A YEAR IN AUSTRALIA

J Orr, SHO, Obstetrics & Gynaecology
Royal Lancaster Infirmary

I spent the year from February 2000 living and working in Australia. The following is an account of that year which I hope you will find interesting.

When I was first asked to write this piece I had grand designs for it. I was hoping to give an encapsulation of the whole "Australian Experience". However, I have come to realise that I am only qualified to relate my own personal findings. And depending on where you go, you may find Australia to be a very different country from the one I discovered. In the same way, an Australian visiting Lancaster would not really be able to say what England is like. They would be restricted to describing only what the best of England has to offer. Obviously.

Nevertheless, I hope this may give an impression of what Australia is like. Suffice to say I had a wonderful time, both personally and professionally. Firstly it was the right time for me to go. I'd completed my house jobs and a stand-alone post in A&E. I did not have the obligations (nor the security) of a rotational training scheme. I was aware that if I took that option after my A&E job, it could have been several years before I was in a position to go overseas.

Sydney harbour bridge: a rare and memorable sight – cloud in Australia

Another reason people might wish to go overseas at a similar stage is that they are uncertain of the career path they wish to follow. If this is the case, then Australia may well appeal, especially because their structure of junior posts is entirely different to ours. It involves rotating through five "terms" in each calendar year, each term consisting of 10 or 11 weeks in a given speciality. In this way, SHOs in Australia are exposed to more specialities. So if, for example, you are pursuing a surgical career, you will gain some experience in, say, anaesthetics and intensive care. But for a visiting "Pom", you could easily choose five seemingly unrelated posts in search of the career for you.

Conversely, if you do have a career in mind, your needs can probably still be accommodated. My post was arranged

under a scheme called the UK Overseas Exchange Program of the Royal Australian College of General Practitioners. All the relevant hospital posts were recognised for training by them and also by the appropriate Royal College of any given speciality. There are reciprocal arrangements with the Royal Colleges in this country, meaning that experience gained there should count towards training here. On this basis, I chose to do six months in Psychiatry. Of course, the 'formality' of getting this recognised can seem anything but – I am currently enjoying the delights of applying for accreditation towards my GP VTS in the UK. This could easily form the basis of another article, but not one that would make pleasant reading! Suffice to say that it should work out in the end.

Pearl Beach, a local playground

So, what are the working conditions like? As a rough guide, they are fairly similar to the UK. The main differences I noted related to patient management. Firstly, they seemed to have a lot more capacity for investigations, most notably radiographic ones. To give an example, if a patient in A&E has clinically suspected renal colic, then they would have a spiral CT scan to confirm the diagnosis and exclude rupture of an aortic aneurysm. And all this before being referred to a urologist! There was also an extremely low threshold to CT scan anyone with a head injury and signs of alcohol intoxication, even with a GCS of 15.

In general, patients seemed to be investigated more extensively than in the UK hospitals I have worked in. To my mind, this raises two questions about their health service. Firstly, how is it funded? Well, it seems to run on a very similar basis to ours, with everyone making contributions to what is called the 'Medicare' system via compulsory stoppages from their salary. It is certainly true that Australians generally pay more in stoppages. I think this explains their greater healthcare funding compared to the UK. They also have a private medical insurance industry, which apparently thrives. People are able to use this insurance while inpatients in public hospitals. This does not allow them a plush side room or more nursing care, but it does allow them

to be investigated more rapidly on private lists. For example, they may be able to get a coronary angiogram far sooner than a Medicare patient.

The second question is: does all this additional investigation benefit patient care? I would have to say that often I felt it didn't. I once worked for a consultant physician in the UK who strongly disliked what he deemed "over-investigation" of patients, stating it was "practising the medicine of the intellectually destitute". This phrase came back to me on several occasions while working in Australia. However, in no way am I trying to attach this phrase to the consultants I was working for. This is because I was able to recognise another drive to all these investigations: the threat of litigation. I got the impression that Australia is close to the United States in terms of the need to practise "defensive medicine". I actually found this realisation quite demoralising, especially given my acceptance that medicine in the UK is heading in that direction too.

Anyway, enough doom and gloom. The health system is fundamentally the same as ours, and not difficult to fit into.

Salaries are comparable given the lower cost of living and the bonus rates paid for working anti-social hours. There are also good leave arrangements, with no prospective cover and a week off after working a week of nights. This means there should be adequate time for exploring the highlights of the country. I say "highlights" because I think it would take a lifetime to explore the whole of Australia. I never realised how large it is before going, Britain would fit inside it 32 times. It is indeed a beautiful country, with beaches strung along the coastline and an impressive interior, offering at various places and seasons everything from snow to desert.

But before I start sounding like a corny travel guide, I'll sign off with one last point. You may wonder why I wanted to leave this wonderful place. Well, obviously, I was pining to get back to Lancaster. But beyond that, the decision is taken away from the visiting doctor: it is nigh on impossible for a doctor to remain for more than a year or two. However, nurses are welcomed for permanent residency with open arms. I suppose I could always try a second career . . .