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radius
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Cover photo by Emily Saurman,
David Lyte and Clyde Thomson
What distinguishes the great medical schools of the world is the excellence of their research. Improvements in healthcare flow directly from research and medical schools without a strong research base, in my view, lack a fundamental component of good medical education. Good medical schools provide students with an opportunity to engage with inspiring clinicians, academics and researchers, and to develop the skills which will equip them to participate in generating the new knowledge on which the future of healthcare is based.

We are fortunate here to have a strong research base. Sydney Medical School, with its schools, disciplines, centres and affiliated research institutes, accounts for nearly half of the University’s research income. The quality is high and we fare well on every competitive measure – including NHMRC grants, international ratings, citations by other researchers, and the positive feedback from colleagues internationally about our research programs and our young graduates.

But, as we all recognise, we live in a competitive environment. We compete to attract and retain the best staff and students, for research funding, and to provide the best facilities and research tools. There is no room for complacency and it is essential that we continue to review our research effort.

But what are the ingredients for “research excellence” and what are we doing to fine tune our efforts to move us up a gear?

The first essential is to have the best staff. We need people with outstanding track records and potential, and then to pay them competitively. Research is underfunded in Australia, which presents a perennial challenge of securing additional funds from other sources, including teaching and philanthropic donations.

The contribution our teaching staff make to our research is not widely appreciated, but revenue generated through teaching fills holes created in the current research funding arrangements.

Philanthropic donations have been rising, and one such example is a recent large donation by the Petre family for prostate cancer research. Some of our patients value and are keen to support our work and recognise the inextricable link between research and the care they receive. But we also need to continue to apply pressure on government for proper funding of research.

The best researchers attract the best students. This year, we have over 900 PhD students in Sydney Medical School. They have chosen this University because of the quality of our supervisors and exciting projects available to them. We need to continue to attract motivated students and to provide opportunities for them, before national and international competitors do!

The second important facilitator of research productivity is the built environment, equipment and opportunity for researchers to interact and leverage one another’s work. The University is using its resources to create and improve the environment for our researchers. On campus, construction of the new Centre for Obesity Diabetes Cardiovascular Disease is underway, and when complete in 2014 will provide state of the art facilities. Off the main campus, the new Kolling and ANZAC facilities have been greatly beneficial but more is needed at Westmead and in the next 5-10 years at Nepean.

Our affiliate institutes, often built and sustained by the drive of individuals, also provide an invaluable resource for this university’s research efforts.

Already, our decision two years ago to focus efforts around six major research themes, is providing benefits. It has brought researchers with similar interests together to generate new research goals and projects. This is critical for immediate productivity gains which new buildings will not deliver for several years.
I recently used the excuse of the SUGUNA (Sydney University Graduates of North America) Conference in Vancouver to enjoy a holiday on the West Coast of Canada and the USA. David Turner and I represented to the Senate at the meeting.

SUGUNA is a long established and active Alumni group and holds a three day meeting in August each year. This year’s meeting was held on the campus of The University of British Columbia. The conference program is broad ranging even appealing to a semi-demented non academic like me. Topics included, ‘Roses of history legend and literature (Christine Allen); the differences between Australian and North American rural landscapes (Michael Kluchner) and ‘Can California survive in the current economic and political climate (Bill Evans).

We also had a follow up to last year’s presentation on the US Army Engineers solution to preventing Asian carp from getting into the Great Lakes from the Mississippi River where they are in plague proportions. The solution... they electrified the shipping canal with massive DC currents, with suitable signage about not swimming and not touching the canal walls from boats.

Any Alumni looking for an excuse to be in Boston next August would be more than welcome to attend the 2012 SUGUNA Conference.

While on the subject of international relations and while we have done reasonably well this year in recruiting international students, the future remains of concern. International students make a disproportionate contribution the University’s revenue, in effect cross subsidising the losses we incur training local students. It is estimated it costs around $85,000 per annum to train a medical student. The Commonwealth government and students together contribute just under $30,000, and the state government effectively contributes a further $35,000. The remaining costs have to be covered by the faculty and University. But they have a more important role in broadening our cultural perspective and ensuring the University is seen as a major global player.

Wearing another hat, I sit on the Board of the Sydney Local Health District, the new governing body for the provision of health services to the inner west of Sydney. This area covers RPAH, Concord, Canterbury and Balmain Hospitals as well as related health services. A corresponding Medicare Local Board will also be established to oversee primary health care.

The new structure was a response to the Rudd (remember him) Governments initiative to become more directly involved in the provision of hospital services. After many negotiations with the states the reforms are very different from the intended plan. Prior to the NSW election the Local District Health Boards had been downgraded to advisory bodies but the O’Farrell Government has re-established them as proper boards with governance and financial responsibility. It remains to be seen how autonomous these Boards will allowed to be.

It is easy for those of us who have been around too long to be cynical. Given the problems of the previous centralised NSW model we should keep an open mind and support what on paper is a reasonable attempt to make decision making more responsive. To paraphrase Winston Churchill... ‘it is the worst system except for all others’. Barry Catchlove Sept 2011
→ HOC MAI SCHOLARS IN AUSTRALIA

Again this year, the Hoc Mai Foundation hosted a large number of Vietnamese health and medical professionals in Australia for short term clinical and education development. From 11 July to 30 September, 28 Hoc Mai scholars attended placements in Sydney, Tweed Heads and Hobart.

The majority of the scholars were funded by AusAid, with three funded by the Hoc Mai Foundation. The group was made up of nurses, scientists, midwives, doctors and traditional medical practitioners from Hanoi.

Each spent three days per week in a clinical placement and, for those in Sydney, attended two days of further professional education at Northern Clinical School. Their curriculum included Evidence Based Medicine, Quality Improvement and Risk Management, Health Care Communication in the Workplace and Infection Control.

On return to Vietnam each is required to develop a project that aims to implement the knowledge they have gained.

→ ELITE HANOI MEDICAL GRADUATES IN SYDNEY

During the last nine months, Hoc Mai has also been running a course in Hanoi for talented Hanoi Medical University graduates. Graduates were selected on their academic record and English ability. All are Heads (Professors) of their discipline and key teachers of young doctors and students in the future.

Sydney Medical School’s Professors Kim Oates and Kerry Goulston made six visits to Hanoi for week long teaching courses before the 11 students came to Sydney for the culmination of the program. Here in Sydney they completed an intensive education program in the first week, followed by another week in which they were individually assigned to a Specialist in their discipline. As well as observing the practices of their assigned Specialist they were required to engage in a joint clinical research project. The program was funded by Hoc Mai.

Upcoming Conference – Hoc Mai: Improving Health Care Through Research

The Hoc Mai Foundation invites you to a one day research conference in Ho Chi Minh City, Vietnam aimed at bringing together health care scholars and practitioners from Vietnam and Australia. The conference will be held at the University of Medicine and Pharmacy, Ho Chi Minh City, Vietnam and will be Co-Chaired by the Dean, Sydney Medical School and Chair Hoc Mai Foundation and Vice Rector, University of Medicine and Pharmacy, HCMC. Entry to the conference is free. For registrations and enquiries contact Rhondda Glasson, tel + 61 (0) 434 565 606, email rhondda.glasson@sydney.edu.au

→ SYDNEY MEDICAL SCHOOL CELEBRATES 60 YEARS OF COLOMBO PLAN SCHOLARS

Colombo Plan Scholars, Early International Students
Where are you now?

In January 1950, Commonwealth foreign ministers meeting in Colombo, Ceylon, recommended the creation of a scheme under which bilateral aid could flow to developing countries in South and Southeast Asia. Dubbed ‘The Colombo Plan’, Australia was one of the seven founding nations that sponsored thousands of Asian students to study in Australian institutions from 1951 onwards.

The University of Sydney enrolled its first Colombo Plan students in 1951. Students studied across a range of disciplines, but education, engineering and medicine were popular. The Sydney Medical School hosted scores of Colombo Plan Scholars throughout the 1950s and 1960s, enrolled in medicine, public health and or one of the broad range of short courses compiled by the university to equip students with vocational knowledge from household bookkeeping to mental health. Most Sydney Medical School Colombo Plan scholars studied medicine and returned to their countries of origin on the completion of their studies.

These were heady times of global change. In the post-second world war decade, Australian universities opened their doors to refugees from war-torn Europe and welcomed students from Asia. As domestic and international students studied together, new student groups sprang up that aimed to foster friendships between students of differing nationalities.

The University, and Sydney Medical School, has a long history of international students. With the 60 year anniversary of the Colombo Plan as a catalyst, we are beginning to collect biographies and stories of our early international students.

If you were an international student from 1950 to 1980, we would love to talk to you about this project and ask that you email Dr Lise Mellor on lise.mellor@sydney.edu.au

Above: Leilah Therese Manuel, Anthony Khoo, Florence Ko, some of our earliest Colombo Plan Scholars.
VELiM AND THE SCHOOL OF PUBLIC HEALTH HAVE A NEW LAUREATE FELLOW

Congratulations to Professor Warwick Anderson, who has just been awarded a Laureate Fellowship. Laureate Fellowships are worth $2.6 million over five years, are awarded by the Australian Research Council to eminent researchers, as part of a program of attracting and retaining world-class talent.

Ian Kerridge, head of VELiM, said the award was a huge win for history of medicine and science studies.

Professor Anderson’s Laureate project ‘Southern racial conceptions: comparative histories and contemporary legacies’ aims to reveal intense scientific debate about what it meant to be human in the southern hemisphere during the twentieth century, placing Australian racial thought in a new context. Through comparative study, it shows the distinctive character and scope of racial ideas in southern settler societies, and assesses their global impact.

Warwick Anderson is a Professorial Research Fellow in the Department of History and the Centre for Values, Ethics, and the Law in Medicine at The University of Sydney. As an historian of biology, medicine and public health, he is especially interested in ideas about race, human difference, and citizenship in the nineteenth and twentieth centuries.

POSTGRADUATE STUDY OPTIONS

Thinking of studying for a postgraduate degree? Sydney Medical School runs 26 postgraduate courses with a variety of study options including part time, distance and face to face options. Courses include:

- Bioethics
- Biostatistics
- Brand and Mind Sciences
- Clinical Epidemiology
- Clinical Trials Research
- Genetic Counselling
- Health Communication
- Health policy
- Indigenous Health
- Infection and Immunity
- International Ophthalmology
- International Public Health
- Medical Humanities
- Ophthalmic Science
- Paediatric Medicine
- Pain Management
- Psychotherapy
- Qualitative health Research
- Refractive Surgery
- Reproductive Health
- Sciences and Genetics
- HIV, STIs & Sexual Health
- Sleep Medicine
- Surgery

For more information on any of these courses, see sydney.edu.au/medicine

PROFESSOR GRAELE STEWART LEADS AUSTRALIAN CONTRIBUTION TO BREAKTHROUGH IN UNDERSTANDING THE GENETIC CAUSES OF MS

In one of the largest human genetic studies ever undertaken, scientists that have identified the major common genetic variants that contribute to the cause of the neurologic disease, multiple sclerosis.

The results of this study have been published in the prestigious scientific journal, Nature. They represent years of work by the International Multiple Sclerosis Genetics Consortium (IMSGC) involving more than 250 researchers in 15 countries. Australian scientists have played a significant role and more than 1000 Australians with MS contributed DNA samples.

The study confirmed the presence of at least five MS genes with a remarkable pattern that shows that the reason some people get MS and others don’t is largely due to subtle, inherited differences in immune function. It points to a pivotal role for T cells – the ‘orchestra leaders’ of the immune system and makes it clear that MS is primarily an immunologic disease.

