

# radius



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***The People Business:***  
*Why staff are our most valuable asset*

The Magazine of the University of Sydney Medical Alumni Association and Sydney Medical School  
VOLUME 23 NUMBER 2 JUNE 2009

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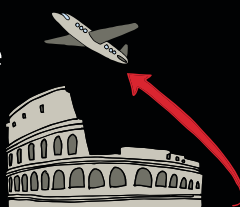
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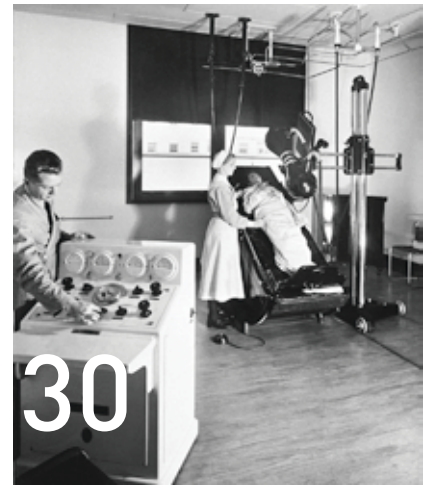
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VOLUME 23 NUMBER 2 JUNE 2009

## radius

The magazine of the University of Sydney Medical Alumni Association and Sydney Medical School

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# STAFF ARE THE CRITICAL FOUNDATION

Over the past two years, underpinning many of the changes we have made in this Faculty to the medical curriculum, in our research office and elsewhere, has been the redefined goals for our medical, public health and research graduates.

Regardless of their course or research program, our aim is for all those graduating from this Faculty to have a number of attributes: that they be critical thinkers, well-trained in evaluation of evidence, and with the ability to participate in and lead in the acquisition of knowledge that will be used by other practitioners and researchers.

We aim for them to also be able to practice and research in the international arena either as a medico or post-doc. Our doctors, researchers and public health professionals are sought for their quality and we must maintain this reputation by continuing to educate and train professionals of the highest caliber.

In order to do this, we need to have state of the art facilities and we have recently been supported in this regard by the University with substantial contributions to new facilities at Royal North Shore, Westmead, Concord, Nepean and planned new facilities on campus with the large new ARC Building.

Even more important, of course, are the academics and clinicians who teach our medical, research and public health students.

In this issue of Radius, we highlight several recent recruits. This is not to diminish the contributions of those who are already here, but to introduce these people to the wider academic community.

Some have joined us from prestigious posts overseas, bringing with them a range of experiences, perspectives and through their presence among us, a constant recalibration of Sydney with our international competitors and collaborators.

The work of all staff is critical. Not to forget, also, the support we receive from the medical profession. More than 2000 doctors in our clinical schools and close to 1000 general practitioners participate in the education of medical students. Their contribution is one of the Faculty's greatest assets.

Each of these people lead or participate in education and research which forms the foundations of the teaching for which Sydney is known.

## **Workforce Planning**

Securing appropriate clinical training for graduate and postgraduate students is a workforce planning issue which needs to be addressed as a matter of some urgency.

Increased numbers of medical students are putting pressure on the already overstretched public hospitals that have been the traditional home for clinical training. At the same time, health care delivery has and will continue to change, requiring the Faculty, governments and the broader profession to consider ways of extending and improving clinical training.

All clinical interactions represent possible training opportunities for all health professionals. We are working with other medical schools, and with affiliated private hospitals and specialists, to supplement training opportunities in public hospitals and general practice. Facilities need to be provided within these settings to enable education to occur so that our medical workforce can meet the health needs of Australia.

I encourage you to read the articles on workforce planning and training in this issue of Radius, and welcome your input on this important discussion.

**Bruce Robinson**  
Dean

# radius

The Magazine of the University of Sydney Medical Alumni Association and the Faculty of Medicine  
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 The University of Sydney

## When doctors get sick

### WHEN DOCTORS GET SICK

The article in the March 2009 issue of Radius by Dr Ian McPhee, about a life battling depression, prompted a strong response from alumni and professional colleagues. Correspondence supporting his decision to speak publicly included from health professionals who had also experienced mental illness, as well as from those who had lost members of their family as a direct result of depressive illness.

In concluding his article, Dr McPhee suggested that the Faculty could play a greater role by instituting programs of awareness raising and support.

Members of Faculty or alumni who would like to be involved in such an initiative could, in the first instance, contact Dr Narelle Shadbolt on [nshadbol@med.usyd.edu.au](mailto:nshadbol@med.usyd.edu.au)

Dr Shadbolt, a senior lecturer in the Faculty, has a long standing research and professional interest in understanding and assisting both students and members of the profession who experience health problems.

# news



### DR CATHERINE HAMLIN'S 50 YEARS IN ETHIOPIA

May marked the 50th anniversary of Dr Catherine Hamlin's inspiring work in Ethiopia. Dr Hamlin, having recovered from TB, has recently returned to patient rounds and operating once a week with her medical team at the Addis Ababa Fistula Hospital.

Dr Hamlin has operated on and cured tens of thousands of young girls at the Addis Ababa Fistula Hospital in Ethiopia, which she founded with her late husband, Dr Reg Hamlin, in 1974. Together they pioneered a surgical procedure which cures fistula patients in 93% of cases. Those who cannot be completely cured are cared for on an ongoing basis at a purpose built village called Desta Menda, "Village of Joy", where they are taught literacy and numeracy skills, farming, dairying, craft, cooking and nursing.

Dr Hamlin's dream to have a Fistula Hospital in each corner of the country was realised last May when the fourth mini-fistula hospital opened its doors in Harer, a remote rural community east of Addis Ababa.

