On 15 June, Senate approved a recommendation from the Vice-Chancellor that the Faculty of Medicine changes its operating name to Sydney Medical School.

In adopting the name Sydney Medical School, we are hoping to become more recognised and even more highly regarded than ever before in our 150 year history.

The name “Faculty of Medicine” on its own does not tell people we are part of the University of Sydney and, usually, both have to be used for outsiders to know which organisation we are talking about. In the USA, “faculty” means staff, whereas “medical school” is internationally known and understood.

Most students do not use the term “Faculty of Medicine” with any sense of “belonging” and, if asked where they are studying, usually say “I’m at Sydney Uni doing medicine” or “I’m at Sydney doing med.” We hope that with time, they will say “I’m at Sydney Medical School.”

In one sense, the change simply re-connects the Faculty with its roots - this was the Medical School when founded in 1883 and was so called for many years. Many of our senior alumni still use the terms “old medical school” and “new medical school.” Adding “Sydney” to the front immediately identifies us with the University of Sydney, an association we are extremely proud to have, and foregoes the need to explain which medical school you are referring to. We were also the first medical school in Sydney.

Students, alumni, staff, educators, clinicians, health networks, the media and the community in general are gradually being made aware of the change, which coincides with the launch of the new Sydney Medical School Online Museum, a superb chronicle of the life and times of the Faculty since the beginning. You can explore the museum at www.medfac.usyd.edu.au/museum.

The new name will continue to be used in conjunction with the University of Sydney coat of arms and name and will be introduced progressively as new issues of publications fall due and stocks of items run out.

As we go forward with our new name, I ask you to join with me in embracing this new stage of our history.

Medical Internships: not enough for the internationals now, not enough for the locals tomorrow!

Brandon Baraty (Stage 3, Year 4), Niketh Kuruvilla (Stage 3, Year 3), Martin Facini (Stage 2)

The situation is dire. International medical students (IMS) are desperate and future local medical students (LMS) are unaware of the same grim future they too may face. They may be heavily in debt, will have invested many years in earning their medical degree and may be unable to access intern positions in NSW.

Medical school deans have been voicing concerns in regards to the policies of the Federal government (which has increased medical school places) and the State government (which determines internship positions) that have created a problematic system with exponentially growing medical graduates but inadequate internship positions. This leaves IMS, who are ranked lower than local medical graduates in the (cont’d overleaf...)

FROM LEFT: BRANDON BARATY (STAGE 3, YEAR 4), MARTIN FACINI (STAGE 2), NIKETH KURUVILLA (STAGE 3, YEAR 3)
On 26 March 2008, the Council of Australian Governments (COAG) agreed to create a single national registration and accreditation system. Ten health professions will be included in the national system which commences on 1 July 2010. The Health Practitioner Regulation (Administrative Arrangements) National Law Act 2008 was passed in November 2008.

The Australian Health Practitioner Regulation Agency (AHPRA) was created as a statutory authority to support the National Registration and Accreditation Scheme for the Health Professions. AHPRA will comprise an organisation operating in every State and Territory, with a national office in Melbourne, replacing the 82 current health professional boards and 37 organisations.

AHPRA reports to the Ministerial Council and is governed by an Agency Management Committee appointed by the Ministerial Council. Associate Professor Walton is one of the five members of the Agency Management Committee.

The new scheme is being established to deliver a range of benefits to the Australian community:

- providing for the protection of the public by ensuring that only practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered
- facilitating workforce mobility across Australia and reducing red tape for practitioners
- facilitating the provision of high-quality education and training and rigorous and responsive assessment of overseas-trained practitioners having regard to the public interest in promoting access to health services, and
- having regard to the need to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and enable innovation in education and service delivery.

Many of the benefits of the new scheme will be delivered through nationally-consistent registration processes for each profession: registration and renewal against a single national registration standard. The new scheme will include mandatory criminal history and identity checks for all new registrants and student registration from 1 June 2011 in each of the ten professions. In NSW medical students already are registered under the NSW Medical Practice Act so this will not be a change.