The Australian and New Zealand contribution was led by Professor Graeme Stewart, a Clinical Immunologist in the Westmead Millennium Institute, University of Sydney. Professor Stewart orchestrated a consortium of 18 researchers from 5 states and New Zealand (in a group called ANZgene). Professor Stewart is one of five governance members of the IMSGC (with colleagues from Cambridge, Harvard, Yale and UCSF) and a member of the 11 person Project Direction Committee for the Nature study.

“Discovering so many new leads is an enormous step towards understanding the cause of MS,” Professor Stewart said. “Most importantly, for people with MS, these genes also strengthen the case for immunologic treatments currently in clinical trials and point to new therapeutic approaches.”

Professor Graeme Stewart, AM, is the founding head of the Department of Clinical Immunology and Allergy at Westmead Hospital and founding director of the Institute for Immunology and Allergy Research (IIAR), one of the four founding research groups of the Westmead Millennium Institute.
DR WIRGINIA MAIXNER RECEIVES UNIVERSITY OF SYDNEY ALUMNI AWARD

Dr Wirginia Maixner (MBBS ’86) received the Alumni Award for Professional Achievement for her extraordinary work as a surgeon, her groundbreaking research, and for establishing a course that educates and inspires young neurosurgeons.

Wirginia’s research and publications are groundbreaking but she is also renowned for her work as a surgeon. She has performed numerous operations on children suffering rare conditions, all of which required meticulous attention to detail, stamina and considerable courage. In 2007 she performed the first auditory brainstem implant on a child in Australasia; described as a procedure that “could pave the way for revolutionary advances in medicine”. She is also admired for her magnumious teamwork, especially the world-famous 32-hour surgical separation of conjoined twins Trishna and Krishna in 2009 – one of the most complicated cases in medical history.

NHMRC SUCCESSES: SYDNEY MEDICAL SCHOOL LEADS THE NATION IN NHMRC FUNDING

The University of Sydney was the most successful research institution in the country in this year’s NHMRC grants, announced in October, securing a total of $87.8 million over 149 grants. Of this, Sydney Medical School researchers won $74 million.

There were four successful research grant recipients who were awarded grants of over $1 million while a number of members of SMS – including Professor Janet Keast, Professor Wolfgang Weninger, Professor Des Richardson and Professor Roland Stocker – all also secured more than $1 million over several grants.

Professor of Stroke Medicine and Clinical Neuroscience, Craig Anderson, received the second highest amount awarded nationally, $4,186,547, for his project entitled “Enhanced Control of Hypertension and Thrombolysis Stroke Study (ENCHANTED).” Professor Anderson is widely acknowledged as a leader in his field and has already led several major international stroke studies. The goal of the two linked trials is to provide reliable evidence for cheaper, safer, effective treatment of ischaemic stroke in the world.

Professor Norbert Berend of the Woolcock Institute of Medical Research received $2,840,368 for “The TASC5 Study (Theophylline and Steroids in COPD Study).” Chronic obstructive pulmonary disease (COPD) accounts for a large proportion of the global burden of death and disability and is projected to become the 3rd leading cause of death by 2020, despite tobacco control and clean air policies. The proposed study will examine the benefit of theophylline and steroids in treatment of COPD, and be carried out in 3 regions of the world where COPD is highly prevalent (China, India and Latin America). Positive result from this study could revolutionise the treatment of COPD in the developing world.

Associate Professor Michael Dibley from the School of Public Health was awarded $2,458,839 for “A community-based cluster randomised controlled trial in rural Bangladesh” to evaluate the impact of the use of iron/folic acid supplements early in pregnancy on the risk of neonatal mortality background. An effective program of antenatal iron/folic acid supplementation in pregnant women in Bangladesh may help accelerate declines in neonatal mortality.

Professor Alan Cass of the George Institute for International Health was awarded $1,057,968 for “The SHARP-ER Study: Extended follow-up of the SHARP study cohort.” SHARP is the largest study into chronic kidney diseases ever conducted and has recruited 9,400 chronic kidney disease patients, with 2,300 in this region. The SHARP-ER Study will extend the follow up of SHARP Study participants a further five years.

In addition to project grants, the University won 41 Fellowships – 34 of which went to Sydney Medical School researchers.

It was also awarded two new Centres of Research Excellence. Professor Kathryn North was awarded $2.5 million for a new Centre of Research Excellence in Neuromuscular Disorders. Professor Guy Marks was also awarded $2.4 million for a new CRE Understanding and ameliorating the human health effects of exposure to air pollution from knowledge to policy and public health practice.

Our Sydney Institute for Emerging Infectious Diseases and Biosecurity (SEIB) was instrumental in a successful CRE on vaccinology through UNSW and Dr Vitali Sintchenko was on another one E-Health, also through UNSW.

The Children’s Hospital at Westmead received $5.5 in project grants in addition to Professor North’s CRE.

Other big winners included The George Institute for Global Health ($5.2 million), School of Medical Sciences: Pathology ($4.9 million), School of Public Health ($4.8 million), Westmead Millennium Institute ($4.3 million).
Sydney Medical School Dean, Professor Bruce Robinson has been awarded an Honorary Professorship from Shanghai Jiao Tong University, China.

The award honours Professor Robinson’s internationally recognised research excellence in the molecular basis of endocrine tumour formation, and familial and sporadic thyroid and adrenal cancer.

Professor Robinson is also honoured for his role in fostering strong research collaborations with China and other developing countries in South-East Asia, including Vietnam, Cambodia and Laos. He has facilitated productive collaborations between Sydney Medical School and Shanghai Jiao Tong University, the most recent being a joint research initiative to investigate cancer, emerging infectious disease, diabetes and obesity in China.

The series of projects focuses on cancer will investigate the role of NDRG1 through protein to protein interactions, microRNAs targeting NDRG1 and the role of NDRG1 in EMT and colon cancer metastasis. The projects in emerging infectious diseases, diabetes and obesity are will be designed as staff and students from both institutions interact and learn more about each other’s research needs.
“The year in Dubbo was fantastic. Being able to walk to hospital in a minute and to class in 10 seconds made life very easy, especially for after hours/on call shifts. The staff at the hospital were great, and we were able to get to know the senior clinicians well due to the small teams and attending outreach clinics.

“I decided that for internship I would prefer to work in a smaller hospital where, if I was making a phone call in the middle of the night, I would probably know the person on the other end of the phone. I like that you get a more general exposure to medicine and surgery, instead of the sub specialties in the tertiary hospitals. I also like the friendly feel of a country hospital and that in a country town nothing is more than five minutes away.”

Marianne Dowsett, Dubbo medical student 2011, Orange intern 2012
MAKING A DIFFERENCE IN RURAL HEALTH

One of the little known achievements of Sydney Medical School over the past decade has been its growing strength in rural health education and research. Each year, its four major centres – the School of Rural Health in Dubbo and Orange, the University Department of Rural Health in Broken Hill and the University Centre for Rural Health in Lismore – provide clinical training for hundreds of Sydney medical students and growing numbers of students in other fields including nursing and allied health. Research activity has risen and rural-based researchers again this year secured significant funds in NHMRC and other grants.

2011 a year of milestones

“The most important message is that Sydney Medical School’s rural Departments and Schools have a brilliant future,” said Professor Ben Freedman, Deputy Dean of Sydney Medical School and whose portfolio includes responsibility for rural health.

“They have already achieved the education and research goals which were part of the vision of their founders. The next decade will see them expand and evolve, and make a growing contribution to the quality of the rural health and medical workforce, and to the quality of care available outside the major metropolitan centres.”

This year – 2011 – has been a year of milestones for Sydney Medical School’s rural centres.

In Broken Hill, it is 15 years since funds were committed to establish a new University Department of Rural Health as part of the election campaign which swept John Howard into Government. This year is 10 years since the official launch of the Dubbo Clinical School although students did not arrive until the following year. The Orange campus also began operating in 2002. The University Centre of Rural Health North Coast, previously University Department of Rural Health, also celebrated 10 years this year.

The School of Rural Health and both the Broken Hill and Lismore University Departments of Rural Health were established to enable medical and health students to undertake part of their clinical training in rural locations, encouraging them to return to rural practice after graduation.

A decade on, the signs are positive. Students who participate in the extended places are almost unfailingly positive about their experiences and are increasingly opting for internships in rural centres.

Research in rural locations has also been increasing and over the past several years, rural research groups have fared extremely well in national research grants.

Last year, the ARCHER study into adolescent health, being run out of Dubbo and Orange, secured nearly $1 million from the NHMRC and was one of the largest grants awarded in that round.

Professor Lesley Barclay, Director of the University Centre of Rural Health, is chief investigator on a $480,000 grant from the latest round of NHMRC awards. The project is looking at regional maternity services, and aims to develop and test an index that calculates the appropriate level of maternity service for populations under 25,000 in Australia.

In Broken Hill, the UDRH is a key participant in the recently launched Centre For Research Excellence in Rural and Remote Primary Health Care. (The CRE was awarded $2.5 million and is a collaboration between Monash University School of Rural Health, the Centre for Remote Health in Alice Springs, and the UDRH in Broken Hill.) Professor David Lyle and Associate Professor David Perkins in Broken Hill are looking at a range of factors including access to services and effective models of care. The outcome, they believe, will assist consumers, providers and policymakers to plan and evaluate provision of care.

“There have been and most certainly will continue to be challenges, but what has been shown is that if the universities, health providers and the communities work together, a great deal can be achieved,” Professor Freedman said. “It has been inspiring to see what has been achieved to date, and we are confident that the future will be just as bright.”
Broken Hill

By Beth Quinlivan

That Broken Hill was the first to secure a new University Department of Rural Health was due in no small part to the efforts of David Lyle and Clyde Thomson. Both were then, and have remained, passionate advocates for better health education and career opportunities in rural and remote centres.

When the University of Sydney Department of Rural Health in Broken Hill was officially opened in 1997, it was the first of 11 such departments around Australia to be funded as part of a broader commonwealth strategy to boost the rural health and medical workforce by improving opportunities for students to gain rural clinical experience.

Professor David Lyle, a public health physician, had moved to Broken Hill in 1995 to establish a rural training unit - it was this unit which became a prototype for the new University Department. He has been head of the UDRH and the University of Sydney's Department of Rural Health in Broken Hill since 1997, and the primary driver of its decade and a half of growth and achievements.

Clyde Thomson's support for improving remote health education came via the Royal Flying Doctor Service. Having taken a job as an RFDS pilot in Broken Hill in 1974, expecting to remain for two years, he stayed, working in various roles until he was appointed chief executive of the South Eastern Section in 1986. Under his direction, the RFDS has become a great deal more than the legendary "swoop and scoop" emergency service. By the mid-1990s, it was already a major provider of primary care in towns and communities around Broken Hill and like other remote health care providers, faced an ongoing problem of attracting and retaining quality staff.

The establishment of the UDRH in Broken Hill has been one of the notable success stories of rural health education. In recent years, it has gone from strength to strength: student numbers have more than doubled in the past three years, new clinical training facilities are under construction and research is expanding. Its links in the remote community and with health care providers - including the local health district, Maari Maa Aboriginal Health Corporation and the RFDS - are stronger than ever. It continues to offer leadership in the sector, including blazing a trail with innovative new clinical programs which provide students with community-based training opportunities that equip them well for future practice at the same time as providing important local services.

