A trauma surgeon in a busy hospital in England; a GP in a small country town in rural Australia. Two unmatched scenes. For Egyptian-born Dr Ashraf Takla, however, the transition from one to the other was relatively seamless.

Having trained and worked as a trauma orthopaedic surgeon for seven years in England, Dr Takla’s desire to ‘talk to [his] patients more’ saw him undertake his general practice training.

When they took a two-week holiday to Australia to visit friends in rural Victoria a little more than 10 years ago, Dr Takla and his wife never expected it would inspire them to leave behind their life in England and settle in the small town of Boort, 250 km north-west of Melbourne.

‘They were looking for a doctor and suggested we try it for a year,’ Dr Takla told Good Practice. ‘We’d never been to Australia before, but decided to take it on to do something different.’

Dr Takla began practising at the local hospital, where he soon discovered a passion for being an integral part of a tight-knit community. A year in Boort soon turned into 10.

‘For a trauma surgeon in a very busy centre, you don’t need to get to know your patients or spend any time with them,’ he said. ‘You are an operator, which is very good, but you just don’t get to interact with your patients.

‘I found that family medicine was the best way to do that.’

Dr Takla took to his new role as country GP like a duck to water and set out to get to know the locals, and in turn become one of them. He soon learnt about the way of life in the country – the integrity and spirit of the people helped to make his experience of working within that community a positive one.

‘They [people in the country] are very hard working people who look out for each other,’ Dr Takla said. ‘Everybody in the community does things for others – “selfish” is not a word in people’s dictionary here.’

**Spotting the gaps**

It wasn’t long after settling in Boort that Dr Takla saw another opportunity to benefit the community of which he had become such an active part, including being adopted as the ‘footy doctor’ at the local club.

The hospital in Boort, as is the case with so many rural towns in Australia, is a vital part of the community. This is particularly true for older people, who may find it difficult or inconvenient to travel to a larger town for healthcare and prefer to go to their own hospital to receive care from people they know.

However, given Boort’s is a small hospital, Dr Takla found there was something of a shortage of services, such as modern technology equipment, ultrasound and timely pathology testing.

‘We had a courier once a day in the morning, which meant if you wanted something done you had to wait until the next day,’ he explained.

Identifying these gaps and focusing on how things could be improved became a new focus for Dr Takla.

‘I saw the hospital as a great opportunity to expand the service to the community, with the main aim to provide as much as possible,’ Dr Takla said. ‘And because I have a multi-skilled background, it’s very useful in a small country town with a little hospital where you can do a lot for the patients.’

Armed with his surgical background – which proved to complement his general practice skills in this setting – Dr Takla set about implementing improved systems and access to more equipment in the hospital. The main avenue through which the hospital was able to purchase the new equipment was via Dr Takla championing a local fundraising scheme.

‘I am a keen cyclist so, along with some others, I put together a cycling team and did the “Murray to Moyne” bike ride with the aim to raise money for the hospital,’ he said.

The team ended up participating in the ride seven years in a row and raised...
more than $150,000, all donated by local communities.

‘It was all spent on developing the hospital,’ Dr Takla said. ‘We invested in point-of-care testing, blood testing, an X-ray machine and more equipment, and advanced life care in the emergency ward.

‘This all meant that we were able to do more for the local community, as well as help to take the pressure of the bigger hospitals. A win–win situation.’

Dr Takla modestly credits the residents of Boort’s surrounding communities for these considerable successes.

‘It was all the influence of the local communities, they donated every cent,’ he said.

Dr Takla also cites the upgrades to the hospital’s facilities as extremely fulfilling for him as a professional, and valuable for the community.

‘What you put into this community you get back 10 times over,’ he said.

To the future
After a decade in Boort, Dr Takla spent a year in Tasmania practising out of a hospital in a similar country set-up before returning to rural Victoria. He currently practises in the state’s Mallee district as a GP and visiting medical officer.

Dr Takla’s devotion to the Boort community is evident through not only an overhaul of the hospital, but through smaller acts, like continuing to be a part of the football club even after leaving the town.

Dr Takla now describes himself as a ‘country doctor inside and out’, and he is keen to continue serving small communities for the remainder of his career as a GP. A vast contrast from his days as a trauma surgeon, but something he sees as a way of life, not just a career.

‘Family medicine helps you to get to know your people – you become an integral part of their life,’ he said. ‘As a family GP in the country, you are a very effective generalist. A lot more than just the doctor.’

Dr Takla hopes that the younger generation of aspiring doctors catches on to his enthusiasm.

‘I hope that we will be able to continue to have at least some of the new doctors recognise the greatness of working in the country,’ he said. ‘It is a very special set-up.’

Below: Dr Ashraf Takla with wife Annalaise quickly became part of their local community. Right: Dr Takla’s ‘Murray to Moyne’ bike ride has helped raise more than $150,000 for the hospital in Boort.

I’m a member because ...

My RACGP membership allows me the privilege to claim that I belong to a group of GPs who are constantly striving for clinical excellence.

The college provides me with support, as well as ready access to a vast array of the most up-to-date resources and materials.

This access enables me to feel confident that I can, at all times, practice cutting edge, evidence-based medicine. The ability to practise this way is absolutely vital for me as a busy solo rural practitioner in this very special part of the world, ie country Victoria.

– Dr Ashraf Takla, RACGP member since 2010.