When asked how she would like to celebrate her years in Ethiopia, Dr Catherine Hamlin said that she would like the world to join her in "lighting a candle for Africa". The Hamlin Fistula Relief and Aid Fund has been selling candle packs so that people can "light a candle." For information about the Hamlin Fistula Relief and Aid Fund, see [www.fistulatrust.org](http://www.fistulatrust.org).

### NEW MASTER OF HEALTH POLICY

The only Master of Health Policy program on offer in Australia is being delivered for the first time in 2009, by the School of Public Health and Menzies Centre for Health Policy.

Postgraduate courses in health policy have been offered since 2006, originally as a Graduate Certificate and subsequently Graduate Diploma.

The program offers a critical perspective on the workings of our health care system. It emphasises that good policy is based on sound evidence and evaluation, but also recognises the role of political power, budgetary constraints and value choices.

Lecturers come from backgrounds in medicine, public health, government

and public policy. Many have current senior policy positions in government, health organizations and NGOs.

The program has previously attracted people with some experience of policy (not necessarily health-related policy) who want to extend their skills and knowledge of the health sector. The program is also open to recent graduates who want to pursue a career in health policy. It has also attracted clinicians seeking policy skills for current or future work and people working in front-line positions in the health system or private industry who want to improve their ability to interpret and design health policy.



## INDIGENOUS GRADUATE MILESTONE

Graduation ceremonies on 1 May 2009 marked a milestone for postgraduate Indigenous health education at the University of Sydney.

Twenty-seven students graduated from the School of Public Health's Indigenous health programs; the largest single group of Aboriginal and Torres Strait Islander students to graduate from postgraduate courses at this University.

The group includes the first graduands of the Graduate Diploma in Indigenous Health (Substance Use), a program which targets prevention and treatment of alcohol, tobacco and other drug problems.

"It has been a delight to teach this group of students. As well as being great people with a sense of humour, they came with a real thirst for education and a wealth of cultural knowledge and experience

working with drug and alcohol problems," said course co-ordinator Associate Professor Kate Conigrave.

It is just over 10 years since the inaugural enrolment of students into the School's first indigenous health course - the Graduate Diploma in Indigenous Health Promotion. Since then, more than 140 students have enrolled making it one of the largest postgraduate programs of its kind in Australia.

Graduates are pursuing careers as health professionals in public and private sectors, educators, policy developers and with land councils. Some have gone on to higher degrees including Master of Public Health, Masters of Law and PhDs. Last year a graduate was awarded a prestigious Fulbright Scholarship to study in the US.

Senior Lecturer and one of the initiators of the Indigenous Health Promotion Program,

Mr Shane Hearn, acknowledged that while there was still a lot to be done, there is a strong base for future growth.

"Demand is growing as the health and education sectors recognise the importance of health promotion in Indigenous communities and they've started to invest in developing the necessary workforce," he said.



## DUBBO GETTING IT RIGHT

The opening of the new student accommodation at Dubbo's School of Rural Health on March 5, provided an opportunity for reflection on successes over the past decade.

With more than twice the number of medical students applying for rural rotations in Dubbo than places available, plus planned expansion of the training places to include dental students, the new accommodation was much needed. It will house an additional 10 medical and dental students.

Dr Michael Spence, visiting the Dubbo campus for the first time since his appointment as Vice Chancellor, congratulated all involved in the "extraordinary achievements" of the School.

"One thing is clear," he said. "In Dubbo, you are getting it right – providing a high quality education experience, but also a high quality education experience that is in contrast with the experience students receive in a large city hospital."

He referred to three critical partnerships where the University's Clinical School at Dubbo is at the forefront of health and medical education: in the joint training of health professionals, in working with regional universities, and in working closely with the community.

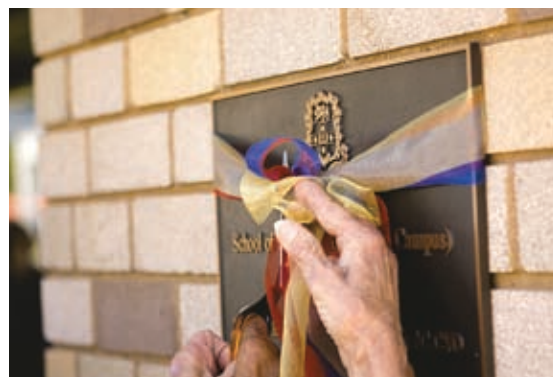
The opening was followed by a University alumni function, attended by 120 guests, including the Chancellor of the University of Sydney, Professor Marie Bashir.

In other news from Dubbo, in March Associate Professor Anthony Brown stepped into the not-easy-to-fill shoes of Professor Joe Canalese, taking on the position of Associate Dean and Head of School. Joe remains at the School part-time.

Tony Brown is a Public Health physician who has been working for Greater Western Area Health Service (GWAHS) for the last seven years as the Manager of Population Health. He has had an association with the School of Rural Health since its early days, overseeing the Community Doctor Themes.



Above: new accommodation.



Above left to right: Michael Spence, Bruce Robinson and Joe Canalese.





Left to right: Josh Burns, Gary Walter, Georgia Ritchie, Stuart Lane

**AWARDS**

**Dr Josh Burns**, a conjoint senior lecturer at the Children's Hospital at Westmead Clinical School, has been awarded a national Fulbright Fellowship.

Dr Burns has an undergraduate degree in Podiatry, a doctorate in Physiotherapy and currently holds a research fellowship in neurology. He is a leader in evidence-based foot and ankle research and one of only a handful of podiatrists with a PhD in Australia. He was recently awarded an NHMRC Australian Clinical Research Fellowship, which is being used to investigate foot pain and disability in children with neuromuscular disease at the Institute for Neuromuscular Research in the Children's Hospital at Westmead.

