ORTHOPAEDICS

Kathryn McLoughlin

16th April-25th May

Supervisor - Mr Michael Armstrong

**Please ensure one copy of the marksheet for this report is given to me, and one sent to mbbs-year5-admin@qmul.ac.uk.**

1. What are the most common orthopaedic conditions in Melbourne, Australia? Do they differ from the UK and if so how?
2. How does the difference in healthcare system affect the provision of orthopaedic services in Australia compared to the UK?
3. How does the part-privatisation of healthcare affect its provision to those of a lower socio-economic status?
4. To improve my skills in examining the musculoskeletal system & my targeted history taking & reflect on my learning.

I was doing my elective in Box Hill hospital, Melbourne. This is a medium sized general public hospital, admitting all patients that require it regardless of their healthcare status. As a medium sized hospital it is not one that is set up to deal with major polytrauma, these cases instead go to the Alfred Hospital, Melbourne. This means that many of the emergency cases seen are non life-threatening trauma cases in the local population.

The population of Melbourne, and Australia as a whole, is an ageing one, much like that seen in the UK. This means that the emergency cases seen in the hospital are very like that seen in most orthopaedic departments in the UK, a lot of fractured necks of femurs in the elderly population and a lot of fractured arms and legs in the younger, especially the paediatric population. Whilst this does not particularly differ from what is seen in the population of the UK, it is different to the demographic I have generally seen whilst doing orthopaedics in the Royal London, where the majority of cases are trauma cases and, therefore, affecting the younger generations.

The orthopaedic department does not just provide an emergency service to the local area, and a lot of the patients admitted are for elective cases. At least one list (but usually two lists) occurs every weekday to deal with these elective operations, usually comprising of one total joint replacement operation or hemiarthroplasty plus one smaller operation, often an arthroscope or removal of metalwork from a previous operation. This is quite similar to the set up seen in many of the hospitals throughout the UK. Many of the trauma cases are then operated on in theatre as emergency cases out of hours, which can cause problems with waiting times and list cancellations, also a common problem in the UK.

In Australia, the public healthcare system is called medicare and is funded by taxes, much like the UK. The system works by charging a 1.5% tax surcharge on all those who are eligible for health cover, except those on a low income. In addition to this, those earning over $70 000 each year who do not have adequate private cover have to pay an additional 1.0% tax levy to cover their medicare. This means that many middle and high-income families have private cover so tend not to use the public system for

elective medical care, only when it is an emergency. The private hospitals give the same advantages here as they do in the UK when it comes to waiting to see consultants in clinic or waiting for an elective operation, so when the cost is equivalent, it is quite easy to see why people choose to go private. This is why the private medical industry is much larger here than it is back in the UK, where the money for the NHS comes out as part of our tax, regardless of whether you choose to pay for private insurance or not.

The main difference in terms of cost and provision of medical care that I have seen is in the use of ambulances in Australia. Ambulance use is not free, or covered by medicare. People must either pay annually for ambulance cover as part of their private cover, pay annually for it regardless of the fact that they do not have private cover or pay each time they require an ambulance. The cost of an ambulance call out can go up to thousands of dollars, and this can lead to people who require an ambulance coming in to hospital unsafely by another form of transport.

In terms of the elective orthopaedic services provided by the hospital, they suffer from the same waiting list and cancellation problems that are often seen on the NHS, as well as the same problems with busy clinics inevitably running late and over their allocated time. The emergency operations also suffer from the same problem I have often seen in the Royal London, where there is a struggle to get enough theatre time to cope with the high volume of cases coming through the door. This has been especially apparent over the last few weeks as there has been a change in the weather, and the increased rain fall has led to an increased number of fractures coming in that require some form of treatment in theatre under the orthopaedic team.

The part privatisation of the healthcare system here does not tend to affect those in a lower socio-economic group as much as I anticipated, as the medicare system provides adequate services for those who need it. This includes all possible demographics within society, all incomes and age groups. It just means that they are subject to any problems that may exist in the public healthcare system, or their local public hospital, as they don't have the privilege of choosing who they see.

I feel that I have been able to really improve my history taking and examination skills by being given supervised patients of my own in consultant led clinics and in fracture clinic on a regular basis. The quick and pressured environment of fracture clinic has helped in making my history taking much more focussed and accurate in a shorter space of time. I have also gained valuable experience on the wards doing some of the more simple tasks, such as writing in the notes. This is something I had not done much of before, but which I need to be able to do when I begin working as an FY1 doctor in August. Also, helping with the general day to day jobs on the ward has helped build on my previous experience this year, and reinforce the recent learning I have done for my medical finals. This in turn will have a major role in preparing me for the transition from medical student to a competent junior doctor.

I have also spent a lot of time in theatre, which has helped me to see a wider range of injuries and operations than I had previously seen in my two placements in the Royal London. It has significantly improved my knowledge of anatomy. My knowledge of different surgical techniques has also improved greatly through exposure to many different operations. I have been able to assist in some of these, gaining experience of

scrubbing and improving my skills in suturing and administration of local anaesthetic. As I think I would like to pursue a career in surgery, I have found this experience exceptionally useful and beneficial.

In all I have thoroughly enjoyed my time at Box Hill, I have learnt a lot and been taught a lot. The team have been very friendly, welcoming, helpful and keen to teach at every opportunity throughout my time here.

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