

**ELECTIVE REPORT**

1. To gain an understanding of the common presentations and conditions in General Practice in Sydney, and how this might differ from those seen in east London.

The common presentations in General Practice in Australia, in particular Sydney, were very similar to those seen in most areas of England. This is probably owing to the fact that the population, culture and lifestyle are in fact very similar between the two countries. Australia is also a developed country, which as a result faces all the health problems seen in the rest of the western world. Namely related to a sedentary lifestyle and poor diet; making problems such as heart disease to be very common. However, as well as the common conditions seen in the UK, there was one type of medical problem which is quite unique to the continent of Australia in terms of its prevalence. This is sun exposure related dermatological conditions. Australia has the highest rate of skin cancer in the world, with the Australian government publishing official statistics as high as 2 in 3 Australians being diagnosed with skin cancer before 70 years of age; it is the most common type of cancer in the country. Melanoma as well non melanoma skin cancers (SCC and BCC) are prevalent in this part of the world, owing to high sun exposure and the mostly Caucasian population. The Australian government have also pumped a lot of money into public health campaigns to increase awareness on self-care in the sun. In the general practice where my elective was carried out, I saw far more patients present with skin cancers than I have in GPs in the UK. The general practice in Sydney was adapted to this, and the GP offered see and treat simple dermatological procedures to patients, including freezing of small lesions and minor surgery within the practice straightaway. This provided for a convenient port of call for many patients for whom this was a recurring problem and waiting for a specialist referral would delay simple and effective treatment.

2. To appreciate how General Practice services are organised and delivered in Australia, particularly with regards to funding and private health care; and how this might differ to primary care provision in the UK.

The healthcare system in Australia is run both by the government (the "medicare" system) as well as being partially private. The government funded public health care services covers the vast majority of health needs of the Australian population to a varying degree. The main services not funded by the government include ambulance services, optometry and dental services. Some health services are partially covered by the government medicare system, whilst the rest requires private payment. General practice is an example of this where the government will typically cover around 75% of the patients GP costs, whilst the patients must cover the rest via private health insurance. However, there is also a scheme called "bulk-billing" where the GPs accept around 80% of their patients' healthcare costs from the government, and do not charge the patients for the remainder. This is economically better for patients, who are consequently receiving free GP services. This system of bulk-billing is more commonly seen in areas of lower socio economic status or inner city (highly populated) areas, as the rural areas may have a shortage of doctors and so it would not be economically practical to offer bulk billing in these areas.

3. To gain insight into the local primary care provisions for women's health, including contraception and sexual health screening.

Ashford medical practice where we spent our elective was a new practice to the area of Milperra in suburban Sydney. The principal GP was female, which proved to be a huge advantage for the local residents, as previously there had only been one male GP for the surrounding neighbourhood. Many of the female patients transferred to be registered with our practice. Our GP advertised and offered thorough sexual health screens on a regular basis for women, which was greatly appreciated by the local female population. She also offered fitting of many of the contraceptive devices such as coil, implants, as well as providing advice regarding the emergency pill – which happened on a few occasions during the elective. Furthermore, the practice nurse was also well trained in providing contraceptive advice. The GP was also a big advocate for regular cervical smears, and encouraged women to come for regular screening. Again, the cervical smear uptake rate had improved greatly since the female GP opened her practice. Cervical cancer screening by smear testing is currently being highly publicised and encouraged via Australian government health campaigns, just as in England.

4. Personal/professional development goal: To have the opportunity to conduct a wide range of clinical examinations, whenever possible whilst supervised, to perfect the clinical examination skills required as a junior doctor.

We were very fortunate in that our supervising GP was extremely keen for us to have as much patient interaction as possible. This gave us the opportunity to conduct many physical examinations as well taking thorough histories from a wide variety of patients. Although there was only one GP in the practice, it had quite a large number of registered patients. This meant that the GP sometimes struggled to fit in emergency walk in appointments whilst she was seeing other patients. During these busy times, I was asked to see some of these patients myself in a separate room; which included a full clerking and thorough relevant examination(s). Following this I would present my history and findings to the doctor and we would collectively consider the different management options. This was a very useful exercise for both myself and the GP, as I received invaluable feedback on my history taking and presenting skills as well as diagnostic abilities, and she saved consultation time. Furthermore, the GP was also keen for us to perform clinical examinations (general such as cardiorespiratory as well as specialist such as otology and paediatric examinations) in her presence, which meant we received instant and very constructive feedback on our performance. It was very satisfying to be reassured on the correctness of our examination techniques. Furthermore, presenting histories in a succinct manner was also extremely useful; as this is a skill that will need to be refined and used very frequently as a junior doctor when presenting to busy seniors.