**Dr Craig Hore**, a Visiting Medical Officer working in intensive care at Port Macquarie Base Hospital, is the 2009 Baxter Health Care Scholarship winner.

The Baxter Health Care Scholarship for Excellence is awarded annually to an outstanding student enrolled in the Master of Public Health. The main selection criteria for this award is 'excellence'. For more recent graduates, it is based on academic performance plus some evidence that this excellence has been continued in the workplace or in further study. For those who have been in the workforce for some time, the balance shifts towards practical achievements. Successful candidates in the past have come from a variety

of backgrounds: including clinical, government policy advice and academic public health research.

**Professor John Prineas**, Honorary Professor in Neurology, has been awarded the MSIF Charcot Award for 2009 from the MS International Federation, for his lifelong contribution to research in MS.

Multiple sclerosis is one of the most prevalent diseases of the central nervous system and directly affects an estimated 2 million people around the world. The cause of MS is not known. In announcing the award, MSIF said Professor Prineas was selected from an outstanding field of candidates by an international panel of experts.

**Professor Gary Walter** has been awarded a 2009 College Citation from the Royal Australian and New Zealand College of Psychiatrists. The Citation was established in 1986 to honour special service to RANZCP or psychiatry. The committee noted that they wished to recognise Professor Walter's exceptional contributions to clinical work, research, scholarship and education activities, particularly editing *Australasian Psychiatry*.

Under his tenure, the Committee noted that AP developed into a world-class publication, of which the College and the wider professional community should be very proud.

**MEDICINE AND MOSQUITOES: MEDICAL STUDENTS' ADVENTURES ALL OVER THE WORLD**

Postcards is an educational event that is becoming renowned in the Faculty of Medicine's calendar. The 150 students who attended this year left the evening feeling inspired and enthusiastic about the adventures ahead of them and the possibility of making a difference in our world.

One of these students, Nilru Vitharana, a second year medical student, spent her summer holidays at an orphanage and medical clinic in rural Cambodia. Cambodia has one of the highest infant mortality statistics in the region – 1 in 7 children will die before the age of 5. Some of the children in the orphanage had been sold into child prostitution and child labour, others were AIDS orphans, and some were mentally and physically handicapped and thus abandoned by their parents. The medical clinic provides a vital service for the rural poor, for whom public healthcare is unaffordable. Every day she saw up to 70 patients over the course of 4-5 hours, many of them queuing at 5.30am in the morning, having come from all over the province on bumpy roads to get medical care they could afford. The most common complaints were respiratory infections, gastrointestinal infections, and road traffic injuries. All the children were malnourished and underweight. Living with a local family, who spoke no English, was a great

chance for Nilru to immerse herself in the culture, language and lifestyle of the people.

Two other students, Georgia Ritchie and Gareth Andrews, from third year, were provided a scholarship from Royal North Shore Hospital to travel to Papua New Guinea. They saw the extremely poor health status of the people in PNG, who have the lowest health status in the Pacific region. Infant mortality rates are 74 per 1000 live births, which is twice that of the overall East Asia and Pacific countries. PNG also has the highest rate of HIV infection in the Pacific region, at around 2% of the adult population, expected to increase to 37% by 2020 if there is no immediate and effective response.

Gareth and Georgia were welcomed with huge smiles and kindness with all the locals that they met and they were often invited back to people's homes for village tours and dinner. They had a huge exposure medically to many diseases that would not be seen very often at Royal North Shore Hospital. The Emergency Department was quite a shock with too many patients for the number of doctors available and extremely limited supplies. In fifty degree heat, doctors worked trying to attend to patients who were lying all over the floor with serious diseases such as end stage tuberculosis, HIV AIDs and pneumonia. Children were brought in with serious malnutrition and dehydration as well as severe gastroenteritis.

*By Georgia Ritchie and Nilru Vitharana.*

**CRITICAL SPLASH**

Dr Stuart Lane, Senior Lecturer in Critical Care with Nepean Clinical School is taking on "the Everest of open water swims" – the English Channel - in August 2009 to raise funds for the Intensive Care Foundation.

Stuart was inspired to swim the channel for two reasons: his wife Kathleen urged him to fulfill a long-held dream, plus one of Stuart's friends brothers spent his last hours in Intensive Care, after being the victim of an unprovoked attack and sadly died 9 days later.

His training program started last August and (he says) he is now enjoying it. You can follow Stuart's training progress at [criticalsplash@intensivecareappeal.com](mailto:criticalsplash@intensivecareappeal.com).

The swim is supported by the Intensive Care Foundation with funds being raised going to the Foundation. For further information email [Hayley@intensivecareappeal.com](mailto:Hayley@intensivecareappeal.com). Words of support can be sent to Stuart via [criticalsplash@intensivecareappeal.com](mailto:criticalsplash@intensivecareappeal.com).

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\* Does not include taxes and fuel surcharges.

