PLASTIC SURGERY

NYU ELECTIVE REPORT - PLASTIC SURGERY

(MAY/JUNE 2013)

Objectives:

- To compare and contrast healthcare models in the USA and U.K.
- To outline the training pathways in Plastic Surgery in both the USA and U.K.

Comparison of healthcare models in the USA and UK

The United States is the only industrialized country that does not offer universal healthcare to its population. In comparison to the United Kingdom where healthcare is guaranteed, the U.S. government has historically played a passive role in providing healthcare and to this day doesn't require its citizens to obtain health insurance coverage on any level. This in turn, has driven a thriving market for private healthcare insurance providers which operate on a market-maximized entrepreneurial system where the government has minimal influence and financial responsibility for the healthcare of the masses, and instead, relies on private parties to take responsibility.

The only public healthcare schemes available in the USA are Medicaid and Medicare. These programmes were introduced in the 1960's and aimed to provide healthcare for those who could not afford private insurance.[1,2]

Medicaid is a social welfare program funded by the Federal Government and provides medical services to individuals with low incomes, disabilities or few resources. It is primarily overseen and funded by the federal government and each state has control over the types of 'extra' services they will provide according to their individual budgets. Essential services include inpatient and outpatient care, prenatal care, childhood vaccinations and rural health care services. [2]

Medicare is a federal health insurance programme that pays for the medical care for the elderly, certain disabled Americans and those with end stage renal failure. The programme is divided into four different parts (A,B,C and D) of which only 'Part A', provides hospital care for free. The remaining parts provide care in the community, subsidized health insurance and subsidized drug plans and are all subject to additional charges. [2]

Contrastingly, the United Kingdom successfully established a public healthcare system, the National Health Service (NHS), in 1948 following the end of the Second World War.[1,2] The demand for the service was driven by the great depression which saw the British population face deplorable working conditions resulting in illnesses which drove the market for 'backhand' and unsupervised medical practice causing many deaths and morbidities.[1]

The NHS is a market-minimized national health service model, relying solely on government funding through citizen taxation and is the primary means for the British public to obtain healthcare. This essentially translates to free healthcare 'at the point of delivery' for everyone. A patient can visit their General Practitioner, attend a hospital appointment or walk-in center with no charge. It is an organisation providing a wide range of services, ranging from community care, hospital care, mental health support, pharmacies, dentists, optometrists and government health screening programmes and initiatives.

The NHS is divided into regional boards known as Primary Care Trusts (PCT's) which each have an individual budget to spend on healthcare services based on local patient demographics and morbidities.[2] These regional boards decide what services are likely to be needed with a primary focus of providing as much care as possible in a primary care setting. Secondary care, which largely concerns elective or emergency care, is provided in hospital and is deemed more expensive.

Despite its early success and phenomenal growth, the National Health Service has, to little surprise, suffered from economic constraints given the increasing population and increased life expectancy in Britain. This has resulted in sub-optimal performance, which is often highlighted in the UK media and translates into long patient wait times, poor staffing and unfair working hours. The UK government, recognising the surge in debt, has responded by introducing its own health reforms which sees cuts made across many services and the introduction of hospital managers dedicated to keeping costs low. This, combined with the increase in age for state-pension eligibility and the rising number of private healthcare providers, is likely to provide a change in healthcare provision in the UK.

Comparisons of both healthcare systems was highlighted by a review performed by the Common Wealth foundation in 2010 which consecutively found the U.S. system to underperform relative to six other developed countries (including the UK). [3]

The report praised the U.S. system for the provision of preventative and patient-centered care, but criticised the lack of universal coverage, because low income Americans could not afford insurance. Also, they reported that Americans with below-average incomes were much more likely to not visit their physicians when sick, compared to their counterparts in other countries. Furthermore, they found the U.S. to be the least efficient due to the rising administrative costs, use of information technology and duplicative medical tests. [3]

Two salient point however shone through the report, firstly, Americans that did have access to healthcare have rapid access to specialised care, thus directly contrasting with the UK, where the trade-off is long waiting times. Secondly, and more worthy of note, despite the differences in healthcare structure provided by the US and UK, both had higher death rates (ranging between 25-50%) compared to other developed countries such as Australia and Canada. This suggests that lessons need to be learned from these countries and each other in order to excel in patient care. It will no doubt be of great interest how these statistics will evolve with the healthcare reform bill brought through by Barrack Obama. [3]

Training pathways in Plastic Surgery in both the USA and UK

There are two major pathways towards becoming an accredited plastic surgeon in the U.S; the Independent Model and the Integrated Model. [4]

The Independent model requires the completion of a compulsory general surgery residency programme followed by a plastic surgery programme. In total, this usually consists of six years of training following medical school; three years in general surgery and a further three years in plastic surgery. Residents in the requisite plastic surgery programme must be exposed to the entire spectrum covering functional and aesthetic training in head, neck, breast, trunk and extremities. Oral and Maxillofacial training is also accepted as an alternative to the pre-requisite general surgery training. [4]

The integrated model requires residents to have a medical or osteopathic degree awarded by an accredited US or Canadian institution (LCME or AOA). Following this, six years of clinical residency training under the direction of the plastic surgery programme director is required. A minimum of two years of this programme must be concentrated in plastic surgery and the final twelve months must entail senior clinical responsibility. The role of senior clinical responsibility is also required for the last twelve months of the independent model. [4]

Postgraduate exams for both models in plastic surgery consist of written and oral examinations which revolve around case presentations. These are regulated by the American Board of Plastic Surgery. [4]

Currently, there appears to be a growing trend towards matching competitive candidates out of medical school into integrated programmes. This differs from the UK model which requires all graduates to complete a compulsory two years foundation training in order to be fully registered with the General Medical Council. Following this, doctors interested in any type of surgery are required to complete two years of core surgical training before applying for a highly competitive sub-speciality such as plastic surgery which lasts six years. In a similar manner to postgraduate 'board' exams sat by American graduates, postgraduate written and oral exams in the UK are regulated by the Royal College of Plastic Surgeons.[5]

The selection process for plastic surgery in the UK is held twice a year and is highly oversubscribed. In March 2009, 145 applications were submitted for nine available training posts across the country. [5]

It is for this reason that medical students are encouraged to take part in research and maximise their exposure to this area if they are contemplating plastic surgery as a career. Although this is true of both the USA and UK, it is perhaps more pertinent to the American schools as strong letters of recommendation can often pave the way for an applicant with high USMLE scores and exam results to enter an integrated programme.