RESPIRATORY MEDICINE

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Elective Report – Tauranga Hospital, New Zealand (April-May 2012)

During my time in New Zealand I have been based in Tauranga hospital under Dr Genzmer, a respiratory physician, and his team. The hospital serves the Bay of Plenty (a region of New Zealand) and is a secondary level hospital, unlike The Royal London which is a tertiary centre. There are 349 beds at the hospital, including those set aside for mental health, maternity and special care baby unit patients. The population in the surrounding area is more elderly than that of the Barts Foundation Trust, with the area colloquially being referred to as "God's waiting room". One notable difference is the specialty set-up within Tauranga. While there are similar specialties to the UK, most of them are grouped together under General Medicine here. For example within my team Dr Genzmer is an experienced respiratory physician, however his registrar specializes in general medicine. Dr Genzmer runs specialist clinics, and undertakes respiratory patients, but a substantial number of his patients are not. For example his list from 24/04/12 consisted of three respiratory cases (pneumonia x2 and COPD) out of ten, with other patients suffering from meningitis (x2), falls and confusion, many cases which would normally be seen specifically by geriatricians, or other specialities. This is interesting because it means registrars get to see a broader variation of patients up to a higher level, however potentially means that patients requiring specialist care see someone less experienced in their particular condition/field. Although beyond the scope of this essay it would be interesting to examine how this differing feature impacted patient care and their outcomes. I would like to note however that I can see why this approach is more suitable in a smaller hospital which covers a broader geographical catchment area; there are less specialist posts required due to a smaller population, and less people on call means that those who are need to be able to treat all areas of medicine. This fact has however influenced my initial objectives since they were very respiratory focused, and based on the UK/Barts and the London Hospital model. I have slightly amended them due to this, making them slightly more general, though for the most part they are very similar.

1) What are the main respiratory conditions in New Zealand, and how, if at all do they differ from the UK.

As outlined above, I have seen less respiratory cases than envisaged, however in general it appears the conditions witnessed are of similar distribution. Pneumonia appears fairly common, unsurprising in such an elderly population (many patients on Dr Genzmer's list are over ninety years old, and few are under sixty). This fact in itself is a discriminating feature, as although many patients were "elderly" on my respiratory firm at the London, few were over eighty. It seems likely that similar pathogens are responsible (based upon the cultures I have observed thus far) however, as would be expected, tuberculosis is a lot less high on a list of differentials than in the patient demographic of East London. I have observed patients with COPD, not unlike the UK, and as discussed above elderly patients presenting with the "geriatric giants" including instability/immobility (falls) and confusion; common presentations in my previous rotations but as mentioned not usually seen outside of geriatric care.

2) To assess the management of acute/chronic conditions and to compare these pathways to the UK

Overall I very much enjoyed my elective. My team and all the hospital staff were very welcoming, and it was interesting to observe the differences, albeit subtle ones, between here and the UK. It has also been useful for me to practice in unfamiliar surroundings/equipment, since I am moving deaneries for f1, and furthermore since I envisage myself returning to New Zealand to work one day. I would definitely recommend this elective to future students, particularly since New Zealand is such a wonderful country to explore, over and above the medical component.

Word Count: 1296 words including objectives and titles.