



Working conditions and the healthcare system

A comparison of doctors in Australia and the United Kingdom

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I have read about and experienced the problems facing general practice in Australia including government interference and failure of Medicare rebates in keeping pace with inflation, but working in another developed country such as the United Kingdom, I have become aware of the advantages of the Australian medical system.

Having completed my vocational training in general practice in London, I spent four years working in a medical centre in Robina, Queensland. Since returning to the UK in 1997 I have been working as a general practitioner in London.

The extent to which the working conditions and facilities are different in the two healthcare systems is the basis of this article.

It is my opinion that patients treated in Australia are much more fortunate than patients treated on the National Health Service (NHS) in the following ways:

- In the UK many GPs are struggling to offer their patients an appointment within at least 48 hours because of pressure from the government. In many instances patients have to wait for a week before they are able to see their doctor. Such a long waiting time would be unacceptable to most patients in Australia.
- The facilities and medical equipment generally available at medical centres

in Australia are significantly better than those available in the NHS, although there are variations in facilities between surgeries. However, in general, spirometry, electrocardiography and cryotherapy are not as widely available in UK surgeries as in Australia.

- Patients treated under the NHS generally cannot be referred directly by their local doctor for investigations such as CAT scan, endoscopy or echocardiography, but have to be referred to a specialist if these tests are thought to be necessary. Waiting times to see specialists in the UK are appalling, sometimes months. In Australia I had ready access to any one of these tests and if necessary, urgent appointments with specialists.
- In Australia if a patient, for any reason, wishes a second opinion other than that of their local GP, he or she has the choice to see any number of physicians without difficulty. In the UK it is not so easy to change your physician as patients are allocated a particular doctor.
- The time generally available for each patient on the NHS is 7.5-10 minutes. In this limited period of time, the doctor is struggling to manage patients, especially those with multiple medical problems and elderly patients who are

often on multiple medications. United Kingdom doctors are actively negotiating for a 15 minute consultation. In Australia, GPs usually have more time available to see each patient and are appropriately rewarded with the Medicare rebate system if they give more time to patients with complex problems.

- The waiting lists for elective surgery on the NHS are intolerably long. It is not uncommon for patients to wait for a hip replacement for years and cataract surgery for over a year!

Working conditions of UK GPs in the NHS compare, in my opinion, unfavourably with doctors working in Australia. I believe if it was not for the goodwill of the medical profession the NHS would have collapsed. Working in the 'NHS setting' has become not too different from working in a factory producing products as quickly as possible. This in the midst of the ever increasing threat of litigation. In the UK, the level of healthcare and the attention paid to patients' rights is not too distant from the standards of healthcare in some developing countries, very different to that which exists in France, Germany and Australia with their much better funded healthcare systems.

The purpose of this article is not simply to criticise the NHS, because the resources available, the density of popula-

tion, the doctor-population ratio in the UK and the extent of the refugee problem are quite different from those in Australia.

Given the conditions and resources available, the UK operates a fairly cost effective healthcare system. It pro-

motes an exclusive doctor-patient relationship where one GP knows the entire medical history of an individual and not infrequently manages the patient their entire life.

However, this article does highlight the good fortune of patients treated in

Australia compared to those treated in other developed countries such as the UK and the significantly better working conditions of GPs in Australia.

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Are we that good?

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Australian general practice is seen as being of a high standard internationally. At meetings of organisations such as WONCA, envy is often expressed for the development and institutionalisation of processes such as practice accreditation and the RACGP QA&CPD programs. Yet at home much angst is expressed by general practitioners at the problems facing Australian general practice. Studies like that of Peter Schattner¹ demonstrate a high level of dissatisfaction among Australian GPs. Some GPs direct their disgruntlement at the RACGP.

The unhappiness of medical practitioners is an international phenomenon and exists across the whole profession. Richard Smith the editor of the *British Medical Journal* wrote an editorial on 'Why are doctors so unhappy?'² About 1000 doctors of all types from 19 countries including 64 from Australia contributed to a poll by email following this article. Australia finished sixteenth in the world in the unhappy doctors world league table with 37% of respondents either very unhappy or unhappy compared to 66% in the top country for unhappiness, the United Kingdom.

As this figure is close to Peter Schattner's experience perhaps we are more content in Australia.

The accompanying article by Suresh Panjwani compares his practice experience in the relatively affluent area on the Gold Coast with a later experience in a deprived area of north London. But Australian general practice has its share of difficult environments too. Five minute medicine is a feature of some Australian practices. Increasing waiting times for appointments is becoming a feature of Australian general practice too as government driven GP shortages develop. Has anyone in Australian general practice over the past 10 years known anything but government driven change with limited evidence that it has improved anything?

Growing up in the 1960s and 1970s in a state where there was a large number of British migrant GP refugees from the NHS, there developed some disdain for the British NHS. However, for better or worse it remains an unassailable fact of British life.

Some features of the NHS have appeal for GPs. Once appointed as a principal you have a guaranteed income with no worries about having your patients poached by the bulk billing opposition. The GP/specialist income differential is not so wide as it is in Australia and the government funded superannuation is

very generous. Financial assistance is available for the provision of surgery accommodation and practice ancillary staff.

However, even Tony Blair now admits that the British NHS is underfunded. While superficially Australia seems to offer greater clinical freedom, a larger scope of practice and better facilities, a multitude of problems exist. Even in Launceston, probably one of the best medically serviced major regional centres in Australia, there are long delays for specialist appointments and elective surgery in our public hospital. Access to public funded podiatry services even for blind diabetics is difficult to obtain.

Perhaps rather than bask in reflected glory offered by a visitor, Australian GPs might like to ask themselves: 'What is needed to improve patient care and outcomes in my surgery and my locality?' and do something about it.

References

1. Schattner P L, Coman G J. The stress of metropolitan general practice. *Med J Aust* 1998; 169:133-137.
2. Smith R. Why are doctors so unhappy? *Br Med J* 2001; 322:1073-1074.

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