RAIT, Jaideep
Plastic Surgery

Jaideep Singh Rait (medical elective student)

Plastic and reconstructive surgery elective- Christchurch New Zealand

What are the most common conditions requiring plastic surgery/ reconstructive surgery input in Christchurch? Has this changed in light of the recent events and how does this compare to the UK?

During my placement I attended clinics, theatre and the ward rounds. In all cases the majority of conditions that were treated or had been treated were as a direct result of problems associated with skin cancer. This has not been affected by the recent events but is obviously an on-going problem that is mainly affecting the older generation, especially farmers who are presenting with these conditions upon being referred from their family doctor. This is obviously different to the presentation of conditions that I witnessed in the UK where the majority of cases on the acute side were due to trauma and complication arising from other types of cancer especially breast.

Although in most instances the underlying cause was skin cancer the presentation of these conditions was very varied depending on the site affected. So this meant that I was witness to a number of cases that had affected the head and neck region resulting in complex surgery. There were also a substantial amount of cases that involved the arms and legs. Additionally I was also present in clinics for a number of rarer syndromes that were either being followed up long term or were a new presentation and this was interesting as I had not come across these conditions before but as this is the main site for plastic surgery in the south island of New Zealand this is where these cases would present to.

How is the allocation of services organised in New Zealand and Christchurch? How does this compare to the UK? Has this changed in light of recent events?

This was obviously very different to that of the UK. In New Zealand there is now a mix of public and privately funded healthcare. So whilst on the acute side of the placement I found that the accidents that had occurred to patients were said to be covered by the ACC (accident Compensation Corporation) this involved the costs of the healthcare being recovered from the person at fault. On the elective side I found that as I was working within a public hospital the majority of healthcare was covered by the district health board of which there are numerous ones throughout New Zealand. This did mean that in some instances patient may have had to wait a long time for any intervention due to waiting lists and the backlog that had resulted from the recent earthquakes. There were a number of people however who had privately funded health insurance that they had taken out. This has meant that those with private health insurance are able to be treated faster in most cases in private hospitals. The only effect as mentioned is that for patients relying on public funding for their healthcare they may have had to wait for a longer amount of time due to the earthquake and a backlog of cases, whilst I was there however this was minimal as this backlog had been substantially reduced.

Observe in the clinical setting the skills and competencies needed to practice plastic and reconstructive surgery and develop these whilst also building on the skills gained from plastics SSC in the UK.

I spent as much time as I could in theatre in both elective and acute lists in order to gain as much experience as I could. Initially I was not as involved and was allowed to observe only. Once I had been in attendance for a longer amount of time I was allowed to scrub in and then to assist when required. This was useful as it allowed me to get a lot closer and to visualise the anatomy of the relevant area and build on my understanding of the surgical techniques involved in order to cover

areas or dissect out the anatomy accurately. Whilst on the acute list the procedures were more familiar to me as this is where I had spent much of my time whilst conducting the SSC in London. Therefore I was able to assist more fully when there were operations involving hands or closure of skin wounds peripherally. The skills I have gained on this elective whilst not extending those gained in London have certainly reinforced them and has also improved my understanding of the anatomy involved and the techniques and precision required in plastic surgery.

<u>Gain a further detailed understanding of plastics as a speciality and explore career options abroad and compare this to the UK. Reflect on the elective experience and contrast this to the experience gained in the UK.</u>

As I spent much of my time with the registrars I was told that the training programme for plastic and reconstructive surgery in New Zealand was similar to that in the UK with minor differences in training programmes and posts available. The main difference was in terms of the competition for places as whilst this is a very competitive speciality in the UK it is even more so in New Zealand with fewer posts being available and more competition at every level to attain the required training programme.

What I did find encouraging however was the number of English doctors that were working here either temporarily or long term. After talking to them they reassured me that it was an excellent experience and was not a huge change from the English system and they managed to fit in very quickly. There were also a number of junior doctors working in the plastics team who were from the UK and they were able to advise me on what I would need to do if I was considering working here and exploring the possibility of going into plastic and reconstructive surgery in New Zealand.

This experience in New Zealand has shown me that plastic surgery is something is definitely something that I am considering as a career pathway but that I do not necessarily have to limit myself to working within the British system and if things prove difficult within the UK working in New Zealand is a possibility that I could consider.