

# Stories of Change

## Life as a GP living in Latrobe

### Action Plan Themes Identified



Theme 1



Theme 2



Theme 3



Theme 4



DOCTOR Damian Hannon “took a punt on general practice and then took a punt on Gippsland”, and has been ensconced in the Latrobe Valley ever since.

Dr Hannon completed his medical education and training in his native Belfast,

Ireland before emigrating to Australia in 2015.

He started out in the emergency department in a rural NSW hospital but felt unfulfilled. A move to metropolitan Melbourne followed but Dr Hannon was still left wanting.

“I almost walked away from medicine because I felt like I couldn’t find my place and nothing seemed to fit, but I thought I owed it to myself to give general practice a shot and I really enjoyed it and for the first time in my career I felt like I was doing the right thing for me,” Dr Hannon said.

“After living in a metropolitan area for two-and-a-half years I felt like I made better connections within just a few months being in Latrobe, both professionally and personally.”

Based out of Tanjil Place Medical, Dr Hannon has made Moe South home and lives on an acreage with his partner. General practice in Latrobe, he says, is equally challenging and rewarding.

“Latrobe Valley communities do seem to be jaded with the state of the healthcare system overall,” he said.

“The first question you’re asked as a GP here is ‘who are you and how long are you going to be here?’ People ask this because they’re making a huge investment in their own health as much as they are in you as a GP.

“When dealing with willingness to change there can be a narrow window around the pre-contemplative/contemplative stage and it is therefore imperative that patients can access a GP in a timely manner to seek support at those times. This has been particularly important when dealing with mental health.

“When a GP makes a genuine connection with a patient or a patient cohort, that’s when you’re able to see sustained health outcomes, and for me that’s really rewarding. You get told things like ‘no one has ever taken the time to talk to me like that’, and that’s really disappointing because the patient deserves better.”

Attraction and retention of GPs is a pervasive issue across regional and rural Australia, but addressing the problem locally requires a multipronged approach according to Dr Hannon.

“It’s hard to attract GPs but I think it’s about changing the perspective about what life is like as GP here in the Valley,” he said.

“Sometimes it’s perceived as being hard because the needs of people in the Valley are so high, which could be interpreted as it being exhausting, but we need to change how we sell that.

“This is a community in need and as much as you’re helping people they have a lot to give back. This is a great place to work, settle down and raise a family, and I think that message gets lost.

“It’s one thing to move a GP here, but there also needs to be work available for their partner, and that was a challenge for my partner. It requires not just a focus on more GPs, but how do we actually get everyone else here?”



The perception of metropolitan practice as superior to regional practice is a misnomer, Dr Hannon said, and one that is reinforced by the disproportionate number of registrars from metropolitan areas.

"A lot of people enjoy their time here, but they come from a metropolitan background and that's where they find comfort and solace, but why aren't people from here getting into medical schools here? That's the question that needs to be asked. What are we doing to encourage our local people, who clearly have the skills, to train locally and stay?" he said.



"One of the key things is recruitment of local talent. People who are from here are going to return here more often than not."

"The longer you're here the easier it is to make connections with clinics, service providers and the specialists who work here. Staying here means you transition to a position where support is just a phone call away."

But optimising patient health outcomes and moving towards multidisciplinary models of care depends on bolstering the supports and services available to GPs. "I feel like it's very hard to know what services are available in Latrobe, even as a

GP living and working in the community it's hard to be across all avenues of support that are available," Dr Hannon said.

"I often feel like I never find out about some services, and there's obviously supports there but the system is quite fragmented."

Caring for patients is "a real privilege" for Dr Hannon who encouraged communities across Latrobe to continue to agitate for change and have their voice.

"It's a two-way experience, I don't feel like I'm just providing a service, but I also get more from it personally in terms of the welcome, interest and enthusiasm I get from patients," he said.

"People need to be advocates in their own community. We need to hear what the local people want and need, and they need to continue to have their voice. People need to communicate with their elected representatives and people like the Latrobe Health Advocate about what they need to see on the ground to improve their own health.

"It's all very well for doctors to tell patients what they need, but quite often patients know the answers themselves and are remarkable at developing their own strategies when given the framework to do so.

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***"People in Latrobe have always been able to articulate what they need and want, and they need to keep applying that pressure."***

*-Dr Damian Hannon*

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