EVOLUTION

"It has been a story of growth and evolution," said David Lyle of the 14 years as a UDRH and 17 years of education and training in Broken Hill. Major milestones included linking with Dubbo Clinical School in 2002, providing clinical placements for nursing students for the first time in 2007 and allied health students in 2009. Along the way, there has been a move from short term to longer term clinical placements, including for medical students who can now spend a year based in Broken Hill. More recently, there has been a significant growth in student numbers with students drawn from an increasingly wide number of institutions.

In 2009, the UDRH provided clinical placements for 910 student weeks. In 2010, the student weeks had nearly doubled at 1750. In 2011, they will provide 2100 student weeks of clinical training with further significant rises expected in 2012.

Much of the growth is coming from students in other disciplines - nursing, pharmacy, social work, and allied health students studying physiotherapy, speech pathology, exercise physiology, occupational therapy - rather than medicine. But the reason the UDRH has been able to provide clinical training for such a significantly larger group is because clinical places are being found in non-traditional settings, including aged care centres and schools, where students gain real hands on experience as well as provide much needed help for the town's stretched health services.

"We call it service learning and it allows us to accommodate many more students than if we were relying on hospital-based clinics or outpatient services," David Lyle says. "What we are doing is getting students engaged in projects which are practical and useful in this community, and which prepare them well for professional life."

"Win win" is a phrase that is well overused in modern management jargon but in the case of the community learning programs in Broken Hill, there are real benefits on both sides.

For example, for the past two years speech pathology students coming to Broken Hill for six week blocks have run very effective screening programs in local primary
As undergraduate training, and for interesting and varied careers, it requires providing opportunities for postgraduate as well as postgraduate training opportunities have been limited. "For the students, this was the first time that they had been given responsibility and they did a great job. When they come here, they are in the final stages of their studies and we are of the view that these experiences will assist them settling into their role after they graduate."

Other student groups have participated in similar community-based programs – pharmacy students last year worked with high school students on campaigns to raise awareness about common health problems including asthma. Social work students have provided access to in-demand social work services for a community with high needs in both Government and non-Government sectors.

David Lyle attributes a great deal of the success of the program to Deb Jones, director of UDRH’s Primary Health Care Group. A Broken Hill local, it is her understanding of the needs of, and connections in, the community that have enabled them to work so effectively with schools and other organisations. "Deb is the true inspiration for the program and really has done a fantastic job, we could not have achieved what we have without her."

GETTING THEM BACK
Attracting doctors and other health professionals remains a perennial challenge in most rural and remote centres. In Sydney Medical School’s other rural clinical training centres - Lismore, Dubbo and Orange - there is increasing anecdotal evidence that students who spend some of their time in the rural clinical training will stay in the country for internships, residency and where possible, specialty training. In this year’s internship allocations, Orange, Dubbo and Lismore had many more applications than available positions and medical students who had previously been in the towns were among the most enthusiastic to return.

One of the challenges in Broken Hill is that until now, postgraduate training opportunities have been limited. “We are here to achieve workforce outcomes and that requires providing opportunities for postgraduate as well as undergraduate training, and for interesting and varied careers,” he says.

David Lyle says they are looking at a number of options including negotiating with NSW Health to provide internship positions at Broken Hill Hospital, and positions for second year prevocational medical trainees in remote communities.

It is here that both he and Clyde Thomson believe the link with the RFDS could be used to greater benefit. "The RFDS is important because it is a major provider of health services in the communities and towns outside Broken Hill," he said.

Clyde Thomson is certain that the connection between the RFDS and the University Department of Rural Health will in future involve a significantly greater training component.

"The profile of the health services we provide is changing," Clyde Thomson says. Alongside the retrieval and air ambulance services, the RFDS provides regular primary care clinics in Wilcannia, Menindee, White Cliffs and many other small centres around Broken Hill, where they work in conjunction with local health services. Future RFDS clinics will not be all doctors and nurses but allied health specialists such as speech pathologists and physiotherapists.

"We need to get the training component right," he says. He sees the future as teams delivering services on the ground, including RFDS rural registrars and/or “rural generalist” physicians, medical and other students, and allied health professionals.

"We can’t deliver a strong primary care service without a close relationship with the university – any more than we could without a strong relationship with state and federal governments, and Aboriginal health organisations."

“What we can do is provide opportunities to students which are not available in the big metropolitan teaching hospitals. Once students experience that, retention rates will improve and we will see more of them back here.”

David Lyle and Clyde Thomson have been friends and colleagues for many years – and they agree on many things. They agree that networks and communities are critical, especially in the remote community in which they live. They agree that the key to future success is strong partnerships in education, research and community care, and that good training and career opportunities are essential if rural health is going to attract committed and high quality individuals away from the bigger centres. After 17 years working together, they are still making a difference. radius
Lismore

In August this year, the Lismore-based University Centre for Rural Health celebrated 10 years of University of Sydney-supported activity on the north coast of NSW. Professor Lesley Barclay, Director of the UCRH, reviews a decade in which the Centre has evolved into a significant regional base, recognised for quality health and medical training and research.

After a lengthy battle to secure funds, the Northern Rivers University Department of Rural Health opened in mid 2002 in shared office space with the Northern Rivers Area Health Service. Professor John Beard was seconded in March 2002 as Head of Department. John, now Director of the Department of Ageing and Life Course at World Health Organisation in Geneva, and academics appointed early on, focussed on rural health programs and public health research and education.  

We now have 66 staff. Over half of these are clinicians, many on fractional appointments. Most of these teach the students we place. The administrative staff place our students and help us manage finances and human resources attached to the 60 grants or tender contracts that subsidise our Commonwealth allocated finances. We are located across Lismore, Grafton and Murwillumbah.

WHAT HAVE WE ACHIEVED?

TEACHING
Evidence of our rapid growth is student numbers. In 2010 we supervised 623 short term and 45 long term students. In addition we have provided facilities, and at times teaching support, for 11,200 hours of professional development for practising health professionals across three sites. The total numbers of students – particularly in medicine – is holding steady at the moment, as we have reached capacity and wish to extend the number of our long stay students. We have, however, been delighted to add dental students to the wide range of disciplines we support. The most important measure of our effectiveness is the number of our graduates returning to a rural workforce. In 2012, five interns appointed at Lismore have rural experience through the UCRH.

RESEARCH
Our early research successes contributed to us receiving NSW Health Infrastructure support with colleagues in Broken Hill, Moree and Orange. This funding established the Australian Rural Health Research Collaboration (ARHRC) – a collaboration funded again in 2010.

Over the decade our UCRH researchers have undertaken significant roles in 10 ARC funded grants and six NHMRC funded grants as Chief Investigators. Currently our staff lead or participate as Chief Investigators in five Category 1 grants.

In 2010 UCRH researchers generated: 33 peer reviewed publications, four book chapters and reports, two edited books with numerous key note addresses and invitations to speak at international and national conferences. Over 2010 and 2011 we have built strong partnerships with Canadian scholars in rural health research and appear on each other's studies.

We now provide primary supervision to 13 PhD students. Three PhD students are on NHMRC scholarships with another supported full time by scholarship by the Clinical Excellence Committee. We supervise one NHMRC post doctoral fellow and a senior NHMRC Research Fellow at the Menzies Research School in Darwin.

LEADERSHIP
We encourage strong two way interaction with health at all levels; as joint appointments but also in leadership roles in health systems and services directly. Staff are members of the Local Health District Board and Safety and Quality committee. We have a Board position on the Regional Development Authority where health is strongly represented. The standing and excellence of our staff is reflected in a number of our senior staff who also lead not only locally and nationally but internationally in academic work in environmental health, maternity care, rural and remote health service design, Cognitive Behavioural Therapy and Indigenous health and research methods.

LOOKING FORWARD - FUTURE EXPANSIONS
A review of our structure was undertaken in 2009-10 and in consultation with our partners and funding agency, we have established a new consolidated identity, the University Centre for Rural Health (North Coast). In July this year, in collaboration with the Northern New South Wales Local Health District we were awarded substantial funding from Health Workforce Australia to provide student accommodation and clinical education facilities at Ballina Hospital. Accommodation in both Grafton and Murwillumbah will also be extended to provide an additional 10 beds and funding to transform the newly acquired blood bank site in Lismore into a clinical education centre.

The vision of establishing a strong academic presence and building an applied scholarly climate in rural health care has been achieved. We are continuing to contribute to an evolving climate of practice improvement, workforce development and our research is changing services. It is a pleasure and privilege to be part of these endeavours.
Dubbo and Orange

In 2012, it will be 10 years since its first students arrived in Dubbo for a six week stint of rural medicine. Associate Dean and Head of the School of Rural Health, Professor Tony Brown, says the seeds were sown for the new School well before students arrived. The students arrival, though, was also the start of a decade of growth, consolidation and establishing firm partnerships in the region.

The Dubbo Clinical School was officially launched in 2001, with the first eight students arriving in 2002. The Orange campus also began operating in 2002. The name changed to School of Rural Health in 2004 and the purpose built Dubbo Campus officially opened in August that year. The new facilities provided teaching and administrative facilities, as well as accommodation for 25 students. In early 2009, accommodation for a further 10 students was added. Despite this, we are still always short!

CHALLENGES

The early challenges involved buildings and space. Initially the clinical school in Dubbo was housed in hospital buildings. Students had rooms in a hospital building, as did staff. Now we have a teaching and administration complex and a number of units for student accommodation. In Orange, we developed facilities in demountable buildings because it was foreshadowed that a new hospital would be built on the Bloomfield campus 6km away. This new state of the art hospital opened in March 2011 and at that time we moved our operations to an old ward on the campus. We are currently refurbishing part of this and seeking funding for more and for student accommodation on this site.

One of the early issues was that if we were to be able to teach medical students in a rural location we would need to be able to support them with lectures from metropolitan clinical schools. This has meant a considerable investment in IT infrastructure long before there was any talk of the NBN. Bushnet, a series of microwave links between Dubbo, Orange and Bathurst and main campus, provide the ability to video link all the sites and metro clinical schools. The SRH used these links to join meetings and committees as well and led to improvements in interconnectivity between all parts of the Faculty. IT remains vital but Bushnet has been replaced by a connection to AARNET.

EDUCATION...AND RESEARCH FOR THE FUTURE

Our primary raison d’être is to provide long-term placements for medical students. Our funding under the Department of Health and Ageing Rural Clinical School program and now the Rural Clinical Training and Support program obliges us to take 25% of the domestic medical students to have one year of clinical training in the country. Students of the Sydney Medical Program come to us in Stage 3 of the course and spend either their third or fourth year in either Dubbo or Orange. This has meant that we have had to be able to deliver all of the required terms in stage 3 including all the specialty blocks not just the medical and surgical ones.

We think we do this education well. Very few of our students fail and it is common for our students to be represented among the top students in the year. A different measure of our success is that our students come back to rural locations as interns. For example for the year 4 2011 cohort who will be interns in 2012, Dubbo Base Hospital will take 5 rural preferential interns and 4 of those will be SRH students. Orange Base Hospital will take 14 rural preferential interns and 7 will be SRH students. Some other SRH students are likely to return on rotation from metro hospitals.

A change in Department of Health and Ageing funding parameters under the new RCTS program has meant that we will need to address some wider rural issues in the Sydney Medical Program, including short-term placements. These will be exciting challenges.

While we have concentrated on teaching we have not neglected research. We remain a fledgling research group but in 2010 along with others we won an NHMRC grant for a large study of rural adolescents (ARCHER). We are also doing some work around overweight and obese young adult males who seem a rather neglected group. What of the future? Rural health is still in need of support and enhancement but the current political climate offers some encouragement. Our plan is to strengthen our current teaching of medical students, to advocate for more vertical training, to work with other disciplines.

