



**PEP Specialist Stream – Reflective Task Example 2:**

General Practice - Australia vs UK:

There are similarities & differences. Primary care is the cornerstone in both healthcare systems being first contact of people, families & communities with healthcare system. It includes personal care with health promotion, chronic disease management, prevention of illness and community development in both countries.

British and Australian health care systems differ in their funding, capacity and logistics. In Australia, patients have more choice of provider and GPs have greater control of their workload, radiology and pathology investigations, whereas NHS provides free access to patients for healthcare services but limits the ability of GPs to manage demand. Population has continuity of care in Primary care in UK which has led to tremendous admin workload for GPs.

Health care system is different in Australia with Medicare & public hospital system comparable to NHS but complicated by layers of funding. I have found healthcare system quite confusing with Hospitals & Primary care not communicating much with each other. Patients do a lot of doctor-shopping so I understand hospitals will not always have a named GP or Practice to send information to.

Primary care & secondary care are run by two different pots of money (Federal & State government which adds to confusion. Medicare rebates keep changing which I think complicates things even more.

My experience in England was as a GP practicing in a relatively low socioeconomic locale. My Australian experience is in an affluent socioeconomic sub-urban locality. As such, my reflections are drawn from comparing the healthcare systems' impact in these specific contexts. GPs practicing in rural and remote settings, or those working with indigenous communities, will have different experiences of the UK and Australia.

Day to Day Job:

Seeing patients & dealing with their problems is essentially the same, medicine does not change. However, what I like in Australia is ease of access for GPs whether its arranging investigations or referring to hospitals. Admin/paperwork is a lot less which makes day enjoyable. I like the fact you can have 40 minutes for a mental health consult - without running late. I have also found patients to be more appreciative & grateful. In Australia you want people to come in, whereas in UK, I found it was always a struggle to meet demand & capacity.

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& I initially found that interesting as it is something you do not see or come across much in UK which makes you a bit deskilled in chronic disease management. There are no home visits in Australia. There is no reviewing of scripts or letters from consultants.

#### Challenges:

Naturopaths & holistic medicine is very popular in the area where I work. I have come across multiple requests for some quite fancy tests which I do not feel comfortable arranging. I just find it interesting as it is something I have not seen much in my Practice in England & is quite big here in Australia. I want to explore it more so that I know more.

Radiology reports: I find them useful yet some of times I feel their language has a lot of uncertainty for things which could have been expressed more clearly. Perhaps radiologists do not want to take responsibility & sometimes arranging investigations does not give you the answer you were expecting. It can simply be just my experience.

Prescribing: When I first started working, it took me a bit of time to find generic name for medicines. Now I know how to find generic names. I am still getting used to combo drugs for hypertension & Diabetes. Some commonly used medicines in UK come here in different strengths (like trimethoprim for UTIs). First time I was asked to prescribe Phentermine, I did not know I could even prescribe as it is banned in UK & I have never seen it prescribed. I felt a bit uneasy & had to apologise as needed to know more about it. Patients understand if you explain.

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It is evident how the primary care system in Australia gives less standing to nurses in urban settings: advanced nurse practitioner consultations and chronic disease management clinics have multiplied in the UK, following the pressures on the NHS, whereas in Australia, doctors are frequently involved in work that is typically nurse-led in the UK, such as assessing wounds, recommending dressings, and managing travel /childhood immunisations.

Patients and practitioners in Australia are mindful and are reminded every day, of the cost of each healthcare interaction: practitioners are required to bill the patient via Medicare, for each service provided to a patient. Patients in Australia are more accepting of the fact that they can pay towards their healthcare & have private insurance. This concept is yet to be created for British population.



People can also see a GP privately in Australia which you cannot do in UK. Hospital consultants do private work in England, but GPs cannot.

Future areas of development:

Enhance skills - minor ops/skin procedures- attending a course (I have done) & having someone supervise me.

Learn about Aboriginal culture/history - I have found relevant learning module very interesting. Unfortunately, I have not had any experience so far & would like to explore & learn more about Aboriginal culture.

Medicare billing: I can improve my understanding & enhance billings by doing a course once lifting of lockdown allows it.

Doing any new rotation/job is different from Practice to Practice in any country. It becomes even more complicated by moving to another country. It has been a very steep learning curve for me. It would have been useful to have peer support from people who are on PEP scheme, a day together at induction & then halfway through PEP. Covid 19 pandemic has changed everything!