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PRESENTS

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## Tablewares: An International Collection July 14 - August 8, 2009



Gwyn HANSSEN PIGOTT *Yellow parade with grey bowl* 2008 Translucent porcelain W: 87cm H: 15cm

**Australia:** Kirsten COELHO, Neville FRENCH, Gwyn HANSSEN PIGOTT, Patsy HELY, Ian JONES, Jane SAWYER, Sandy LOCKWOOD, Prue VENABLES, Roswitha WULFF. **New Zealand:** Ross MITCHELL-ANYON, Chris WEAVER. **UK:** Richard BATTERHAM, Clive BOWEN, Natasha DAINTRY, Walter KEELER, Takeshi YASUDA. **USA:** Linda CHRISTIANSON, Jeff OESTREICH, Andy SHAW.  
**Sweden:** Kennet WILLIAMSSON. **Taiwan:** Po-Ching FANG. **Japan:** Masanobu ANDO

**POLLIE PEDAL 2009  
DONATES \$100,000 FOR  
POTCHE SCHOLARSHIPS  
INDIGENOUS HEALTH**

This year's *Pollie Pedal* has donated \$100,000 for Indigenous health scholarships within the Faculty's Poche Centre. The new scholarships will be offered to students enrolled in the University of Sydney Medical Program or Public Health courses and will assist with study and living expenses.

The ride, starting in Brisbane at the Inala Community Health Centre on April 27, was the toughest in years. Cyclists wound their way south, taking a picturesque but hilly route inland – via Lismore, down through the Barrington Tops, Gloucester, Cessnock and eventually finishing at the University of Sydney on May 5.

The Minister for Families, Housing, Community Services and Indigenous Affairs, Ms Jenny Macklin, welcomed the riders home, taking the opportunity to announce a new \$3.8 million contribution to Indigenous diabetes programs.

Since it was started 12 years ago by Tony Abbott, Pollie Pedallers have ridden 11,000km to raise more than one million dollars for charities and medical organisations.

Led from the front by Tony Abbott, other "pollies" this year, included Federal member for Macarthur and ultra-marathon runner Pat Farmer, and Tasmanian Senator Guy Barnett. They were joined by a team from key sponsor AMGEN with their MD Ian Thompson, plus assorted other (mad) keen cyclists including a former Tour de France racer! On one day, they cycled 186 kilometres. At the end of each day's ride, there was no five star accommodation but swags in local camp grounds – at least for survivors of the evening karioke.

On the final day, the Dean, Bruce Robinson, Faculty Executive Officer Tom Rubin, Finance Director Dominic Curtin and *Radius* editor Beth Quinlivan joined the group to cycle from Brooklyn to the University. The Vice Chancellor, Dr Michael Spence, also completed the last leg from Hornsby to the University.



Jenny Macklin with Poche Director Nggiare Brown and staff and students of the School of Public Health



Jenny Macklin with riders from principal sponsor AMGEN



Pollie Pedal volunteers



Guy Barnett, Bruce Robinson, Michael Spence, Tony Abbott and Pat Farmer



Bipartisan Support - Tony Abbott and Jenny Macklin



Kay and Greg Poche watch Nggiare Brown receive a bike and a hug from Tony Abbott

*“Our future clearly depends on us employing high quality researchers, clinicians, teachers, managers and administrative staff, then providing an environment where they can develop their capabilities and careers.” Bruce Robinson*

John Mitrofanis: passionate about anatomy and Elvis



# THE PEOPLE BUSINESS

## Why staff are our most valuable asset

By Beth Quinlivan

WHEN PROFESSOR GEORGES GRAU, just off the plane from France, walked into his brand new laboratory in the Medical Foundation Building in February 2006, it was a modest start to what has been a highly productive few years. His just established Vascular Immunology Unit had one staff member. He filed his first grant application five days after arriving, which secured ARC funding (the process serving the bonus role of curing his jetlag). The ARC funds were shortly followed by NHMRC grants, major equipment grants and others.

Three years later, the Vascular Immunology Unit in the Department of Pathology, is one the Faculty's research success stories.

Its focus is inflammation in the micro-vessels of the brain and lung, particularly in relation to infectious and auto-immune diseases, specifically cerebral malaria, septic shock and multiple sclerosis. Their increasing understanding of the cellular and molecular mechanisms of inflammation and infectious pathology is opening the door on a new approach to treating those and other diseases, including tuberculosis, asthma and cancer, where the cerebral and pulmonary complications are deadly.

The lab now has nine people, an enthusiastic group that includes a number of highly recognised international scientists. Connections Professor Grau developed during his earlier appointments in Switzerland and France, are reflected in the people now spending time in his Sydney lab, and in their local and international collaborations. The Pasteur Institute, for example, is covering the cost of one of the Unit's senior scientists.

Either directly or through collaborations, Professor Grau has secured \$7.1 million in grants since 2006 with a further \$912,000 in pending applications.

He and his team have continued to publish widely, and he has 183 peer-reviewed articles in international journals, 41 review or invited articles and 29 book chapters. As of January this year, cumulative citations were above 13,500 and – for those in the research business – his h-index is an impressive 56. They also have a number of commercialisation possibilities flowing from their research.

“Each time I lecture in France or UK or Switzerland,

I say how wonderful the welcome was here and also how high the quality of the science is. The best way I can thank those who have given me the opportunity is to produce good science. We have exciting new results, and our discoveries should be applicable to a wide array of diseases and infections that affect the brain and the lung,” he said.

### PEOPLE REALLY MATTER

The most fundamental management truism in any knowledge-intensive industry or organisation, is that by far your biggest asset is your staff.

Georges Grau is a great example of how talented individuals can, within a short space of time, make a difference. He has not only established a top quality research unit which attracts competitive funds locally and from overseas, but his teaching and enthusiasm for research provide a wonderful role model for students and younger researchers. And no mean achievement, his lab makes about the best coffee on campus.

But around the Faculty – and University - there are many examples.

Colombian-born specialist geriatrician Associate Professor Gustavo Duque has been in Australia for less than two years. He has in that short time, as part of the Nepean Clinical School, implemented a productive Ageing Bone Research Program, plus established a Falls and Fractures Clinic looking after people in an area of Sydney which has not necessarily been well served in health care.