In relation to the handling of complaints, there will be a single national point of contact for assisting members of the public to make a complaint, mandatory reporting for all registered practitioners and employers who will be required to report registrants who are placing the public at risk through a physical or mental impairment or a departure from accepted professional standards. There will also be a public interest assessment process in handling complaints (new in most States and Territories), recording of all conditions and undertakings on the public register, and a public listing of all de-registered practitioners.

In addition to improvement delivered by these major developments, AHPRA will ensure that there is national consistency in administrative processes. Training for staff will be an important element in the move to national consistency at best practice levels throughout Australia.
The University of Sydney COMPASS project

The University of Sydney’s Compass-find your way to higher education project aims to encourage primary and secondary school children to participate in higher education.

It is a partnership between the University of Sydney, the NSW Department of Education and Training and selected secondary and primary schools in Sydney.

The Compass project will develop a series of outreach, mentoring and professional development programs with identified schools. The key goal is to promote attainment and aspiration.

The program was officially launched by the Deputy Prime Minister, the Hon. Julia Gillard MP and the Vice-Chancellor and Principal, Dr Michael Spence at the University of Sydney on the 10th June, 2009. Sydney Medical School and the Faculty of Dentistry participated in this event and offered hands on activities to the visiting high school students. More information on the Compass-find your way to higher education project as well as volunteering opportunities for staff members and students can be found under www.usyd.edu.au/compass.

Faculty of Dentistry at COMPASS

The Faculty of Dentistry gave the school students a taste of doing root canal treatment. This hands-on activity involved measuring and filling the root canal of a simulation tooth. The children learnt the method of measuring the root canal length using an endodontic file, transferring the measurement to a Resilon point, and cementing the Resilon point into the canal. The aim for this learning experience was for the students to understand and appreciate the importance of measurements; transfer of measurements; and the application of this to different materials. This activity was introduced and demonstrated to the children by Dr Michelle Heffernan, Head of Discipline of Endodontics. Two dental companies, SybronEndo and Dentsply, supplied materials so the children could actually take home their root filled simulated tooth and measuring ruler. The Faculty was well represented at the event. The Dean Professor Eli Schwartz, Dr Catherine Groenlund, Dr Michelle Heffernan, Dr Manish Bhutada, Ms AiLin Neo, Ms Alison Green and Mr Michael Stoneham interacted with the children and answered their many inquisitive queries.

Sydney Medical School at COMPASS

It was a cold and windy morning in the Main Quadrangle. Hot chocolate, balloons and enthusiastic students were the call of the day. Professor John Mitrofanis and Dr Lilon Bandler, with the help of Ms Lyn Chick and Mr Marcus Robinson, shared their medical expertise with Year 7 students, to entice them to take up the medical profession.

Dr Bandler had each student bring our resuscitation model back to life, with a self inflating bag and mask, which went over a treat. The students were particularly pleased that there was no mouth to mouth involved.

Professor Mitrofanis then introduced the students to their inner organs. At first, they were reluctant to ‘operate’ on the anatomy model, taking out the stomach, heart, breast plate and intestines. But once they got their hands dirty, they were away, enquiring and questioning the workings of their insides. They were quite keen to remove the brain from the skull. Our anatomy model had turned into jigsaw puzzle - the best approach to medical education.
Extended placement opportunities

Northern Rivers

Dr Sue Page, Mr Hudson Birden, Northern Rivers University Department of Rural Health

Earlier this year, the North Coast Medical Education Collaboration (NCMEC) commenced hosting long term medical student placements in the Northern Rivers region, with the first cohort being students from Northern Clinical School undertaking mixed ICA rotation placements of 9 month total duration.

The feedback from both students and supervisors has been delightful. Supervisors have been able to establish longitudinal relationships and feel more personally engaged in the process of teaching and mentorship, while student demand for next years 12 month placements is overwhelming. Students have also been able to link with local high schools to help promote the uptake of health careers.

