

## **ELECTIVE (SSC5c) REPORT (1200 words)**

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

**Describe the prevalent gynaecological conditions encountered in the developed and less developed countries. How do they compare to each other and with those in the UK?**

Australia is a developed country similar to the UK and so similar conditions are encountered. In Tristar Medical group – many of the patients presented requiring contraception advice, menopause advice and symptomatic treatment or they were pregnant and being followed up by the GP. Similarly this encompasses the subject of many consultations that GPs have in the UK. All of the female patients I saw who were asked after their consultation about their PAP screen and test appeared to be up to date. This is quite different to the UK where in East London many of the females aged 25-30 are due for their test and are reluctant to go. This was pleasing to see as it seems that the patients here are more interested in their health and want the services that are available. The attitude here towards health conditions seems to be taken more seriously with patients chasing referrals and taking their own initiative to see a specialist if they think something is wrong. I have not yet been to the less developed countries so I am unable to comment about prevalent conditions there and draw any comparisons.

The placement setting here at a GP practice may be the reason that other gynaecological conditions were not seen as they can go to the local area hospitals and be seen. Patients here are not bound to a GP that they register with like they are in the UK, so there is not always a continuity of care that the UK has. This allows them to see certain GPs with a special interest for their conditions immediately which may also be why not many conditions presented. They are also able to gain access to scans and investigations quicker than in the UK, as this is a paid service, which is very different to the UK where clinics adhere to first then second line investigations and it is a lengthy process.

**Explore the differences in maternity care and services provided in Australia**

The antenatal care provided in Australia is the same as that provided in the UK in terms of there is a dating scan at 8 weeks, a 12 week and 20 week scan. If the patients are deemed to be a high risk pregnancy or complications are encountered then similarly to the UK, precautions are taken with folic acid, closer monitoring or extra scans if required.

Differently to the UK – although a midwife is assigned by the hospital to the patient in a scheme called – Know Your Midwife – they may not get the same midwife each visit. In the UK one midwife is assigned and often patients only see that one midwife. In Australia patients decide about how they want their birth (normal delivery, c-section, water births) similarly to the UK. Patients can choose a local hospital to deliver, which is based on their area of residence. This is slightly different to London where patients can choose a hospital which is further away from their home but within a geographic catchment area.

GPs provide most of the postnatal care in terms of weighing and immunisations and they get two home visits by a nurse for baby checks which is similar to the UK. The main difference is that in Australia they do not need to see the same GP but there is generally a doctor involved in the pregnancy, whereas in the UK a patient has a doctor or a midwife led pregnancy depending on the risk. Overall the care provided is very similar.

**What is the management available for emergency obstetric cases?**

The emergency cases are managed in a hospital setting as it is in the UK. This cost is covered by Medicare and so patients will only incur a cost if they do not have one. In the UK the emergency cases are covered by the NHS and so are free to all. If an ambulance is required however; in the UK this is provided for free by the NHS and in Australia this is provided if they have an annual subscription for it or they will be charged full price for it.

In the hospital the same specialists are available as are in the UK however there are no set guidelines like NICE that exists here and so there can be some variation in treatment options. I think because of this wherever in the UK a patient is being treated – the same level of care is given making it fairer whereas in Australia it is dependent on the area and doctor.

**How has the different healthcare systems encountered influenced my view of the healthcare provided in the UK? How will my experiences add to my professionalism towards patients in the future?**

I think spending time in the practice, talking to patients and the various healthcare professionals working at Tristar Medical Group has helped me appreciate the services the NHS provide to a much greater extent. Prior to coming to Australia I knew that healthcare was not free but the extent of this was only made clear once I was here. I have learnt that over here, an Ambulance does not come unless you pay annually for cover or pay the one off charge of \$600 per journey. If someone does not have this then they may decide not to get an ambulance; as did a patient I encountered here. In the UK the NHS provides everyone with free emergency services. This allows those who are less fortunate to benefit from the same services. Having stayed in the city centre in Melbourne however, there are a lot less emergency vehicles seen on the road compared to the UK which may show that resources are only being sent out when required and there is less wastage.

The healthcare system is such that all Australian citizens are issued a Medicare card. This covers all hospital care costs and a percentage of primary care costs. Those who are in lower income households get a Health care card where the costs are subsidised even further but there is often a small cost for most services. Contrastingly the NHS provides free medical care for all and for those who have a lower income get free prescriptions, eye-tests and other benefits.

A major difference that shocked me was the method of obtaining medications and vaccinations. They both have to be prescribed by a doctor. The patient then pays for the cost of the vaccine or for the cost of the actual medication. Contrastingly in England patients pay per prescription which is a set price and is a lot less than the cost of many medications. This has also helped me appreciate what the NHS provides the country is and how well it does this.

In Australia I feel that because the healthcare system costs the patients money, they are more aware of their health and seem to be more involved in their care. Many of the patients encountered had researched their presenting complaint and wanted a specific outcome – be it a scan or a prescription. I would like for all patients I encounter to be better informed about their condition through myself or other reliable methods so that decisions are truly joint. I would also like to take away the fact that here the doctors, though limited to a set time and that they do not always see the same patients as the patients can choose which GP to see, their consultations are slower paced making the patient feel relaxed and that the doctor has the time for them which is very different to how many patients feel about their GP in the UK.