John Mitrofanis returned to Sydney University in 2008 after three years as Professor of Anatomy at ANU Medical School. Appointed on his return as Professor of Anatomy in Medical Education and Associate Dean (Curriculum), he has been responsible for re-invigorating anatomy teaching within the medical program. The revival in interest in anatomy among medical and science students, and greater involvement by surgeons and registrars in teaching, reflects his own passion for the subject.

The Faculty of Medicine has close to 450 university-employed academic staff.

On top of that, its teaching programs receive enormous support from the profession. Including its conjoint, adjunct

and clinical title holders, plus all those hospital staff who teach in the clinical schools and the general practitioners who play a significant role in teaching of students, the number of doctors contributing runs to more than 3000.

"It has been a while since Universities could afford to rest on reputation," said Dean Bruce Robinson. "Our future so clearly depends on us employing high quality researchers, clinicians, teachers, managers and administrative staff, then providing an environment where they can develop their capabilities and careers."

"Each year, we compete for research grants. With a number of new medical schools, we increasingly compete for the brightest students. If we are asking alumni and others to support us with philanthropic donations, we need to be very conscious that there are many other worthy charities and causes also seeking funds."

"If we don't ensure that we have talented, committed staff at all levels, from top level academics to the front line people who are our public face, and provide an environment in which they want to work, then we are not going to be able to attract the research funds, students and level of professional and public support that we need."

Greater recognition is also due for the unsung, mostly unpaid but immensely important contribution made by clinicians in hospitals and general practices to the teaching of students, he said.

"Without the support of the profession, we simply couldn't operate. That so many clinicians contribute to our teaching programs because of their commitment to medical education, is one of the most under-recognised assets of this and other medical schools."

## A PASSION FOR BASIC SCIENCE AND ANATOMY

"When this job at Sydney came up, one of the great attractions was the contact with the students. I wouldn't have taken it if it wasn't student-based," John Mitrofanis said.

Returning to Sydney from Canberra early last year, his primary task was to develop and implement the new medical program.

The attraction has been being able to instil my own passions in the course, he said.

"My real passions are anatomy and basic sciences," he said. "So having a chance to develop a program with a greater component of both felt like a real calling."

Professor Mitrofanis did his PhD at Sydney University in 1990, and won a Fellowship from the Royal Society (UK) to work at Oxford. He returned three years later - "as a free man" he assures - and worked in various education and research positions including Postgraduate and Honours Coordinator for the Anatomy Department for both Science and Medicine, and Chair of Teaching Committee.

"ANU was interesting because starting something new was a challenge. But the opportunity to reinvigorate anatomy and basic sciences in the medical program was such an attraction that it was impossible not to be involved."

It helped that his beloved South Sydney Rabbitohs were winning occasional games again, ending an extraordinarily painful period for devoted fans.

"Two years in, I'm pretty happy with what has been achieved. Its been great going back to first principles: the original idea with PBLs was for students to work their way through the cases using their science.

Georges Grau







Gustavo Duque

“The re-introduction of dissection into the medical program, and the excitement and enthusiasm that has generated among students, has been one of the most thrilling aspects of my career. We’re now running two dissection courses - George Ramsey Stewart’s whole body dissection elective in January and February, then my course which is more general and aimed at any students with an interest.”

### LIMITLESS POSSIBILITIES IN AGEING RESEARCH

Within a year of his appointment as Associate Professor in Geriatric Medicine and Head of Discipline, based at Nepean Clinical School, Gustavo Duque had implemented his Ageing Bone Research Program plus established the Falls and Fractures Clinic. He is Director of the Clinic, which assess patients for falls and fractures risks.

He has built a team of 5 people including a new associate lecturer, Ms. Wei Li, who he has recruited from McGill University where she was the research coordinator at the McGill Bone Research Centre and Ms. Emma Thembani, a new research officer recruited from Johns Hopkins University where she was in charge of research coordination for the Baltimore Cardiovascular Study.

“We have been lucky, we’ve had very good support. Recognition from colleagues has been growing, and the lab is building up nicely,” he said.

Between October and May, the group had 10 publications in peer reviewed journals, with a number of others in preparation. They now have 18 international collaborations.

He has obtained funding of almost \$400,000 for his research programs, and has applications pending of \$1 million.

His path to Australia from his native Colombia was via McGill University in Montreal in Canada, where he completed his PhD in 2003 before accepting an appointment as Assistant Professor in Geriatric Medicine.

“I had been planning to move to the US, but when this position came up it was an opportunity. It has been the right decision, it is very exciting here, the possibilities are unlimited. I envisage that we can be a centre of reference on ageing bone research and clinical care for osteoporosis.”

His main research is the mechanisms of age-related bone loss, also the effect of effect of vitamin D on bone and muscle mass. His work on mesenchymal (or multipotent) stem cell differentiation has increased understanding of senile osteoporosis, including the toxic role of bone marrow fat and potential differentiation between bone and fat cells. His experiments on vitamin D in bone cells have demonstrated a new anabolic effect of vitamin D on osteoblasts and differentiating mesenchymal stem cells.

Evidence both of the group’s growing recognition and their quality science was a paper he presented at the recent American Geriatrics Society meeting – it was awarded best paper, an impressive result considering more than 900 abstracts filed at the conference.