NCMEC is a joint initiative of the University of Western Sydney, the University of Wollongong (UoW), and the University of Sydney medical schools. Each of these schools has a vertically integrated curriculum, with an emphasis on clinical leadership and patient-centred evidence based practice.

Broken Hill

Dr David Garner, Director of Clinical Medicine, Broken Hill University Department of Rural Health

The first group of five medical students to participate in the new Broken Hill Extended Clinical Placement Program (BHECPP) has settled well into the program in the city. The program was officially launched on 29 June by the Governor of NSW, Her Excellency Professor Marie Bashir at the Broken Hill Regional Art Gallery. Over 100 people attended the event, including senior academics from the three partner universities, the participating general practices and health services, and members of the local community. Representatives from the University of Sydney included Professor Bruce Robinson, Professor Ben Freedman, Professor Glenn Salkeld, Associate Professor Ngiare Brown, Associate Professor Tony Brown, Dr Lilon Bandler, Mr Tom Rubin, Ms Beth Quinlivan, Ms Kay Winton, Ms Alison Birt, Ms Averil Gilham and Ms Jacqueline Chowns.

This exciting new program has been developed as a collaboration between the Universities of Sydney, Adelaide and Wollongong, and is being hosted by the Broken Hill University Department of Rural Health.

From 2010, the program will cater for up to (cont’d overleaf...)
OME curriculum update

12 medical students from the three universities who will spend between 6 to 12 months in Broken Hill. Each student is hosted by a local general practice, and their placement in that practice will be integrated with experiences in the base hospital, as well as with the Royal Flying Doctor Service and in the outlying communities of Menindee and Wilcannia.

In addition to the hands on experience with patients, students will learn about remote health practice, Indigenous health, aeromedical medicine and working effectively as part of a team with other health professionals. These sessions will be run by local clinicians and staff from the University Department.

The program has the strong support of the local doctors and health services. It reflects the trend towards medical students spending more time training in the community. Longer placements in rural settings result in greater connections with the community and experience suggests that these students are more likely to work in the country once qualified.

Report of the first Critical Care Term
Professor Anthony McLean, Sydney Medical School

The objective of the Critical Care Term is to lay down the framework for the student to manage the acutely ill patient, often one lacking clear differentiating symptoms and signs, but requiring urgent attention. This term brings together the four disciplines of Emergency Medicine, Surgery, Intensive Care Medicine and Anaesthetics, with the Surgery component focusing on the acute aspects of the surgical patient with an increase from four weeks to eight weeks in the new program. The plan was to create a single workbook. This was only partially achieved, with Anaesthetics, Intensive Care and Acute Surgery combining their efforts but, Emergency Medicine, due to reasons of formatting, having a separate workbook. Generally the term was divided into the three disciplines of Anaesthetics, Emergency Medicine and Intensive Care with the acute surgical component being incorporated primarily, but not exclusively, to the Emergency rotation.

So how did it all go?
Informal feedback from the students at all the clinical schools confirmed the Critical Care Term ran well. The students spoke enthusiastically about the term and, in particular, the clinical exposure. The term was structured to optimise the students’ time at the bedside for the four days allotted to the clinical teaching each week. The teachers generally found the students to be punctual, interested and interactive. However, some very real concerns arose about the inadequate directions and guidelines as to what subjects should be studied for the formative assessment, and in what depth.

A survey comprising 22 quantitative and 4 qualitative questions was undertaken by the Office of Medical Education Evaluation Unit. Survey responses were received from 45/69 (65%) of the Stage III Critical Care Term A students from all the clinical schools. This revealed the students were very positive regarding the clinical interaction with patients, clinical teaching and support by their teachers as well as the opportunity to practice procedures. However, there was a low score for clearly understanding the objectives of the block. Another important feature was how the Surgical Component was perceived. This was a variable response with the majority of students being somewhat uncertain about the surgical component. This excluded the Clinico-Pathological Correlation Sessions which were regarded very highly. A positive aspect was the opportunity to interpret and integrate pathological and radiological directly with patient care.