A FANTASTIC STUDENT EXPERIENCE

“I originally decided to spend my final year in Orange so that I could be in an environment that would allow me to focus on my medical studies, and to gain an insight into regional medicine and country living. Deciding to spend my final year of medical school in Orange has been the best decision I’ve made during my studies. From day 1, you are made to feel welcome. The staff at the clinical school are fantastic and attend to any and every query you have, related to university matters or not. Also, the teaching provided is second to none. Having a limited number of students allows for a small student to tutor ratio; thus, for the majority of my time in Orange, I have been the only medical student on the hospital medical team or in private rooms, giving a fantastic educational experience.”

Stephen Duma, Orange medical student 2011.
Professors of Distinction

Sydney Medical School has a new award to recognise the achievements of senior academic staff. The six inaugural winners of the Distinguished Professorial Achievement Award 2011 were announced in October.

PROFESSOR PAUL MITCHELL
Professor of Ophthalmology, Sydney Medical School, Director Centre for Vision Research, Westmead Millennium Institute and Director of Ophthalmology, Sydney West Local Health District.

Paul Mitchell’s research has targeted the epidemiology of eye disease and clinical aspects of retinal disease, and has included a number of landmark studies (Blue Mountains Eye Study and Sydney Childhood Eye Study) which have provided key Australian data for health policy recommendations.

The Blue Mountains Eye Study was the first major study of visual impairment and eye disease in an older Australian age group and has yielded close to 400 publications to date. The Sydney Childhood Eye Study is more recent and already has close to 100 publications.

His clinical focus is on the management of age related macular degeneration, diabetic retinopathy and other vascular retinopathies, and on systemic diseases and their associated effects in the eye.

He has been investigator on leading randomized clinical trials of anti-VEGF and other therapies for age related macular degeneration and diabetic macular oedema. His recent appointments, including principal author of the NHMRC guidelines for managing diabetic retinopathy, co-author in 2010 of a seminar on diabetic retinopathy in Lancet.

PROFESSOR JEREMY CHAPMAN
Clinical Professor in Medicine, Westmead Clinical School, University of Sydney Westmead Millennium Institute for Medical Research.

Professor Chapman has made a major contribution to the understanding of kidney transplant rejection. He jointly established the clinical transplant program at Westmead Hospital and his subsequent research program, in which they gathered extensive data over more than 20 years on transplant failures, has seen him recognised internationally as the leader in their field.

Kidney transplants lost to acute rejection have fallen from 20-30% in the 1980s to 4-5% currently, but long term kidney and patient survival remains challenging. A key paper, published in the New England Journal of Medicine in 2003, has been cited 886 times as the standard for global research into transplant failures.

The award also recognises Professor Chapman’s advocacy of global rights of organ and tissue donors. He is one of the three architects of the 2008 Declaration of Istanbul, a statement of professional ethical standards in organ donation and transplantation designed to protect the rights of organ and tissue donors worldwide. It is now endorsed by 110 organisations across 78 countries.

“The Declaration aims to set the professional standard and quell the appalling abuse of rights of human organ and tissue donors. It endorsed by the NHMRC and AHEC. The World Health Organisation has revised their guidelines so we now have the twin approaches of the profession and world governments brought to bear on this issue.”

PROFESSOR RICHARD KEFFORD, AM
Professor of Medicine at the University of Sydney (Western Clinical School), Chair of the Division of Medicine, Westmead Hospital, Sydney, Director of the Westmead Institute for Cancer Research at Westmead Millennium Institute and Co-Director of Research at Melanoma Institute Australia.

Professor Kefford has made an outstanding contribution to the understanding and treatment of melanoma.

He has led a group that has contributed to the mapping of the melanoma predisposition gene CDKN2A and has gone on to perform the largest study of mutations in this gene in Australian families, and to a series of functional analyses of how the two proteins produced by this gene act within cells to predispose them to malignancy. He led the international melanoma clinical group that wrote international guidelines on genetic testing for melanoma.

He now leads one of Australia’s largest cancer-specific NHMRC funded Program Grants on melanoma and
Four million young people die each year, approximately one million young people die of cerebral malaria. There is no vaccine. Although there are drugs which kill the malaria parasite, about 20% of patients treated with them have already developed brain complications and die. By understanding the particular host biochemical pathways that are activated by the parasites, thereby causing brain dysfunction it might be possible to hold off death long enough for anti-malarial drugs to take effect.

Other projects include biochemical pathways of disease progression, and the diagnostic applications of the different chemical signals present in the blood of patients with malaria and meningitis.

The Distinguished Professorial Award also recognises Nick Hunt for his leadership of the Bosch Institute from its inception in 2003 until 2009. Under his guidance the institute focused on developing a collaborative approach to labs and resources, which has fostered a wealth of efficient and productive interdisciplinary work.

PROFESSOR WARWICK BRITTON
Bosch Professor of Medicine and Immunology
Head, Discipline of Medicine, Sydney Medical School

Warwick Britton has been granted the award in recognition of his leadership in research and teaching and long standing investigation of tuberculosis (TB) and leprosy. Based in the Centenary Institute, he leads the country’s most advanced research program into TB. Although TB has been kept under control in Australia by strong public health programs, it remains one of the major global health concerns with nine million new cases each year resulting in two million deaths. About 4-5% of the new cases worldwide are resistant to the current multi-drug therapy. Professor Britton and his team focus their research on understanding how host immunity controls TB infection at a cellular and molecular level in order to improve the current BCG vaccine and develop new effective vaccines against TB. They are identifying mycobacterial genes, which are essential for the survival of the bacteria, to use as targets for developing new drugs. He is collaborating with Guy Marks and colleagues on a large clinical trial of active case finding for better controlling the disease in Vietnam. His work has been supported by the NHMRC for 20 years as well as the Wellcome Trust and WHO. radius
Changing lives

Success stories from the Graduate Diploma in Indigenous Health Promotion

The Graduate Diploma in Indigenous Health Promotion was established in 1998 to help close the gap in Aboriginal and Torres Strait Islander health education—well before ‘Close the Gap’ became the buzz-term that it is today. The University of Sydney and health professionals across the country recognised that most Aboriginal and Torres Strait Islander health workers were unable to access higher education for many reasons, including family, work and community responsibilities, but also because they were often educationally disadvantaged from an early age. The Graduate Diploma in Indigenous Health Promotion enabled Aboriginal and Torres Strait Islander health workers from all over the country to study full-time for one year and gain a qualification that would enhance their personal and professional capital and capabilities.

Since 1998, 104 Aboriginal and Torres Strait Islander health workers from urban, rural and remote locations have completed the course (with another 20 students on track to graduate in April 2012). Many have progressed in their careers and have completed or are completing higher degrees. They have also developed and implemented programs which have improved the lives of community members and provided higher education role models. The majority have achieved these impressive outcomes without completing Year 12 or an undergraduate degree.

At the Sydney School of Public Health, we would like to celebrate the successes of these talented and determined individuals by showcasing alumni from across the years who have agreed to share with us their personal and professional journeys since completing the Graduate Diploma.

MICK PITTMAN

“I can’t believe how exciting my life has become”, says Mick Pittman who completed the course in 1999. He was working for NSW Health as an Aboriginal Sexual Health Worker and says he “jumped at the opportunity” when it presented. His manager and other colleagues were very supportive and Mick’s career trajectory has confirmed their faith in him. In the past 12 years he has held various influential positions within NSW Health and the Department of Community Services. He was the Aboriginal Liaison Officer for WorkCover NSW and is now the Aboriginal Advisor to the Department of Premier and Cabinet, assisting them in the evaluation and further development of their Aboriginal employment action plan, making it our business.

Mick grew up in Casino, NSW, a “skinny little coloured kid who left school at 14, joined the Air Force at 17 and spent 21 years travelling the world.” When he first told his two university graduate sons that he was enrolled to study at the University of Sydney, he says their response was less than enthusiastic. “They said, ‘Dad, we’re sorry, but you’re gonna fail, you won’t cope.’ I guess they thought I was too old, too Aboriginal. But of course, Sydney University was fantastic. It didn’t matter whether the lecturers had professor or doctor in front of their name, they just walked into the room, pulled up a chair and sat down. And I’m sure they learned as much from us as we learned from them. They just treated us as equals, as peers.”

When asked what he most valued about attaining a graduate diploma from the University of Sydney, Mick doesn’t hesitate. “I became confident. I said, come on, give me a job that you think I can’t do, because I’ll use what I learned at university, I’ll break it down, take it step-by-step and I’ll do it.” Like many Aboriginal and Torres Strait Islander people, Mick has a strong sense of community and a desire to work for the benefit of his people. “When I see the terrible statistics for Aboriginal men’s health, I think, I’ve had such a wonderful life, I want to help others to have what I’ve had. Life is great.”

“When I open my mouth to speak about health now, I’m confident I’ll be heard”.

ELLA BOWIE

Ella Bowie was enrolled in the Class of 2010, a lively group of 16 Aboriginal and Torres Strait Islander people from all around the country. Ella stood out as a determined and talented Torres Strait Islander woman on a mission to help her people take control of their own health and its determinants. When asked about her journey since completing the GDHIP, Ella wasn’t sure where to start: should she talk about her almost completed Master of Public Health, or the many partnerships and projects tackling chronic disease throughout the Torres Strait, or her capacity to encourage investment in infrastructure and jobs, or her soon-to-commence PhD, or her “deadly” team of newly-minted health promotion officers?

When Ella first enrolled in the course, she was working as a capital works project officer for Queensland Health’s Corporate Services on Thursday Island but had a strong yearning to work in health promotion. “I’ve always been interested in the preventative side of health and so about
five years ago, I asked if I could do the Graduate Diploma in Indigenous Health Promotion, but they said no. They wanted me to stay [working with them]. And every year, Queensland Health would advertise [scholarships for people to attend] the course, and I would ask and they would say no and no and no. But then, when I relinquished my position at Corporate Services, I applied to enrol in the grad dip and got in. And when the new CEO for Health came onboard and heard I was doing the course at The University of Sydney, she supported me and I ended up in a health promotion position, where I wanted to be.”

Ella is now the Senior Project Officer for the Torres Strait Health Promotion Unit and seems to have a knack for convincing different agencies and organisations to part with their money. “You taught me to advocate, so I advocate. And it works.” In partnership with the Torres Strait Island Regional Council she has acquired 15 Healthy Lifestyle Officer positions for the outer islands and four positions dedicated to tackling tobacco smoking. She has also received funding for an array of multi-strategic chronic disease programs and scholarships to send members of her health promotion team to the University of Sydney to complete the graduate diploma.

Ella says that completing the course gave her the knowledge, skills and confidence she needed to “stand up and say, no, a stall on the side of the road is not health promotion. Health promotion is about investing in safe and supportive environments, social and physical.” And while she is proud of what she has achieved in such a short period of time, Ella is quick to point out she relies heavily on her team, all of who bring different and valuable strengths to the task. “I have a really deadly team, most of who have now completed or are completing the grad dip, and I wouldn’t be able to do any of this without them”, she says.

**PAUL STEWART**

Paul Stewart was only 23 years old when he enrolled in the graduate diploma and was employed by the Victorian Aboriginal Health Service in Fitzroy as a project officer. His experiences of the course were positive and led in a short time to a research position with Ian Anderson at the Onemba Koori Health Unit at the University of Melbourne. “In the eyes of Melbourne Uni, the grad dip looked good and got me the job. It helped, that’s for sure.” Once at Onemba, Paul found himself enrolled in a Master of Public Health at Deakin University, which is also conducted in block-mode and awards credit points for the grad dip in Indigenous Health Promotion. “Once I got the MPH, I saw major changes. I was asked to go for a promotion, which I got, and then I was handed all these new jobs, all these new opportunities”, he says.