The paper reported on research conducted by his Ageing Bone Research Program and Victor Chang Cardiac Research Institute, on the role of a protein, lamin A/C, in the beneficial effect of exercise on bone quality. Exercise is effective in preventing fractures in older people, but exactly why is not clear. In this project they concluded that the lamin A/C protein is required if exercise is to have a beneficial effect on bone quality. *radius*

# FUTURE PERFECT

## What does it take to get workforce training right?

MEDICAL STUDENTS AND clinical educators all know that the increasing number of graduates looking for supervised clinical training is placing great pressure on stretched public hospitals.

Assuming that all medical students now in the system complete their studies, nearly 2,950 will graduate in 2012, more than double the 1,265 graduates in 2002.

For the medical schools and the public hospitals which have traditionally provided clinical training of young graduates, providing safe hands-on experience for an additional 1,600 each year presents considerable challenges.

Already in NSW, international students are facing the prospect of not being able to secure internships in public hospitals because of a lack of supervised training positions.

But problems with internships for international students are only the tip of the clinical training iceberg.

"Responsibility for funding of clinical training has become an increasingly difficult issue with pressure on universities - in NSW at least - from state health services to contribute financially to the education that students and young graduates receive in public hospitals," said Dean Bruce Robinson.

"In recent years, clinical education has also trailed behind the changes in health service delivery," he said

Changes in Australian patient populations, in population disease profile, and in patient management strategies - which are now likely to involve other health professionals such as nurses and physiotherapists - are not well reflected in current clinical education, he said. On recent figures, 11 million Australians are also covered by private health insurance.

"Public hospitals have traditionally been the main location for training of medical students, but students whose clinical exposure only occurs in hospital settings are at risk of not developing the range of skills necessary for good practice of medicine," he said.

Patients are increasingly diagnosed and treated outside hospitals by general practitioners and specialists, with shorter periods of time spent in hospitals. Accompanying that change has been a reduction in outpatient clinics.

"When students see patients in hospitals for short periods of time but are not involved in continuity of care, they are missing a fundamental part of good medical practice. Without spending some of their training in community settings, both in general practice and with specialists, students risk not experiencing the full range of health delivery. In my own area of endocrinology, for example, students gain very little exposure to many conditions in hospital settings because most endocrinology practice occurs in clinics or private consulting rooms."

The Practice Incentives Program (PIP) initiatives, which pay a small Medicare fee to GPs if they accept undergraduate student placements, were introduced in recognition of service delivery changes. The Medical Deans would like to see a similar program established which would encourage specialists to participate in education of students, and which would mean students have a broader exposure to health care.

"Although last year's decision to fund more postgraduate training was welcome, that alone will not ensure that young trainees gain sufficient clinical experience in all disciplines," Professor Robinson said.

One option he supports is to expand the small number of overseas-based clinical training programs such as the accredited training opportunity in Ho Chi Minh City offered by the Royal Australian College of Obstetrics and Gynaecology.

Pressure on clinical education again highlights the need for a co-ordinated comprehensive approach in health workforce planning. Edited versions of two recently published articles dealing with different aspects of the issue are included on this page. Input from members of Faculty on workforce planning issues is welcome, email Tom Rubin on [t.rubin@usyd.edu.au](mailto:t.rubin@usyd.edu.au)

## FAIR GO FOR OUR FOREIGN STUDENTS

By Bruce Robinson

The recent study by Access Economics detailing the vital importance of international students to the viability of tertiary institutions and the broader economy, confirms what anyone working in this country's education institutions knows well: international students make an enormous contribution.

Their fees are an essential source of revenue, without which we could not provide the quality and range of courses and programs we now offer. This is particularly so this year, as we strive to maintain programs when other sources of revenue have contracted.

International students add a welcome diversity to our education institutions, and enrich the learning experience of Australian students. The relationships forged between local and international students also form the basis of international connections that are likely to serve this country's interests well in the future.

The problem we face, though, is that as a direct result of conditions imposed on us by both Federal and State Governments, we are not able to provide our international students with the same education and training opportunities as we offer to our local students.

International medical students in NSW currently face the prospect of completing their medical studies but then being unable to secure supervised internships in NSW public hospitals.

The recent increase in medical student numbers has increased the demand for supervised hospital internships. The NSW Government has responded by guaranteeing that all local students will be able to secure an intern placement in NSW public hospitals. It will not extend such a guarantee, however, to our international students.

They rank not just below local medical students who have completed their medical studies in NSW universities, but behind Australian medical students who have completed their training outside NSW, and behind doctors who have done their training internationally and are seeking registration to practice in Australia.

This places an extraordinary additional stress on them. Despite approaches from all NSW Medical School Deans, the NSW Government has refused to budge on this issue.

Although securing an internship is the most pressing issue for our international students, it is not the only area of discrimination. We are prevented from allowing them equal access to training in our rural clinical schools where the education experience is very valuable.

Such restrictions fly in the face of recent statements by the Deputy Prime Minister, the Hon. Julia Gillard, which welcome and recognise the importance of international education.

In a competitive international education market, this will almost certainly impact on our – and other Medical Schools – ability to attract international students. Our own finances, and eventually the education provided for our local students, stand to be affected.

The solution, though, is quite simple and fortunately does not require any great change. We would like to be able to offer our international students the same education and training opportunities as we provide for our local students.

*Fair Go for Foreign Students*, published in *The Australian*, April 8 2009.

## WHAT MAKES WORKFORCE PLANNING SO HARD IN MEDICINE?

By Stephen Leeder

First, there is the problem of the 10 years that separate turning the tap on or off and the supply of practising doctors, which is a long time in politics and even longer in terms of technological change. We are now on the verge of the nanotechnological and genetic revolutions, which will radically alter medicine. Not only will our diagnostic labels change to reflect new genetic insights, but so too will our treatment alter in an age of tailored, personalised medicine. How many doctors, equipped with what skills, will we need for this new age?