The results from an online formative assessment of Medical, Surgical and Critical Care Blocks were most interesting. Although the overall score (37/60) was similar to that for Medicine and Surgery, in the Critical Care Term the average number of attempts by the students was 5.3, double that of the other two. This was felt to be an expression of the degree of anxiety felt by the students, reflecting the lack of suitable guidelines as to what was expected from them.

The common message
A common message was the lack of clear learning guidelines by the four disciplines involved. Although a list overall learning objectives had been created, in retrospect it list was too long to be useful. The term was also complicated by heavy demands from each of the disciplines. Subsequent to feedback, the four disciplines have reviewed their curriculum for 2010. It is still a work in progress but currently the plan is to create a single workbook and shorten the list of learning objectives to a more manageable one.

Summary
In summary, the Critical Care Term was a positive and productive learning experience for the majority of students. We can make it even better with future refinement of the learning objectives and coordination of the different disciplines involved in it.
The 2009 Indigenous Health Forum, co-hosted by the Sydney University Medical Society, MedSoc, and the rural health society, MIRAGE, saw some of the leaders in Indigenous health come together to discuss this important social issue in an informal forum setting.

This year’s forum was held on May 28th, in the Kerry Packer Auditorium at the Royal Prince Alfred Hospital, and panellists included Ella Bancroft, Australian Indigenous Mentoring Experience (AIME) Sydney City Program Manager, Dr Ben Bartlett, Co-operative Research Centre for Aboriginal Health Program Leader, Dr Clive Aspin, Menzies Centre for Health Policy SCIPPS Research Director, Professor Lisa Jackson-Pulver, UNSW Muru Marri Indigenous Health Unit Director, and Darryl Wright, Tharawal Aboriginal Medical Service CEO.

The event was a great success - with an almost-full auditorium of guests enjoying the night of debate and discussion. MedSoc’s Indigenous Health Officer, Clare O’Sullivan, caught up with the panelists afterwards for advice to medical students interested in a career in Indigenous health, and for some final words on what they think is needed to “close the gap” between Indigenous and non-Indigenous health outcomes. Here’s what they had to say:

What do you think is needed to close the gap in Indigenous and non-Indigenous health by 2030?

**Ben Bartlett:**
Apart from ensuring access to comprehensive primary health care services, it is critical that the social determinants of health are addressed - especially addressing issues of equity both between Aboriginal and non-Aboriginal Australia and within Australian society generally.

**Clive Aspin:**
There needs to be a commitment from everyone, both Indigenous and non-Indigenous, to improve Indigenous health. This needs to occur across all sectors of government as well as throughout the community. We all have a responsibility to do something about the appalling state of Indigenous health.

**Lisa Jackson-Pulver:**
Building ALL health services around the needs of Aboriginal people. That way, we don’t have to keep on waiting for funding for specific programs. If all programs and services were modeled on the needs of the most disadvantaged in Australia - the Aboriginal people - then they would be inclusive of the needs of all people in Australia.

**Darryl Wright:**
To close the gap, I think that we should all strive for excellence at all times, always trying to go forward. Working together makes things easier, and less of a burden both financially and problematically. (cont’d overleaf...)
The use of a dental microscope to perform root canal therapy (Endodontics) is becoming the usual standard of care. The microscope enlarges the field of operation up to 20 times. It has allowed Endodontics to be performed at a much higher level of accuracy because of the magnification and illumination. There is no question that the quality of the endodontic treatment provided to the patient is superior when using the microscope. Endodontics is one of the specific areas in dentistry where magnification is so important because of the small size of the root canal (dental nerve canal) (.25 – 1 mm in diameter, at the widest). Dr. Michelle Heffernan, Head of Discipline of Endodontics, introduced the microscope to the BDent Program. Last year, Dr. Heffernan received a donation from the Australian Society of Endodontology (ASE) to purchase a new Zeiss Pico microscope. This has allowed for more effective teaching as it is a mobile unit, with a 17” monitor attached. Small groups of students can now see “live” techniques and procedures that were not previously possible.