Paul now splits his time between his first love, research, and teaching. He also coordinates the Indigenous Health and History subject at the University of Melbourne and is supporting Shepparton-based Aboriginal and Torres Strait Islander students enrolled in a Master of Health Sciences. When asked what he’s most proud of (apart from his three children), he speaks passionately about a research project he’s been involved in since his days at VAHS. “We’re about to finalise the Young People’s Project. It was a longitudinal study where we asked the young Koori people questions associated with their health and wellbeing so we could get a good sense of what it means to be healthy and what factors make you healthy. And we hope to use it to inform people and policy about what’s important to our youth. We’re writing papers on racism and suicide and mental health, among other issues raised by the young people.”

Like Mick and Ella interviewed for this story, Paul expressed his heartfelt gratitude for the opportunity to enrol in a graduate program at the University of Sydney that was specifically designed to provide educational opportunities for Aboriginal and Torres Strait Islander people who had not considered attainment of a university degree to be within their grasp. “The way you guys structured the program, you made it possible. We were really well looked after and I take my hat off to Marilyn Wise and Shane Hearn. I wouldn’t have been able to do it otherwise. And it was a real achievement, not only for me but for my family. Hardly any of us had been to university until I went.”

“When I open my mouth to speak about health now, I’m confident I’ll be heard”

“The grad dip created an opening for people like me”

Mick Pittman, Paul Stewart, Ella Bowie
GOVERNOR’S RECEPTION
Her Excellency Professor Marie Bashir, Governor of New South Wales, kindly hosted a reception recently for Sydney Medical School and its supporters at Government House. Among the guests were the Vice Chancellor Dr Michael Spence, the Dean Professor Bruce Robinson and Professor Graeme Stewart, who spoke compellingly of his groundbreaking research into Multiple Sclerosis and the vital role of philanthropic support.

THE JOYE SHIELD IN MEDICINE IS UNVEILED
Limited space precludes the listing here of the numerous prizes and medals the Joye family have won over the years. The family includes multiple University medallists and 1st class honours recipients; it seems no prize or award was safe if there were a Joye in the class. After years of receiving the honours, the Joye family, led by patriarch Ian have demonstrated their commitment to academic excellence by awarding their own. The Joye Shield in Medicine was unveiled in August, a handsome wall plaque exhibiting the names of the past three years’ Joye medallists, awarded to the top graduating honours students in medicine. The Joye Medals in medicine, together with a generous prize, take their place alongside the Joye Prizes in Finance, Economics, Mathematics and Law to create what Ian describes as “a society of meritocracy.”

DANIEL PETRE DONATES TO SYDNEY MEDICAL SCHOOL FOR PROSTATE CANCER RESEARCH
Mr Daniel Petre has donated $2 million for a Chair of Prostate Cancer Research at the University of Sydney. The new appointee will work closely with cancer researchers based at the Garvan Institute for Medical Research. It is the first such Chair in Australia and will be named in honour of the donor.

“The male cancer, which remains one of the most commonly diagnosed cancers in Australia, does not receive the attention nor the support it deserves in the wider community,” said Mr Petre.

The University of Sydney Vice-Chancellor, Dr Michael Spence welcomed the gift. “This is a wonderful act of generosity by the Petre family. Support like this is an endorsement of the lifesaving and transformational research that is being conducted at University of Sydney.”

Professor Rob Sutherland, director of the Garvan Institute’s Cancer Research Program said: “At the Garvan we take a multidisciplinary approach to prostate cancer research using the expertise of a number of cancer researchers within and outside the Garvan, including clinicians and pathologists from a number of Sydney’s major teaching hospitals including the Royal Prince Alfred Hospital and St Vincent’s Hospital.”
Left to right: Government House; the Vice Chancellor, Bruce Kirkpatrick, The Governor, Thomas Wenkart; Robert and Kelly Salter; Marno and Victoria Parsons, Nancy Dolan; Edward Halliday, Sir Nicholas Shihadie, George Hamburger; Michael Gardiner-Hill, the Governor, Patricia Ritchie; Cecil and Patricia Churm; Kevin Troy, Derek Larnach, Bruce Robinson.

Left to right: Chris Joye, Ian Joye, medallists Mark Dennis, Sara Bassin and Josh Smith, Maggie Joye, Daisy Mallett.
The UN considers non-communicable disease

Despite the lack of definite goals and targets, the United Nations High-Level Meeting in New York that concluded on September 20, was a step in the right direction for dealing with the scourge of NCDs.

By Stephen Leeder

Late on the evening of September 19th, I watched a video stream from the massive United Nations Assembly Hall as the High-Level Meeting on Non-Communicable Diseases (NCDs) opened at 9am New York time. I was very excited – NCDs were at last being taken seriously by the nations of the world. The media release issued after the meeting provides a useful summary:

The two-day high-level General Assembly meeting, attended by more than 30 heads of State and Government and at least 100 other senior ministers and experts, is discussing a draft declaration calling for a multi-pronged campaign by governments, industry and civil society to set up by 2013 the plans needed to curb the risk factors behind the four groups of NCDs – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes.

Steps proposed range from price and tax measures to reduce tobacco consumption to curbing the extensive marketing to children, particularly on television, of foods and beverages that are high in saturated fats, trans-fatty acids, sugars, or salt. Other measures would cut the harmful consumption of alcohol, promote overall healthy diets and increase physical activity. The overall toll of NCDs is estimated at 36 million out of a total of 57 million annually.

OUT OF THIS WORLD

I was intrigued by how much this meeting looked like the presidium of the galactic Federation in Star Trek: The Next Generation. Even the architecture of the hall for 1300 people with its star-studded ceiling could have come from Gene Roddenberry’s imagination. All those beings from far-flung nations brought along diverse problems, different interpretations and disparate solutions. Yet here they were, seeking common solutions to a massive and growing threat to the health of the world.

This diversity is both the strength and weakness of the NCD cause. It permits the development of tailored, local solutions, such as a tough tobacco tax in one country that perhaps cannot be enacted in another. Attending the meeting, beside high-ranking national officials, were representatives of citizen groups concerned about NCDs and related illnesses.

But also in attendance were those who fear a deluge of mental illness; those distressed by the millions of children dying from exposure to domestic cooking fires; those seeking to immunise women against cancer of the cervix; those frightened by the bleak and expanding horizon of dementia; and those who see clearly the human rights and equity concerns created by these diseases as they occur most frequently among the poor.

THE COMPLEXITY OF NCDs

NCDs are too big and too distressing to hold in your mind for long, and too diffuse to provoke uniform solutions. We must segment them and tackle them bit by bit. But therein lies a great danger because these diseases originate from complex, integrated distortions to the way we live. They rank alongside climate change and the global economy as complex problems that we must face. Say you have a dodgy computer. You could try to fix it by replacing the mouse but what if the problem is the result of dysfunctions in hard disk, keyboard and mouse. You may choose simply to buy a new computer. But such an alternative sadly doesn’t exist for dealing with NCDs even though they are the result of a series of dysfunctions in the way we live.

The deliberations of the meeting were enshrined in a Declaration. It seeks to steer a course between segmentation of NCDs (reduce trans fats; promote more physical activity) and systems approaches (bring in UNESCO; adopt whole-of-government strategies). The Declaration considers an array of interventions that are economically feasible in various nations. The international treaty against tobacco is reinforced because smoking plays a role in many of the major NCDs.

The World Health Organisation receives strong support. It has previously proposed action on diet and physical activity and these recommendations are freshly endorsed, all the while allowing for the exercise of national sovereignty in implementation – or not. Nutrition, including concerns about advertising to children, is covered thoughtfully with and nations urged to be take action to ensure healthier, labelled food is readily available. For nations already experiencing food insecurity, either long-standing or as a consequence of the recent global financial upheaval, these recommendations will be difficult to enact. The Declaration also clearly recognises that health services and systems alone cannot cope and calls for whole-of-government approaches.

It seeks the support of UN agencies concerned with agriculture and education, among others, to be involved. This is one of several points in the Declaration where the necessity for an integrated, systems approach is specified.

ASPIRATION VERSUS PERSPIRATION

Goals and targets, for which many argued before the UN meeting should be proposed, escaped lightly. Without them, accountability and measurement of progress are difficult to ensure. They are to be developed by individual nations by 2012, with voluntary national adherence. The meeting asks the WHO to work with nations to develop...
monitoring and surveillance systems to judge progress. Overall, the UN meeting has consolidated steadily growing global concern about NCDs and articulated what is known and the kinds of action that must be taken.

The huge increase in interest in these conditions by governments, health agencies, non-government organisations and academia in the past seven years is deeply encouraging, especially when competing worries such as climate change and economic instability could have easily displaced NCDs from both national and international agendas. The implementation and action plan based on the meeting and the Declaration will be all-important.

Professor Robert Beaglehole from Auckland is a major advocate for united action on the NCDs and contributed greatly to the establishment of a firm academic base for the UN meeting, leading the *Lancet* in a campaign over five years, including the publication of several major papers that informed the New York debate. Professor Beaglehole gave the Menzies Centre of Health Policy 2011 S T Lecture at the university on November 7th and again later this month in Singapore. The Oration will be preceded that morning by a joint seminar with COTCD on Implementation of Prevention. Robert writes of the Declaration ratified by the UN meeting in these words: *The Declaration recognises the enormous health and economic burdens imposed by NCDs on all countries and firmly positions NCDs as a development, and not just a health, issue. This is an essential reframing for the discussions in the run up to the post-Millennium Development Goals era beginning in 2015. It would have been ideal for the Declaration to have included time-bound goals and targets.*

However, it incorporates many of the recommendations made by civil society and, in addition, stresses research and development and international cooperation including access to medicines under the flexibilities of the trade-related aspects of intellectual property rights agreement.

The major task now is to encourage the successful delivery of the four key short-term commitments agreed in the Declaration by member states and global institutions, including WHO:

- the development of a comprehensive global monitoring framework, including “voluntary” global targets and national indicators by the end of 2012;
- the preparation of options by the end of 2012 for an effective partnership to carry forward multisectoral actions;
- the strengthening of multisectoral national policies and plans for the prevention and treatment of NCDs by 2013 and their implementation;
- and the preparation of a report on the commitments in the Political Declaration as the basis of a comprehensive review by 2014.

It was good to see Australia’s federal health minister Nicola Roxon attend the meeting, advocating for plain packaging of cigarettes. Her commitment to prevention is unusually strong. Australia has much to contribute to the global fight against NCDs, having had considerable success in cutting tobacco use and reducing deaths from heart disease. Now the opportunity to lead is once more there for our government – and us – to take. Let’s hope we can all rise to it. radius

United Nations Building (New York City).
OMAN AND JORDAN: A JOURNEY THROUGH ARABIA
MARCH 22 – APRIL 8, 2012
$6,900 per person, twin share (land content only) $1,800 single supplement

East meets West as you journey from the Mediterranean to the shores of the Arabian Sea. The itinerary combines great archaeological sites, including Petra, with the spectacular landscape of the Arabian Desert and exotic cities such as Muscat and Salalah. Tour led by archaeologist Dr John Tidmarsh.

IRAN: THE CIVILISATIONS OF PERSIA
APRIL 1-23, 2012
$6,995 per person, twin share (land content only) $1,450 single supplement

Experience a taste of the Persian Empire on this 21-day tour through Iran. The itinerary includes visits to the capital Tehran, three nights in Ahwaz, four nights exploring ancient Persepolis and Pasargad culminating in three nights in the UNESCO listed city of Esfahan. Tour led by archaeologist Toby Hartnell & Yalda Razmahang.