Second, we have a declining and ageing community of general practitioners. Their numbers were 104 per 100,000 population in 2001, decreasing to 98 full-time practitioners per 100,000 in 2005. This means fewer than ten doctors for every 10,000 people. Put seven of those ten in inner urban areas, two in inner regional areas, and share the last one between outer regional and all remote Australia and you see the problem.

Third, workforce development is not simply a question of numbers of doctors. The rise and rise of the allied health professions and their growing interest in territory once considered to be exclusive medical turf means that assumptions about the future roles and responsibilities of medical practitioners and health teams must change. For example, we have an increasing number of older people in whom once-fatal conditions, such as coronary artery disease, have become chronic disease. To respond to these changes appropriately, doctors must work with the other health professionals to determine who is best at doing what. There are now opportunities for nurses, physiotherapists and others to help achieve continuity of care which once might have fallen almost entirely upon the general practitioner. How many GPs will we need? Hard to tell.

Even harder when you think that generational changes in our society are altering the idea of what it means to be a doctor. Graduate entry to medical school brings with it new types of students whose experience of life and education is broader than previously. Many have partners and children, and most have to work while studying. They (you!) will graduate with debt.

Female students now represent close to 50% of all medical students in Australia. Research shows that approximately 80% of female doctors will take time out of the workforce, and more than 30% plan to work part time. Similarly, 20% of male doctors now intend to take time out. Perceptions are also changing. Many students say quite frankly that they are unimpressed with old notions of a familyless and selfless dedication to medicine. They are looking to build lives in which their profession is not their sole, exclusive, dominating, exhausting definition of identity. We may need to train more medical students simply because the doctor of the future will work fewer hours per week.

This is an edited version of the inaugural lecture in the new medical school at Deakin University in Geelong by former Dean, Stephen Leeder, now Professor of Public Health and Community Medicine. The full speech was published in *Curriculum Matters*, December 08, Issue 5, available at [www.ome.usyd.edu.au/news/newsletter/php](http://www.ome.usyd.edu.au/news/newsletter/php)

*radius*

# Anatomy



Left to right: Anatomy room with students, past and present. Opposite: Refurbished facilities

Students who participated in the new whole body dissection elective, run in the recently refurbished Anderson Stuart facilities, were overwhelmingly positive about the experience.

IN JANUARY THIS year, while the rest of the University's Camperdown campus was noticeably still in holiday mode, 32 medical students started in a new anatomy course in the recently renovated and vastly upgraded anatomy room in the Anderson Stuart building.

Over the next two months, while their fellow Stage Three medical students enjoyed the usual array of local and international elective term experiences, the students worked through a whole body dissection. In groups of four, and led by Professor of Surgical Anatomy, George Ramsey-Stewart, they were given the chance to improve their knowledge of anatomy and dissecting skills in a fully hands on course.

If the feedback from these original participants is any guide, the course will be a much sought after future elective option. The response from students – and from Faculty staff, supervisors, demonstrators and others in the wider profession - has been overwhelmingly positive.

"We were very pleased with the outcome," said Professor Heather Jeffery, Head of Evaluation in the Office of Medical Education. "Almost all the evaluations have been very positive. Students appreciated the planning and organisation that went into the course, and they greatly appreciated the wonderful teaching from surgeons and tutors. Almost every student said that the experience was invaluable in their learning of anatomy, enabled them to consolidate their knowledge and improve their skills."

The course is one of a number of Faculty initiatives in response to the 2007 Curriculum Review, which recommended increased anatomy teaching in the graduate medical program. Anatomy teaching hours had fallen sharply in the preceding decade, and graduates, surgeons,

clinical tutors and students had all made submissions to the Review requesting that be redressed.

Anatomy teaching has been increased across all stages of the medical program. But the new course - "Anatomy by Whole Body Dissection" - has been specifically established as a Stage Three elective term option, open to students in the summer between their third and fourth year in the medical program, who have a particular interest in anatomy.

