out patient hospital care and 85% of consultation fees. There is also a 30% rebate on private health care to encourage the uptake, with the advantage of less waiting times. The use of private care seems more common and almost expected.

For doctors in Australia, they need to have been working in Australia for ten years before they are able to charge privately. I am less aware of the process in the UK as it not something we come across so much when in the NHS, the two systems are quite separate. But I get the impression that in Australia it is expected that this will be part of your career.

General practice (GP) seems less used here, but perhaps this is due to the need to pay or maybe because of the larger distances needed to travel. This may lead to parents leave health problems until later. But this may also be a biased view picked up from ED where many scenarios seem as though they could have been dealt with in GP.

2. Describe the prevalent paediatric conditions in the Australian population and how this differs from the UK population.

The pathologies seen in Westmead's children's hospital are similar to those I have encountered in the UK, in a district general hospital and Great Ormond Street Hospital (GOSH). Westmead is a major tertiary Paediatric hospital with about 350 beds for NSW and the South Pacific.

Firstly, I started with General medicine, here there is a high patient turn over, with some more long term, complex patients too. The pathologies seen covered many specialties, but the majorities of admissions were viral infections. This is because it is the winter season, so there were many cases of bronchiolitis which is similar to the UK. In Australia, the use of a nasal pharyngeal airway swab was prominent, which I have not seen in hospitals in the UK, perhaps this is a new test. I am unsure how this changes the management plan but does provide a clear answer to parents and so in that sense helpful.

Within gastroenterology, there were many conditions that are also prevalent in the UK such as inflammatory bowel disease, cystic fibrosis and the use of TPN which I have seen at GOSH.

The interaction with patients/parents with doctors is similar to the UK, I saw very good communication and reassurance. Another similarity is the frustrations that occur behind patients' backs about the difficulties they have with parents for example who are not being very understanding about compliance.

3. How management differs across different Paediatric departments?

Throughout my time in different departments I have been able to see the difference in the way teams work and the contrast of skills required and difference in management styles.

In General Medicine and ED the doctors had a wide range of knowledge about different pathologies. Unsurprisingly the ED was very fast paced, but the need to reassure and constantly update parents was seen. The communication was very efficient and I learnt a lot about different ways to explain medical conditions and the importance of 'safety netting'.

In Gastroenterology, as it is a sub specialty has more complex patients, especially those on TPN and there were patients who have been in hospital longer. The team got to know the patients more, with admissions and clinics under the same doctor. I saw more of a relationship with the doctors and the families compared to ED and General Medicine. I liked this aspect of the care.

4. How has the experience changed my personal and professional development goals? Reflect on some key experiences and activities.

The reason for choosing this elective is because I have always wanted to visit Australia, in particular Sydney. I had also considered spending some time working in this country in the future. In terms of my career, during this academic year I have narrowed down my favourite subjects to Paediatrics and GP. Therefore I hoped that this placement along with a previous placement in GP would help.

I have really enjoyed my time in Sydney, both in the hospital and exploring the local area. I have liked spending time with the people I have met in Australia, as well as the other elective students and the Australian medical students, I have been interested to hear how their course differs and their views on medicine. The medical teams have taught me a lot about the health care in Australia and how the training works for doctors. I now understand how the training programme differs to the UK. For instance I have heard about how the intern and resident years work, which sound similar to our Foundation years but are followed by being a registrar. The training appears to be a faster progression to the equivalent of a consultant. Also the training jobs require quite a degree of travel and time spent in rural area, I feel this along with the shorter training may not appeal to me.

While I have been considering spending a period of time in Australia when I am qualified, I have learnt from this experience and feel I could now consider this with a more informed decision. I have thoroughly enjoyed my time here and I would not change it. If there were to be any negatives for me: perhaps it is too far away from my family and friends at home for a longer period of time, the time to travel and difficulty overcoming the time difference is too much.

This experience has also helped me in terms of whether I want to fulfill a career in Paediatrics. Recently I have been undecided about whether to choose Paediatrics or a GP, and I think I have decided that being a GP is probably for me. One aspect of this placement that I particularly enjoyed was the opportunity to clerk new patients in ED minors. In my opinion this is quite similar to GP, many of the patients are not obviously ill enough to be immediately admitted. Therefore, the decision of whether the patient is unwell ends up being the challenge; it involves a lot of clinical decisions based on history and examination without the use of many investigations. This is the side of medicine I really enjoy.

Overall, I would definitely recommend this placement to other students.

References

1. World bank. Accessed at:
[http://www.google.com.au/publicdata/explore?ds=d5bncppjof8f9_&met_y=sp_p op_totl&hl=en&dl=en&idim=country:GBR:FRA:AUS] on 27/5/13