EASTERN TURKEY
MAY 6-21, 2012
$4,990 per person, twin share (land content only) $850 single supplement

Experience an exotic blend of nomadic central Asian cultures far away from the tourist crowds, as you visit remote Roman, Byzantine and Ottoman sites in Turkey’s South East and on the Black Sea. Tour led by archaeologist Toby Hartnell.
HIGHS AND LOWS: ELECTIVES AND EXAMS

It’s always nice to look back on another busy quarter of the year when Radius comes along and gives/forces you to have a brief reflection on the recent months gone by.

As a third year student, the last few months have been great fun rotating through the hospital on ‘prac’ and a lot of elective organising, which is really difficult for people like myself who simply want to go everywhere and try a bit of everything. It is so great to chat to my colleagues and get to the questions about what they’re doing for their elective and they literally start beaming and head off on a ridiculous tangent that is our sole breakaway from barrier study these days. It’s as interesting as when I ask doctors in our hospitals about their electives - that same glimmer in the eye and slightly glazed look with a cheeky smile comes back as many remember one of the best experiences they’ve had.

Unfortunately though, as I write this the barrier exams are looming and I am feeling very close to the precarious edge before the plunge. Lucky for me however, I love exams as they are over so quickly. I have a very bad memory for exam questions so I often feel very buoyant leaving exams and attempt very hard not to partake in the inevitable discussions post.

→ EVENTS: CONFERENCES, DINNERS, AND MED REVUE
The last few months have included some truly amazing events that SUMS has both run and been a part of, including the Global Health Conference, AMSA Convention, Women in Medicine, the Indigenous Health Forum and the spectacular MedRevue 2011 – Beauty and Deceased.

This year Sydney had the privilege of hosting both the Global Health Conference and AMSA Convention and neither disappointed. We are extremely proud of the members of SUMS who put in EPIC amounts of work to make these conferences happen and run so well, catering to over a thousand delegates wants and needs, and delivering events that will not be surpassed in the near future.

The annual Women in Medicine dinner was also a huge success with a number of students from Sydney University and other universities in attendance - so well done to the organisers. The Indigenous Health Forum was likewise a huge success this year with over 100 students attending and listening to several speakers from a range of backgrounds. Next year there is talk of the Indigenous Health Forum spanning a full day so we will keep you posted.

Beauty and Deceased was one of the highlights of my year, let alone the amazing and talented first years who completely amazed us all with their truly spectacular show. This years revue followed the classic Disney story of Belle (Beauty) and the Beast but with twists - Belle not being quite so beautiful as her name suggests and the Beast not quite so beastly. The story continued with many a great nude, sketch, big nude, song, small nude, video, lots of nudes, acrobatics and fight scenes, and of course the ever brilliant nude scene.

This year’s Revue sold out most nights, breaking the university record for most tickets sold, and also the record for most money raised with a staggering $60,000+ raised for charity. MedRevue 2011 take a bow!!!

→ BIRTHDAY CELEBRATIONS
Between the 10th – 14th October, SUMS celebrated its 125th Birthday - and what a week. The week included great dashes down memory lane, with the overarching theme of a medical film festival where each night showed a couple of truly brilliant films from many different eras that highlighted what medicine was like then. We had comedy, art-house, action, documentaries and horror movies, and great fun for everyone.
JOANNA LOGUE – NEW WORK: HILL END

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SIR ZELMAN COWEN UNIVERSITIES FUND
BLUE SKY RESEARCH GRANT

AWARD ANNOUNCEMENT

The Sir Zelman Cowen Universities Fund supports medical and scientific research and promotes co-operative work between the University of Sydney and the Hebrew University of Jerusalem. It has established the Blue Sky GRANT program, to support the development of novel ideas. Because of the strength and number of applications received, the Trustees have decided that two awards, each of $100,000, will be made to the following projects:

Characterising a unique substrate for expansion and differentiation of mesenchymal stromal cells for use in regenerative medicine

Chief Investigators:

• Prof John Rasko, University of Sydney and RPA Hospital
• Dr Janet Macpherson, RPA Hospital
• Prof Tony Weiss, University of Sydney
• Prof Dan Gazit, Hebrew University of Jerusalem

Project Summary:

“We have recently shown that blood-forming cells respond favourably to being grown on an elastic bed or “nano-mattress”. In this Blue Sky project we will test the potential of our “nano-mattress” to enhance the ability of other human cells found in the bone marrow to make bone and connective tissue, such as tendons and cartilage, for applications in diverse diseases including those affecting the heart, joints, bones, and immune systems.”

AND

Identifying novel factors for improving liver regeneration in the elderly

Chief Investigators:

• Prof Yehudit Bergman, Hebrew University of Jerusalem
• Prof Jacob George, University of Sydney

Project Summary:

“Working in mice models of human cancers, we have shown that pregnancy induces the rapid growth of liver cells, accelerating liver regeneration and reducing mortality. In this Blue Sky project, we will identify the factor(s) generated during pregnancy which induce this regeneration, and will explore their ability to reduce mortality, and the mechanisms of their action on liver cells. Our aim is to identify therapeutic options for humans requiring resection of liver tumours, whether primary or secondary.”

Enquiries
Sir Zelman Cowen Universities Fund
University of Sydney, F13, NSW 2006
Phone +61 2 9351 6558
Email szcuf@anatomy.usyd.edu.au
Web www.szcuf.org.usyd.edu.au
In recent weeks I have had the great privilege of attending several functions co-hosted by the Medical Alumni Association and Rare Books of Fisher Library. At each of these functions Rare Books have showcased the very special medical books from their collection. With over 60 books on display, they included some of the oldest in the collection (the herbal *Ortus Sanitatis*, by Jacob Meydenbach published in 1491 and later 16th century re-prints of Galen, Celsus and Hippocrates); many classics (Thomas Willis’ *Cerebrae Anatome* of 1664, William Harvey’s 1660 publication, *De motu cordis*; Laennec’s description of the stethoscope in his *Traité de l’auscultation médiate* of 1826); and many of local interest such as the journal of the first fleet surgeon Dr John White published in 1790 and the more recent MD theses of Professors Charles Bickerton Blackburn and Charles Ruthven Bickerton Blackburn submitted in 1903 and 1939 respectively.

These functions were attended by some of our very new alumni (final year students) and some of our more mature alumni and it appeared that all were very impressed with the collection. I never ceased to be amazed by this extraordinary resource that we have at the University of Sydney.

Not only does Fisher Library have an extraordinary collection of books, it has quite an interesting history of its own. The purchase of books was one of the first priorities of the University Senate in 1851. By 1853, the Senate reported that “the foundation has been laid of a library ... it is superior, it is believed, to any other collection in the Colonies”. Possibly this accolade is still true today. In 1878, Thomas Walker, a great philanthropist, purchased for the library the book collection of Nicol D Stenhouse, consisting of 4000 volumes. The library accommodation, then in the Senate Room next to the Great Hall was severely stretched.

Thomas Fisher, after whom the current library is named, bequeathed to the University upon his death the sum of £32,000 (in modern terms the equivalent of $3.2 million) in 1884 for the purpose of “establishing and maintaining a Library”. Thomas Fisher was a remarkable man. Born in 1820, the son of two former convicts, orphaned at 12, apprenticed to a shoemaker, Thomas established a profitable shoe making business. Although he had never attended the University, he was clearly impressed by the University and of the value of a higher education.

In 1902 construction began on the original Fisher library. This truly magnificent Gothic sandstone building with its impressive ceiling of cedar beams soon proved too cramped for the ever expanding Library collection. The present library was opened in 1963; the research wing in 1967, while the original Fisher library was renamed the MacLaurin Hall.

As we move towards an electronic age it is even more important that our old books, our heritage, is preserved, appreciated and utilised. More such viewings are planned for 2012 and we will let you know in Radius and on our website.

See Sydney Medical School Alumni website for information about the new Alumni Awards. Voting closes in February 2012.
100 years of Antarctic

December 2011 marks the 100 year anniversary of Sir Douglas Mawson’s first Australian Antarctic expedition. Young Sydney alumnus, Archibald Lang McLean, accompanied Mawson as Chief Medical Officer and Bacteriologist and set the stage for future generations of Antarctic medical officers.

By Lise Mellor

ARCHIBALD LANG MCLEAN (MBBS 1910)

When Douglas Mawson led the first Australian Antarctic expedition, Archibald McLean, a fresh young intern at Lewisham Hospital, was selected to be Chief Medical Officer and Bacteriologist for one year, residing at Main Base. Although he lacked medical experience, his youth and enthusiasm ran in his favour.

McLean’s MD thesis, *Bacteriology and Other Researches* (published 1917 and available online) states that the scientific aims of the Australian Antarctic Expedition were directed so as to be “as wide and embracing as possible.” Essentially, he was stepping into unchartered territory. Previous Antarctic expeditions had produced some bacteriological research which McLean was only able to read through once before departure.

Mawson and his team sailed aboard the Aurora first to Macquarie Island then south to Commonwealth Bay, arriving January 7, 1912. On arrival, all of the men engaged in the pressing duties around the base, such as the building of the huts and daily meteorological and tidal observations.

McLean began studying the physiology of the expedition team before departure from Hobart, measuring blood pressure and examining blood tests. One of his earliest observations was that it took six weeks for men to acclimatise to the extreme cold and that during periods of constant physical labour, red cell numbers increased quickly, totalling in one instance more than 7,000,000. All men put on substantial weight, the average weight gain being ten pounds and in two cases, twenty-eight.

McLean’s account of the beginnings of his research gives a glimpse of the tribulations:

A small corner of the hut was reserved for bacteriology. Here, a few shelves and a table accommodated stans and other reagents, slides, a spirit lamp, a centrifuge, a microscope, a steriliser and other miscellaneous apparatus. For more than four months I was unable to make up Gram’s iodine, owing to the potassium iodide and the iodine having been misplaced…. The heat for the incubator was supplied by a kerosene lamp. The ether capsule and lever regulators worked well, so that it was possible to grow cultures either at 18 to 20 degrees Celsius, or at 37 degrees Celsius except in the cases of even more extreme cold … Boxes containing my stock of materials were buried in snow outside the hut and were only accessible on the rare fine days, when they had to be dug out, opened and re-packed.

McLean amassed a substantial collection of bacteriological specimens of Antarctic ice, soil, mud, sea, mammals, birds and fishes. He grew cultures from swabs he had taken from Antarctic animals. He engaged in his own work systematically however, he lamented that Bacteriology needed to become more systematic before comparisons could be made. He dedicated that work to future generations.

When Mawson returned from his tragic sledding accident, it was McLean who nursed him back to health. Mawson, McLean and four others were then captive on the ice for another year. During this time, McLean continued his work collecting specimens but began to write about other aspects of Antarctic exploration. He wrote up his findings as to the physiology, immunity and what he called the dietetics of the explorer. Watching Mawson recover, he became fascinated by the psychology of the Antarctic explorer and these observations formed the culminating chapter of the thesis for which he received the University Medal. This work still sets the stage for Antarctic research concerns.

MEDICAL MICROBIOLOGIST ROD GIVNEY (MBBS 1983)

Dr Rod Givney spent two terms as a medical officer in Antarctica, the first in 1990 and the second in 1996. Accompanied by his wife Adele, he found the experiences challenging but ultimately uplifting.

