Kalgoorlie

I was fortunate to be selected to go on exchange to the Rural Clinical School of Western Australia. We were based in Kalgoorlie and hosted there by the local RCS students. This was a great learning opportunity and my first exposure to medicine outside of New Zealand. Kalgoorlie is a rural hub that largely exists to service mines in the area. The town that has risen around the mining industry has far more to it than the mines, with a community of thriving small families and businesses, along with the multi-layered social issues resulting from both the transient and Aboriginal populations.

Two of us were on exchange together. During the first week, we were placed on the paediatric ward, and then in the second week I was placed on the obstetric ward. As a Queenstown RMIP student these are two areas that we have not seen much of this year, so this filled a couple of gaps in my clinical exposure. When compared to rural hospitals in Otago and Southland, Kalgoorlie really is a hub of rural medicine. It has a far larger catchment than any other hospital that I have visited, as far as 1000km in some directions, and that requires it to have many more services available than our much smaller rural hospitals - with a large ED, and surgical and medical services. Australia has problems with staffing in rural areas, but has tackled them remarkably effectively, with short term rural work being mandatory for doctors at all levels of training. The paediatric team especially was exceptionally well staffed, with 3 consultants and 3 training registrars as well as RMOs running a relatively small paediatrics ward and neonatal nursery.

Our time with the paediatrics team was amazing. They were some of the most kind and welcoming doctors that I have met in any of my placements. We had the chance to learn how to do baby checks, were seeing patients in clinic ,and had our first real exposure to hospital-based paediatric medicine.

The health inequity was striking on the paediatric ward. Of around 12 patients that we saw on the first day, half were Aboriginal, 3 had rheumatic fever or rheumatic heart disease, and that was just the start. It really highlighted for me the important work being done in New Zealand regarding Māori health and health equity. In terms of the hospital, the facility and systems in place felt very much like home; the differences really were in the conditions coming through the door, the size of the catchment area, and the unique challenges faced by the communities that they served.

On our first day Dr Jeffries-Stokes, one of the paediatricians at the hospital and the doctor in charge of the RCS programme in Kalgoorlie, took us on a tour around the area. Besides some of the town landmarks she also showed us the kinds of communities there are in Kalgoorlie, including the areas in which the local Aboriginal people live, and where visiting Aboriginal people can "camp".

Aboriginal health—and its deficiencies—was the single most striking feature of the healthcare in Kalgoorlie. The societal conditions in rural Australia have set apart Aboriginal people from everyone else and created conditions in which drug use, alcoholism, and a lack of education are the rule rather than the exception. The Mayor of Kalgoorlie has gone on record stating that each generation of aboriginal people is "worse than the one before". In the local prison the vast majority of the inmates are Aboriginal, and most of those are incarcerated for unpaid fines. It is almost impossible for Aboriginal people to rent a house in Kalgoorlie, even if they have a job.

With a young population and many young families, as well as a catchment including lower socio-economic communities, Kalgoorlie has a very high birth rate. This, combined with the social issues faced by many of these families and young mothers, made a fascinating but often sad week on the obstetric ward. I was lucky enough to see several births and C-sections, but in a couple of these cases it was not clear whether the newborn would be able to go home with Mum, or would be taken by Social Services before even leaving hospital.

For the weekend between the two weeks in Kalgoorlie one of the paediatric consultants lent us her car and we drove 400km south through real red-dirt, outback Western Australia to Esperance on the southern coast, which was an amazing experience. Esperance was stunningly beautiful and the nearby Cape Le Grand National Park was a highlight of the trip. If students in the future get the opportunity to do this exchange my best advice would be to try to get down there. It is a 4-hour drive from Kalgoorlie with very little along the way —the drive itself gives you an appreciation of the distances that people must contend with.

It is a real privilege for us to exchange with the RCS of WA. The two weeks I spent in Kalgoorlie were probably the most valuable two weeks of my medical degree so far in terms of learning, but I also had an amazing time there! Just a huge thank you from me to RMIP for sending us, and to the Rural Clinical School of Western Australia for hosting us so generously. I have no doubt that this experience will make me a better doctor.