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For my elective, I spent 4 weeks in the Neurology department at the Royal Melbourne Hospital in Australia followed by 4 weeks in the Emergency department at Chelsea & Westminster Hospital in London. My aims for the elective were to explore health inequalities within Australia, develop my knowledge of managing common emergency presentations, and prepare skills and attitudes towards becoming a foundation doctor.

During my elective in Melbourne, I spent time in the stroke and neurology departments, attending ward rounds, clinics and procedures. I also attended the medical student teaching programme with local students. The impression I got overall from the Australian approach to medicine is that the principles of their healthcare were overwhelmingly similar to the UK system, with patient safety being prioritised. Their system is called Medicare, which is funded by taxes (with extra funding from higher-earning tax-payers who don't take out private insurance). It is run on a reimbursement basis, as opposed to being free at point of care like the NHS, and covers 100% of the cost of in-patient stays, 85% of specialist services and 75% of GP visits. Everyone is encouraged to take out private insurance to top up their Medicare cover, which is beneficial as it includes ambulance cover (which Medicare doesn't), as well as there being more choice of services and financial incentives. The system works well, despite being more expensive than the UK system for those who can afford it – however, there are alternative options available who people who can't afford it.

I stayed with an Australian friend from my gap year in Israel, so I found it easy to integrate into the Australian culture. During my time in Australia I was also able to spend the weekends travelling around Melbourne and Victoria, and I managed to visit the Great Ocean Road, the Yarra Valley and Phillip Island.

During my time in Australia I tried to learn about the health issues affecting indigenous Australians. It was clear that issues with indigenous Australians accessing healthcare stem from the mistrust following the original colonisation of the land. The issues are related to not managing chronic conditions (e.g. diabetes and heart disease), causing preventable complications, and similarly not treating injuries or infections, which leads to permanent disability (e.g. otitis media in children causing long-term deafness). The likely reasons for healthcare not being accessed involve the hospital being unfamiliar and far away from home, which the indigenous populations see through different determinants of health – for example, they may rather be ill at home with their family than far away in unfamiliar environment, and see this as better for their recovery. The different culture is difficult to apply Western medicine to, especially on a background of mistrust. However, some improvements are being slowly implemented – for example, outreach Aboriginal Health Workers who live in the community and provide a bridge between it and the medical world, therefore making healthcare more accessible.

I enjoyed being able to integrate further with the Jewish culture by going to Shabbat services and meals throughout my trip, and involving myself in the communities attended by friends I had been on my gap year in Israel with. I attended weekly Kabbalat Shabbat services with Kehilat Kolenu, a humanistic Jewish congregation in the city who connect to prayer through creating beautiful musical services, which I thoroughly enjoyed. Attending a weekly Kabbalat Shabbat service and being part of a Jewish community is not something I have been able to do while living in Plymouth for university due to the lack of Jewish community in the area, so I found this part of my elective especially meaningful.

Overall, my elective aims were achieved. I found the experience of travelling abroad alone very rewarding and this increased my confidence to do so again in the future. I am very grateful to the JMA for the bursary which allowed me to have this experience.

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