The impetus to go to Antarctica came from Adele, a post-doc science graduate. He had accompanied her when she had undertaken research in Antarctica in the 1980s and was inspired to apply for the position of medical officer at Casey Station.

“It was quite drawn out. They need doctors able to cope with all sorts of medical crises, including surgery, and survive the challenges of Antarctica.”

His experience in rural general practice gave him the confidence of being able to handle diverse medical situations but he had “a fear of surgery and no anaesthetic training.” Medical officers undergo a three month training period in cold climate medicine, including two weeks at Melbourne Dental Hospital. Rod’s ”fear of surgery” meant that he talked to surgeons and watched them perform in the operating theatre. Despite their advice to him “not to attempt surgery” the reality is that surgery may well need to be carried out.
Posted at Casey Station, like McLean, Rod found himself the solo doctor responsible for the medical needs of a team of workers. At the time they were attempting to build a landing strip at Casey Station, “I had 24 people to look after. It was the last year of construction and they were mostly labourers. In Mawson’s day, they were all young and mostly upper middle class, not candidates for cardiovascular emergencies. The population is more diverse now, still mostly male but older in their 40s and 50s. If someone comes to you with chest pain you really need to check it out.”

The medical officer is on duty 24/7 and “you have to look out for every catastrophe.” When not responding to patients, there is a flow of maintenance required so that things function when you need them. “It was like a tiny country hospital. There was a theatre and a little ward. You have to keep all the surgical gear at the ready, make sure there is the right supply of pharmaceuticals and keep everything sterilized. The entire theatre needs sterilization every three months. You take your own X-rays and in quiet moments I used to practice on dead animals.”

During Rod’s time, he treated a lot of work related injuries and occasional cold injuries, such as hypothermia and corneal ulcerations from snow blindness. In addition, he treated patients for alcohol related illnesses.

As for bacteriological research, he continued his research interest with retroviruses. He attempted collecting serum for herpes viruses but laments that he found the research conditions for alcohol related illnesses.

In Antarctica they have digital 3D and 4D ultrasound, digital radiography which means that they can transmit clinical images back to the Polar Medical Unit and gain assistance from a ‘real-time video consultant’.

The biggest health concerns for Antarctic workers remain work related injuries from manual labour in tough conditions. Dental care remains an ongoing concern but clothing assemblages, accommodation and technology improvements have meant less incidences of cold injury.

It is the long polar night that challenges Antarctic human health more than anything else. It is taxing on the mind and body and doctors are often called to treat patients for mental health concerns, part and parcel with sleep disorders and a disruption to their circadian rhythms. So much so, that NASA has funded a pilot research project studying these concerns.

“NASA considers Antarctica a space analogue because of the isolation; it is a real expedition, with real hazards. For them, they want to know everything about human physiological and psychological function in extreme environments, to understand how a human can go on a three year round trip to Mars and come back to earth safely and be well and functioning, emotionally, mentally and physically.”

As far flung as that sounds, their intent has its beginnings in the work of McLean and Mawson.

“McLean was instrumental in setting the example that the role of the Medical Officer is to look after the medical and psychological state of the expedition team so that they come back safely”, says Ayton.

More about Archibald Lang McLean in Radius [Issue 21 March 2008] and in the Sydney Medical School Online Museum.
James C Biggs AM
MBBS 1955
Alan J Concannon
MBBS 1966

Both of us are retired haematologists having spent most of working lives at St. Vincent’s Hospital, Sydney, James having been appointed the foundation Director of the combined Clinical and Laboratory Haematology Department in 1968. James continues teaching medicine in phase 1 of the UNSW curriculum, while Alan maintains a continued interest in art history. Our latest project was to co-author a new publication entitled The Evolution of Haematology at St. Vincent’s Hospital Sydney, 1857 – 2010. The book is in two parts, the first a narrative history of the specialty from the foundation of the hospital in 1857 up to the present (with relevant background material) and the second a compilation of over fifty memoirs of the department from past and present members of it: doctors, nurses, scientists, technologists, office staff and social workers. Some of these memoirs stretch back to the late 1940s.

Anthony Reading
MBBS 1957

I am Emeritus Professor of Psychiatry at the University of South Florida in Tampa and I have just had a new book published: Meaningful Information: The Bridge Between Biology, Brain and Behavior. A description of the book can be found at: springer.com/life+sciences/evolutionary%26+developmental+biology/book/978-1-4614-0157-5.

Kai-Yan Quek
MBBS 1961

I did my residency at Royal Newcastle Hospital. Whilst an RMO I completed my Diploma of Tropical Medicine and Health. From 1965 to 7 I did locum work and honorary work in Sydney Hospital, Royal North Shore Hospital, St Vincent Hospital as well as being RMO at Concord Hospital. I started my GP practice in 1967 in Ryde.

Bruce Harris
MBBS 1965

I have just been awarded the RACGP Brian Williams Award for 2011. It was presented in Hobart at the Conference for General Practice by Dr Kathryn Kirkpatrick and she had this to say about me: “Dr Harris passion for rural practice and rural general practitioners is second to none having great concern for the future of rural general practice and how we will educate the next generation of rural general practitioners. He has consistently shown a dedication to rural general practice throughout the length of his career, which spans over 40 years. Dr Harris also understands the importance of mentoring students and registrars as the future of general practice.

“He takes a keen interest in the progress of the medical students who pass through the Dubbo campus, following their careers as interns, residents and registrars. The commitment Dr Harris consistently shows towards educating the next generation of rural general practitioners is indicative of why he was awarded this honour.”

Although I am really pleased to receive this award, I accept this honour together with the many rural doctors, both past and present, who have long advocated for rural health reform and who have worked tirelessly to make a difference for rural communities.

David J Farrar
MBBS 1978

I have been working in general internal medicine in Cambridge, Massachusetts at Harvard-affiliated Mount Auburn Hospital which has given me the experience of dealing with the vagaries of the US healthcare system and shoveling snow to get the car out in the morning! I have made it a hobby to teach the locals how to speak Australian slang.

Jeffrey Looi
MBBS 1992

I graduated Doctor of Medicine, as the third recipient of the degree from the Australian National University, in July 2011. The doctorate was awarded on examination of his published work on neuroanatomy, cognitive neuroscience and neuropsychiatry. I am Associate Professor and Deputy Head of the Academic Unit of Psychological and Addiction Medicine at ANU Medical School. My research interests encompass cognitive
neuroscience and neuroimaging in neurodegenerative disease; involving collaborations with the Karolinska Institute, University of Lund, University of Melbourne and University of California, Los Angeles (where I was a Fulbright Scholar in 2005). I am still in part-time clinical practice in the private and public sector, and an Associate Fellow of the Royal Australasian College of Medical Administrators, actively involved as a bi-national Fellow representative for the Royal Australian and New Zealand College of Psychiatrists, as well as working with the Australian Medical Association.

Michael Reade
MBBS 1996

In November 2011 I will take up the position of Defence Professor of Military Medicine and Surgery at the University of Queensland, with a conjoint clinical appointment in the Intensive Care Unit of the Royal Brisbane and Women’s Hospital. My position is central to the development of a new program of trauma research relevant to both Defence members and the Australian civilian community, funded by Defence, using as a model the highly successful military medical research program in the US and UK.

Anthony Zahetner
MBBS 2001


Mark Dennis
MBBS 2010

I have been completing an Internship and residency in Wollongong Hospital and trying to get out from underneath the pile of paperwork a JMO manages. In my spare time I, with two other Alumni, Lucy Cho and Talbot Bowen, have published a textbook called Mechanisms of Clinical Signs (October 2011) explaining the mechanisms behind all those signs we learnt through our time a Sydney Medical School on clinical days. I have also taken an active role in the NSW Doctors In Training forum and local hospital medical teaching and education.

Other than this I am looking forward to a trip to Nepal, continuing a new hobby in bike riding and taking an active interest how one manages to actually enter the Sydney property market.

Errata: Professor Lisa Jackson Pulver, AM MPHlth’98, PhDMed’04
Professor Lisa Jackson Pulver was made a Member of the Order of Australia (AM) in this year’s Queen’s birthday list – not OAM as reported in the last issue of Radius. Professor Jackson Pulver is a Director of the Lowitja Institute, and Co-Founder and Director of Muru Marri Indigenous Health Unit at the University of New South Wales.
She was honoured for service to medical education, particularly through the Muru Marri Indigenous Health Unit at the University of New South Wales, and as a support of educational opportunities for Aboriginal and Torres Strait Islander people.
In 2004, Lisa Jackson Pulver broke new ground by becoming the first Indigenous person to receive a PhD in medicine from the University of Sydney and has subsequently become one of the nation’s most prominent researchers and advocates in Indigenous health.

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reunion reports

1946

The 1946 Graduates 65th year Medical Alumni Reunion Lunch took place in the Anderson Stuart Graduate Room, 23rd September 2011.

The beautiful Gothic building “The Old Medical School” was shining brightly in the warm spring sunshine. Twenty one graduates together with their partners making thirty two, joined for drinks and canapes in the Anderson Stuart Courtyard. Most of us had not visited the building since our preclinical years which commenced in 1941. It was a very special occasion and we were delighted to visit the Dissecting Room and the Wilson Museum with its world class prospections, including some from the members of our year.

We were joined at lunch by the Dean, Professor Bruce Robinson. After a welcome by Jack Blackman, Professor Robinson outlined the changes and diversity of the medical curriculum and spoke with great passion and understanding of the medical students’ conditions and opportunities of today.

During lunch, Peter Rogers spoke of our special year, the many awards and those who distinguished themselves both within and outside the profession. He spoke of our gratitude to our teachers, especially Professor Harold Dew. He also mentioned Ruth Godden, the Editor and the Editorial Committee of our Senior Year Book. We then drank a toast to “absent friends.”

There was a fine display listing those still with us, and those who have died since our previous reunion together with letters from those unable to attend, other apologies and pictures of our preclinical teachers.

Alan Young pointed out that 37% of our year are alive, quite a remarkable figure. He also thought that the 65 years of combined wisdom and experience of our group should be used in a positive fashion to complement the incredible progress in medical knowledge over this time.

Ewen Sussman spoke of the great contribution of Cath Nicholson (Hamlin) in her work with fistula patients both in the ground-breaking operations at “The Hospital by the River” in Ethiopia and her counselling skills with patients.

The great enjoyment of this occasion made for a lot of happy chatter although sometimes it was difficult for all to hear the jokes and anecdotes.

Nev Newman told some stories as did Kev White. Joy Tibbets (Parry) was in good form, John Austin, John Alsop, Thea Robilliard, Don Dunlop, Roger Davidson and Grosvenor Burfitt-Williams also contributed to the occasion. Bill Gilmour from Perth had to cancel at the last minute and sent his best wishes.

We all felt this was a very special nostalgic occasion. Victor Bear, our financial manager, Roger Davidson, Alan Young, and I had many meetings with the Medical Alumni Association and would like them for their support. Our thanks also go to the University for allowing us to use such a memorable venue.

Jack Blackman

1947

A luncheon meeting at the Royal Automobile Club on 24th September 2011 hosted the Class of 47 at its biennial celebration.

Getting together for drinks an hour before lunch, classmates, spouses, partners and guests seemed to lose their sense of time as past memories, incidents and experiences set the scene for an enjoyable lunch. This has been the low-key pattern of 47, with conversation, discussion and laughter through lunch and later.

There were, as usual, no formal speeches, Kevin Byrne and Peter Crowe our meticulous Convenors made the special announcements and noted the unhappy roll of deaths, which unfortunately we have come to expect as a continuing reality.