The BDent 2 and 3 students are encouraged to use the microscope for their endodontic exercises on extracted teeth in the simulation clinic. The microscope is also utilised in the clinic by the BDent 3 and 4 students when they perform endodontics on their patients.

The microscope aids in locating canals, locating an isthmus, diagnosing the presence of a root fracture, removing broken instruments, repairing perforations in the tooth, removing posts from teeth, and performing endodontic surgery when necessary. It allows the operator to retain more tooth structure and to be more conservative with their preparations. Not only does it allow for better patient care, it also improves operator posture and decreases operator fatigue.

Endodontics at the University of Sydney School of Dentistry is in line with the best endodontic teaching undergraduate programs in the world. The BDent students are graduating with the most current and up-to-date endodontic philosophies and treatment approaches, which will undoubtedly provide the best care for their patients.
The Concord Centre for Cardiometabolic Health in Psychosis (ccChip)

**The Concord Centre for Cardiometabolic Health in Psychosis (ccCHIP) is an integrated clinical, research and teaching centre at the Concord Centre for Mental Health, at Concord Repatriation General Hospital. The Centre was established by Professor Tim Lambert, Professor of Psychological Medicine (Concord Clinical School) and Head of Schizophrenia Treatments and Outcomes at BMRI, Dr Roger Chen, Senior Staff Endocrinologist, Clinical Senior Lecturer and Dr Jeff Snars, Clinical Director, Concord Centre for Mental Health. Patients with psychosis, particularly schizophrenia have a significantly increased risk of cardiovascular mortality and morbidity, including coronary artery disease and stroke. There are complex reasons why metabolic health in these patients is suboptimal. The Centre provides a unique collaboration between the disciplines of psychiatry, endocrinology and metabolic medicine to help address these issues. The work at ccCHIP was highlighted at the Greater Metropolitan Clinical Taskforce Summit on Diabetes and Mental Health. In particular, initial findings from ccCHIP indicate that a high proportion of patients have significant risk factors for cardiovascular disease: 60% have "metabolic syndrome while 30% have diabetes or "pre diabetes". The ccCHIP team was also invited by NSW Health to speak at the launch of the Physical Health Care Guidelines for Consumers. The Centre has primarily been established as a Centre of Excellence for clinical care but will also play an instrumental role in the training of health care professionals involved in the care of patients with mental illness. Clinical research will also be an important focus.**

*ALL STUDENTS MUST VISIT THE ASSESSMENT PAGE FOR THEIR STAGE ON THE MEDICAL PROGRAM WEBSITE (WWW.GMP.USYD.EDU.AU).*

**2009 ASSESSMENT DATES**

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<th>STAGE 3 ASSESSMENT DATES*</th>
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<td><strong>Summative OSCE</strong> Tuesday 17 &amp; Wed 18 November</td>
<td><strong>Summative Exam</strong> Thursday 1 &amp; Friday 2 October</td>
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<td><strong>Summative Exam</strong> Thurs 26 November</td>
<td><strong>Summative Exam</strong> Monday 30 November &amp; Tuesday 1 December</td>
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**The University of Sydney**
**Sydney Medical School**

**EDITORIAL INFORMATION**

**Editor:** Associate Professor Tessa Ho  
**Graphics and Layout:** Jutta von Dincklage  
**Editorial Committee:** Tom Rubin, Pieta Joy, Jutta von Dincklage, Celina Aspinall  
**Photos:** Sydney Medical School, COMPASS, Dr Roger Chen, Professor Anthony McLean, Clare O'Sullivan, Niketh Kuruvilla, Dr Michelle Hefferman, Dr Sue Page, Hudson Birden, Dr David Garne. All photos were taken with the permission of the people included.  
**Mail:** Office of Medical Education  
**Address:** Edward Ford Building (A27)  
**City:** Fisher Road  
**State:** University of Sydney, NSW 2006  
**Phone:** 02 9351 4542  
(Jutta von Dincklage)  
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