

The 1,342nd Meeting of the Brighton and Sussex Medico-Chirurgical Society took place on 3rd March 2016 in the Audrey Emerton Building:

Two bursaries awarded for conference attendance to junior doctors.

Three elective BSMS students were selected for presentation.

1st Speaker: Jocelyne Velupillai (4th year BSMS/Medical Student).

Title: Maternity in Martinique

Martinique elective was in a teaching hospital in Obstetrics and Gynae/Maternity and Paediatrics. As a French colony it has a similar system to the French system. Health services are part self-funded but has contributions from taxes and government.

There are issues with the Health system particularly with a deficiency of doctors and access to primary care. It is difficult for medical students to study locally as they need to go to mainland France.

Patients present late with illness, hence many emergencies and as a student you are expected to help.

Theatre Experience: scrubbing for a hysterectomy with power cuts and accidental trauma to bladder. This provided a reflective opportunity of the difference in care and coping with stressful events.

2nd Speaker

Deidre Casserly (4th Year BSMS student)

Title: Mater Hospital/Dublin: Emergency Department

Comparing the two Health care systems (Irish/UK)

A brief overview of social change between the two countries. IRE 2 tier system with a GP and AE charge (if no referral letter) plus fixed maximum prescription charge.

'League' table of presenting features: IHD and backpain but depressive disorder 3rd in IRE compared to 7th here.

PP cover in IRE is 44% compared to 10% in UK as access can be difficult. Generic prescriptions are 18% in Ire and 83% in UK.

An audit was undertaken to look ambulance flow in dept and pts who left before being seen.

Absence of data missing with 53% documented and only 9% of handover times recorded and <1% of departure times recorded and 10% ambulance sheets missing. This makes keeping track of flow difficult.

12% of those who called an ambulance left before seeing a doctor, these were > 55% having mental health issues.

Notable differences are lack of uniform for staff, no fines for breeches and shift system can be difficult to make it manageable.

3rd Speaker

Rory Mercer

Pre-hospital Medicine in NZ with St John Ambulance.

Elective attached with ambulance paramedic. Majority of cases were concerning the elderly, trauma cases, alcohol related problems and mental health issues with para-suicide/overdose.

Comparing both UK/NZ mainly population density, with helicopter use much more including pt interhospital transfer. The paramedic profession is not yet regulated in NZ and their tier system is different. GPs are involved in trauma care.

Funding of NZ St John ambulance is 80% government sponsored, with ASB bank sponsoring the ambulance services and staff training and equipment provision. Interestingly volunteers constitute almost twice the number of paid ambulance staff. There are charges for ambulance services unless it is an accident.