Every year, CAPC Teaching offer an elective prize to medical students undertaking an elective in primary care. This year, the prize was awarded to Eleanor Gibbs, Harry Hudson and Rachel Gallagher. Some excerpts from their reports are below.

Eleanor - Grenada

Healthcare in Grenada is a public system that is free at the point of access to the poorest patients, and heavily subsided for those more able to pay. Each region has a small centre with a few inpatient beds with smaller communities having a single 'medical station'. Public doctors, largely from the Cuban mission travel between these sites and so in smaller communities a public doctor is often only available one morning a fortnight, and this means in reality that most of the primary care on the island is provided by private GPs, who charge between £10- £30 for an appointment. The reliance on private doctors has clear disadvantages to those unable to afford the care that they need, or those that have medical insurance provided by their employer and those that don't. There are also other barriers to healthcare in Grenada, for example the doctors that I worked with only provided home visits to patients they were had social connections to, and so were often the wealthiest patients. There are fewer consultants on the island so GPs often take a broader role in internal medicine, or patients that are able to, fly to neighbouring islands for care. For example, we had a patient with thyroiditis who is managed by an endocrinologist in Barbados because there are no permanent consultants in Grenada. There is currently no MRI scanner on the island, so patients needing an MRI need to fly to Trinidad if they are able. While having to travel large distances for healthcare is much more accepted in Grenada, the cost of travel makes a lot of secondary care completely inaccessible despite a public healthcare system.

Rachael – Brazil

Completing a family medicine elective in Sao Paulo, Brazil, provided me with the opportunity to experience primary care in another country and to gain an insight into the differences in healthcare system between the NHS and the biggest and most populous country in Latin America. Family medicine is the Brazilian equivalent of UK general practice (GP) and similarly to the UK, is a community-based specialty in Brazil.

A unique role within the Brazilian health care system is the community health worker, someone who works within the family medicine team but lives within the community being served by the practice and is therefore integrated within the patient population. These individuals visit every patient within their team at least once a month and fulfil a liaison role between the patients and doctor, promoting engagement with healthcare services and encouraging patients to seek care when needed.

As the Brazilian health care system tries to shift focus towards preventative medicine, I reflected on the importance of primary care in the UK in striving to keep patients well and helping to channel patients towards specialist care services appropriately to optimise the use of money allocated to NHS provision. Experiencing primary care in another setting sustained my interest in this area of medicine as a potential future career path and was an excellent opportunity for exposure to paediatrics which remains another area of interest.

Harry – Forensic Medicine, HMP Bristol and Broadmoor

Prisoners have good access to healthcare. The variety of appointments that they could get was wholly uplifting: podiatry, nursing care, paramedics, physiotherapy, dentistry, optometry, GPs and ultrasonography were all available in prison. The prisoners were coming into prison in such appalling states that they would need input from many of the specialists available. For a prisoner who had committed theft to pay for their crack habit, after arriving and having a medical, they might need to see a GP about their COPD and malnutrition, a substance misuse keyworker, the dentist to have their remaining ruined teeth removed, the sonographer for an ultrasound of a groin abscess from previously injecting, and have regular visits from the nurses during their detox, in addition to the more routine health problems we all have. It is truly complex care, yet with diseases of the elderly affecting those in middle age or younger. I saw two men in their twenties who had had strokes and heart failure at fifty.

High secure psychiatry was a striking contrast to this. In many regards the patient population was even more fascinating—from convicted terrorists, arsonists and murderers through to patients' whose intellectual disabilities were associated with near-intractable violence. The patients in Broadmoor are rather unlike a prison GP's patients in the key respect that prisoners choose to access healthcare; Broadmoor's cohort, however, invariably do not choose to access healthcare —in a perverse sense, it is chosen for them via Mental Health Act detention.

I left prison with a profound notion that I have never before felt such professional satisfaction. When I arrived at medical school five years ago, I would never have considered becoming a GP—nor, I suppose, was I aware that prisons had doctors in them, and yet now I am looking ahead to a career there. A very good way to spend an elective.