

## New Zealand Elective Report

### Objectives

- Describe the prevalent conditions
- Describe differences in healthcare systems
- Describe the clinical experience
- Reflection

I carried out the second part of my split elective in the orthopaedics department at Hawke's Bay Hospital. It is the main hospital within Hastings, with a 400 bed capacity. In regards to health, it has similar health issues when compared to the UK. Common health problems include cardiovascular disease, diabetes, tuberculosis, obesity and influenza. Due to the differing environments, New Zealand also presents with other conditions such as Yellow fever and diseases like Ross River virus and Murray Valley encephalitis. As I was based in the orthopaedics department, I did not get much exposure to such general medicine cases. However within the orthopaedics department, the most prevalent injuries were to Rugby players, with it being the start of the rugby season. I was told that the style of Rugby was a lot rougher than other parts of the world, hence the large number of contact injuries. Furthermore, a lot of the youngsters participate in extreme sports meaning that many of the cases had already had several operations already.

New Zealand initially offered a free health service which was based on the UK's National Health Service. However, over the last 30 years reforms to this system have introduced a public-private ethos which includes health insurance. I was told about the Accident Compensation Corporation (ACC) which is the countries health insurance that covers the costs of cases deemed accidents. This was particularly applicable in the orthopaedics department where many injuries occurred in the work place or in road traffic accidents.

It initially surprised me how many patients had private insurance but it was soon evident why. In New Zealand, costly or difficult operations often require long waiting list delays unless the treatment is medically urgent. When I was sat in clinic, I observed several cases that were deemed non-urgent and in turn given long waiting times. Many of these people simply discharged themselves and then went privately to have their operation done with the consultant within days instead of weeks.

I found it very interesting that the healthcare given within New Zealand was mainly primary care orientated. In the UK, if a patient had broken a bone they would usually come to accident and emergency for diagnosis, investigations and management. However, in New Zealand the majority of these cases would be presented to the patient's general practitioner. This surprised me and it made me question what could be the main reason for this difference. I found out that it was due to the fact that most general practitioners have the resources at their disposal to provide investigations (e.g. X-rays) and treatment sufficient for recovery.

I was fortunate to get a lot of clinic and theatre experience on this elective. I brushed up on my joint examinations in the clinic and I was able to enhance my surgical skills, in particular my suturing and scrubbing up technique, when given the opportunity to go to theatre. Overall it has been a very enjoyable experience and I look forward to using the skills that I have learnt when I return to the UK.