Twenty three members of the class sat down to luncheon, there were twenty three apologies and members welcomed five widows of deceased members as guests. While the average age is eighty seven, we still have a strong representation and strong friendships remain.

Those present were pleased to hear again from the Class of ’47 Poet, Len Green. His views on Medical Meetings, was both amusing and interesting.

June Fitzhery treated all present to two choral items; one immortalizes Jim Egan and the other will assure that the Class of 47 remembers “The Wearing of the Green”.

Future meetings were discussed and it was decided that time, tide and level of remaining interest would be reviewed within the next two years and a decision taken.

Peter Crowe and Kevin Byrne the long term Convenors were given full thanks for having us come together to make our sixty fourth Reunion so meaningful & so enjoyable.

The Class of ’47 has made a donation to The Medical Benevolent Fund.

1961

On Sunday August 28th 2011 seventy-five alumni from the graduating Class of 1961 gathered for our 50 year Reunion at the Australian Golf Club in Sydney. Graduates came from far afield, Don Wilson making his usual pilgrimage from California and others came from Western Australia, Victoria, ACT, Queensland as well as rural New South Wales.

Over the preceding months Bryan Yeo had compiled a booklet with photographs and a brief resume from those on our mailing list and had posted these out prior to the meeting, thus making it much easier to recognise colleagues and to hear of their activities. Many were still working, both part-time and full-time, some had retired and followed a different career path.
and some had retired into leisure activities in which family and grandchildren figured prominently.

After prelaunch drinks in the function rooms, with their floor to ceiling glass windows affording panoramic views of the magnificent Australian Golf Course layout, the group was marshalled outside for the traditional group photo and then enjoyed a superb buffet luncheon, complimented with fine wines. Mal Stuart carried on his traditional role of Emcee at these Reunions and kept the group in order and the proceedings according to schedule.

It had been decided that this was to be a very informal gathering with plenty of time for get-together and reminiscing, and in keeping with this there were two brief toasts at the beginning of the luncheon, one to the University and then to “absent friends”. The passing of several of our colleagues since the last Reunion was noted as was the fact that distance and, in some cases infirmity, prevented many from overseas from joining us. We hope to see them at the 55th.

During the luncheon Susi Freeman proposed a toast to the group, mentioning some experiences (that she “survived”) over the years that would have been common to many of us, and Frank Stening then responded on behalf of the group with some very well chosen and appropriate comments. He concluded by suggesting that there were undoubtedly many experiences in the group that should be compiled and possibly published. As yet there have been no volunteers for this task!

At the conclusion of the luncheon we continued to mingle in small groups, looking both backward and forward, and with that in mind it was announced that Rob McGuinness would be the convener of the 55 Year Reunion in 2016.

David Brender

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GRADUATING YEAR OF 1992
When: Saturday 25 February 2012
Where: The Great Hall – University of Sydney
Time: 6.30pm
Contact: John - drjfk@bigpond.com
Silvia: AngusandSilvia@optusnet.com.au

GRADUATING YEAR OF 1942
When: Saturday 10 March 2012
Contact: Barbara Slater bbislater@bigpond.net.au or Shailendra Sinha sinhasklw@gmail.com

GRADUATING YEAR OF 1950
When: Tuesday 13 March 2012  Time: 12pm
Where: Concord Golf Club
Contact: Brian Pollard bpoll79@bigpond.net.au

GRADUATING YEAR OF 1957
When: Saturday 17 March 2012  Time: 6.30pm
Where: Crowne Plaza Coogee (NB Rooms have been reserved in the hotel and can be booked separately)
Cost: TBC
Contact: Steve Andersen stea@ozemail.com.au

GRADUATING YEAR OF 1952
When: Friday 23 March 2012
Time: 12pm
Where: Holme Building, The University of Sydney
Contact: Monica Bullen monicabullen@bigpond.com

GRADUATING YEAR OF 1955
When: Saturday 21 April 2012
Time: 11.30am – 3.30pm
Where: The Royal Sydney Golf Club
Contact: John Wright rebjohj@netspace.net.au

GRADUATING YEAR OF 1972
When: Weekend of Saturday 29 September 2012
Where: Canberra  Time: 7pm
Contact: Harry Merkur - hmerkurl@bigpond.net.au

GRADUATING YEAR OF 1977
When: Saturday 3 November 2012
Venue: The Great Hall, The University of Sydney
Contact: Tony Joseph tjoseph@med.usyd.edu.au

GRADUATING YEAR OF 1973
When: Saturday 6 April 2013  Time: Dinner
Where: The Great Hall, The University of Sydney
Contact: Phil Cocks pcocks@ozemail.com.au

Does your graduating year have an important anniversary in 2011-2012? Let us help you contact your fellow graduates, issue invitations and promote your event. Please contact your alumni reunion manager, Diana Lovegrove, on 02 9114 1163 or by email at diana.lovegrove@sydney.edu.au.
When Professor Michael Besser retired in 2008 after more than 30 years at the pointy end of neurosurgery at Royal Prince Alfred Hospital, it gave him the time to pursue other interests. He greatly enjoyed tutoring medical students this year in the whole body dissection classes in Anderson Stuart’s new dissection rooms. He has completed a number of units in the Master of Medical Humanities, and is full of praise for the course which encourages a different perspective on medicine and care.

Retirement has also given him time to pursue a life-long passion for training and fitness. Instead of pounding the pavement at 4am or late in the evening after work, he can now indulge himself several times a week with four or five hour cycling sessions or long leisurely runs. He has had time to prepare for and participate in a number of triathlons and other competitions on the burgeoning calendar of events open to “veteran” athletes. Three years into retirement and aged 65, with the 1000 kilometre Surfers to Sydney Pollie Pedal and several shorter triathlons under his belt, he is making plans for the Busselton Ironman in December 2011.

For those unfamiliar with the Ironman events, to say they are a physical and mental challenge is putting it mildly. They start with a nearly four kilometre swim followed by 180 kilometres on a bike. A quick change to running shoes and then 42 kilometres run on the blistering roads – in this case, around Busselton in south west of Western Australia. At the front of the field, the world’s best athletes finish an Ironman in around 8 hours. Others, including opposition leader Tony Abbott in his first attempt at such an event last year in NSW, take 12 or more hours. Either way, it is a long day.

“I retired at 62 but had been thinking about it since I was 60. I think all surgeons should. You need high-end coordination to be at the top of your game and it is inevitable that your skills will decline. I wanted to leave on a high rather than be remembered for my last mistake. I was still taking on difficult cases but I found that the emotional side of interacting with patients was getting harder. When you are young, things bounce off you. When you are older you are more aware of your mortality and that of others. And I wanted to leave while I had the capability to pursue my other interests”, he says.

He didn’t have a history as a triathlete but had been a reasonable swimmer at school and grew up cycling with the Lidcome-Auburn Cycle Club. Throughout his working life, he has managed to maintain a level of fitness but with a surgeon’s working hours and four children, it was not easy.

He credits his wife Anne, for getting him into the competition and overcoming his initial reservation over the merits of triathlons.

“In the mid 1990s my wife was a triathlete and represented Australia at the World Championships and she was my age. She was having fun, I was doing support and I eventually got sick of being the ‘bike bitch’.”

Retired neurosurgeons are unlikely to be disorganised in their training, nor ever do things by halves, so it is no surprise to hear Michael Besser describe his exercise program: concentrate on one discipline per day, either cycling four or five hours, swimming two to three kilometres or running 10 to 15 kilometres, with an occasional two-session day. He has a triathlete coach based in Melbourne who sets a new program every six weeks. He emails her the data from his bike computer and they follow up on the telephone. He trains mostly alone or with Anne.

The concern is staying injury free. “Triathlon is good for the older age group because you are cross training and resting different parts of your body on alternate days.”

Which sounds plausible until you consider the distances and difficulty of the events.

What he enjoys greatly about triathlons, and competitions and training more generally, is that it provides a new focus and challenge, plus a life outside medicine.

“I enjoy the social aspect - the people and the personalities – but also setting and achieving goals.”

Radius
A NAMED SCHOLARSHIP
A WONDERFUL LEGACY

Naming a scholarship after a family member or an esteemed friend or colleague is a wonderful way for their memory to be valued in perpetuity. When that gift is also helping a bright medical, health or research student achieve outcomes otherwise beyond their reach, the benefits are manifold.

THE NICHOLAS CATCHLOVE SCHOLARSHIP

“When I was President of the Medical Alumni Association, I was surprised by how many medical students were suffering financial difficulty and how different this was to my day. Creating a named scholarship was an opportunity for me to do something in my son’s name for a relatively small contribution, to support good students who are struggling to make ends meet.” Dr Barry Catchlove MBBS 1966.

DR CARL RICHARD JACKSON SCHOLARSHIP

In 2009, the Jackson family and friends established an endowed scholarship for up to two students to undertake an international placement in Cambodia. The scholarships are to honour the memory of Carl Jackson, who died suddenly at 30 years of age. He was a Sydney Medical School graduate and completed his placement at the Children’s Surgical Centre in Phnom Penh.

“I have recently been awarded the Dr Carl Richard Jackson Scholarship and will be spending 3 months in Cambodia during the final year of my MBBS, with the goals of furthering my education in global health and providing medical assistance to my host communities. As a self-supporting student, I could not have taken this opportunity without Carl’s scholarship.” Tom Morley, Stage 3 MBBS student

“At a time when we had lost so much, establishing the scholarship gave us a great way to preserve Carl’s name and memory in perpetuity. Carl was profoundly influenced by his elective in Cambodia and seeing how his scholarship assists students like Tom, we feel it captures both Carl’s spirit of adventure and his desire to help others.” Cathy Jackson, mother.

THE WILLIAM INGLIS INDIGENOUS SUPPORT FUND

“My father always wanted to assist Indigenous students but sadly he died before his plan came to fruition. Not long after, my husband Paul and I decided to create The William Inglis Indigenous Support Fund and honour both his intention and his memory in one go. Meeting some of the students the Fund has supported and hearing about the work they are doing in their communities was inspiring. They were health workers who had come from all over Australia to attend the drug and alcohol course to learn how to help their people combat these problems. We were deeply impressed by their individual experiences and dedication. My father would have been very pleased.” Pam Wood.

AN ENDOWMENT - THE GIFT THAT NEVER STOPS GIVING

HOW MUCH DOES IT COST?
FINANCIAL HARDSHIP SCHOLARSHIP: $6,000 pa for a minimum 3 years or $125,000 to fund in perpetuity.
POSTGRADUATE RESEARCH SCHOLARSHIP: $22,500 pa for 3 years or $470,000 to fund in perpetuity
Other types of scholarships available upon request
For more information, please call Amanda Durack at Sydney Medical School Foundation on (02) 9351 1926

Pictured above: Dr Barry Catchlove, Brian and Cathy Jackson with Tom Morley, Pamela and Paul Wood meet the students.
Babel (words)
Sidi Larbi Chekaoui / Damien Jalet / Antony Gormley
Sydney Theatre at Walsh Bay, January 9-11, 13-14

Beautiful Burnout
Frantic Assembly and National Theatre of Scotland
York Theatre, Seymour Centre, January 18-22, 24-29

**sydney festival 2012**

Assembly
Chunky Move and Victorian Opera
City Recital Hall Angel Place, January 11-14

‘Tis Pity She's a Whore
Cheek by Jowl
Sydney Theatre at Walsh Bay, January 17-21

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**Book your tickets** 10% discount for University of Sydney Alumni*
Online promo code: UNISYDALUMNII
sydneyfestival.org.au

*Offer available via Sydney Festival box office online. Subject to availability.