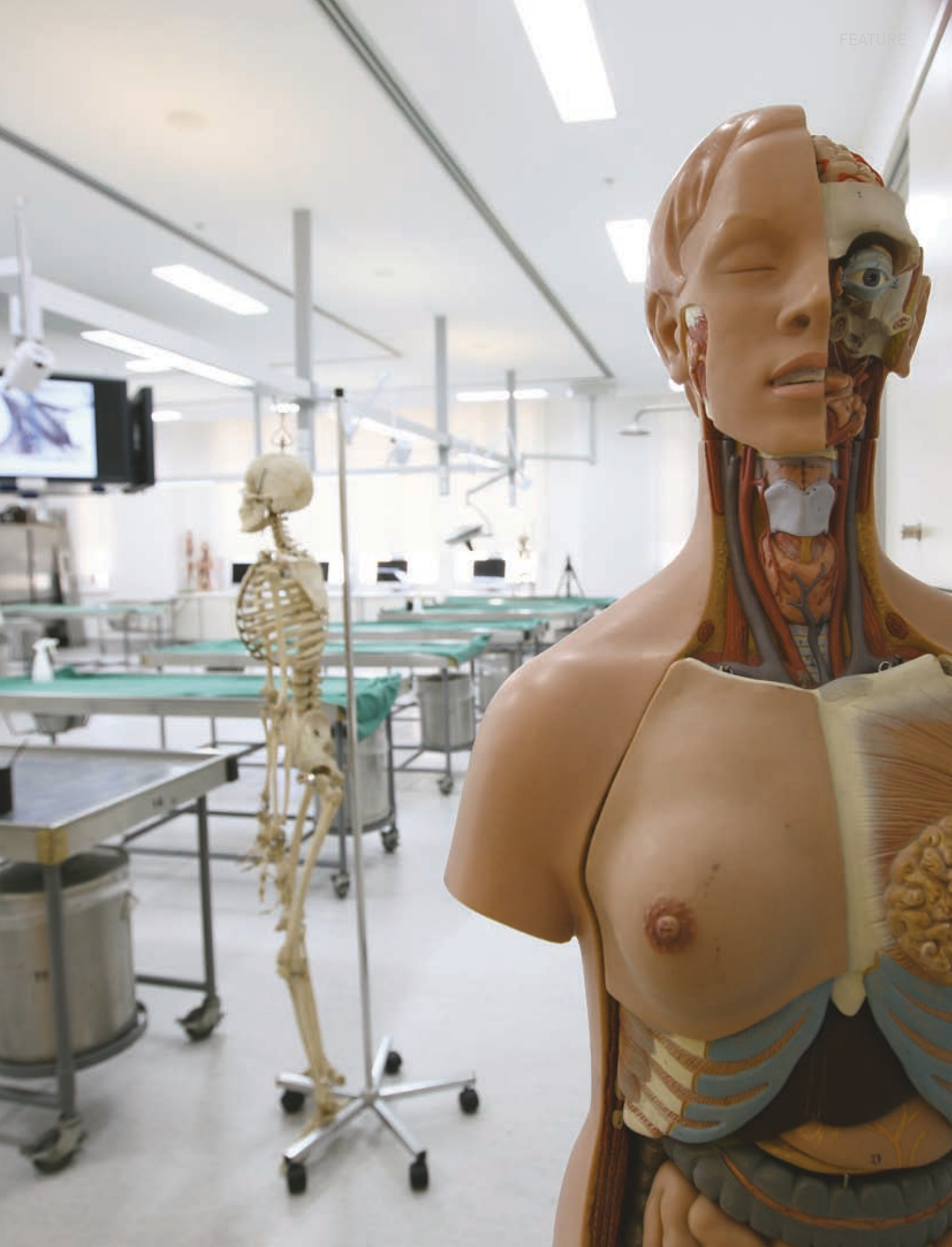
More than half those who enrolled in the elective did so because of an interest in surgery, but others signed up because they believed it would be useful for many aspects of medicine.

In evaluations undertaken by the Office of Medical Education at the end of the seven weeks, students were uniformly happy with the course. Among the 32 students, 94% rated the learning experience as very good.

Students who had participated in the course also performed significantly better in their anatomy exams than students who had not done the dissection elective, and a clear majority of students recommended that whole body dissection should be compulsory for all students.

Students were divided into eight groups of four people, each group assigned a cadaver, dissection table and instruments. Dissection schedules were drawn up with programs for each day, with students required to complete specific pre-readings before the day began.

Diagrams and figures from Cunningham's Manuals were projected onto large central screens so students could match their dissection with images. Demonstrators and supervisors circulated continuously, advising and explaining, answering queries and giving mini-tutorials. [radius](#)



# Turning Ideas Into Science

The Bone Biology group at the ANZAC Research Institute is still new but is changing understanding of complex bone diseases.

By Beth Quinlivan

AMONG THE WORST news for men with prostate cancer and women with breast cancer, is that the disease has metastasised to bone. In the case of both cancers, secondary tumours in the bone are common – 70% of the women who develop advanced breast cancer have bone metastases – with serious consequences. Not only does the spread of cancer reduce the prognosis, the tumours are likely to cause further pain and lead to fractures and immobility.

But if the consequences of cancer metastases are severe, the extraordinary complexity of bone biology and metabolism means that researchers looking to understand, and to limit or prevent their spread, face a difficult path.

In both prostate and breast cancer, as the tumour cells grow in the bone, they induce the normal bone-resorbing cells to destroy the surrounding bone. It is likely that destruction of bone releases factors that help the cancer cells grow faster, creating a vicious cycle that increases the dire consequences of bone metastases.

In looking at what it is about the bone environment that makes it a receptive site for secondary tumours, the Bone Biology group at the Faculty of Medicine's ANZAC Research Institute has recently made two discoveries with the potential to improve the outlook for women with breast cancer.

In the first of these – reported in the journal *Cancer Research* in late 2007 – they found that in mice, breast cancer bone growth was strongly promoted by low serum calcium levels, and hence increased bone turnover. More recently, and again in mice, they found that vitamin D deficiency stimulated breast cancer growth in bone.

“Obviously, we would need to run clinical studies providing calcium and vitamin D supplements to determine conclusively whether these findings are clinically significant,” said Professor Markus Seibel, Director of the Bone Research Program at ANZAC.

“But given that older people in general are deficient in calcium, and that serum calcium levels are regulated by vitamin D, there is a sound argument for those with cancer to make sure that their calcium and vitamin D levels are not deficient.”

## ORIGINAL RESEARCH

The Bone Biology group at the ANZAC Research Institute is still relatively new but increasingly making waves both for its original basic research and its clinical science.

Over the past couple of years, the research of Dr Hong Zhou on the actions of glucocorticoids in and on bone cells, is changing our understanding of steroid-induced osteoporosis. Glucocorticoids (often called ‘cortisone’) are widely used to treat cancer, inflammatory and auto-immune diseases but more than 50 per cent of people who are chronically treated with these agents later experience bone loss and fractures. Dr Zhou's findings in the past 18 months have been published in a number of leading journals, including the ‘*Journal of Biological Chemistry*’ and ‘*Development*’.

Dr Colin Dunstan and Dr Yu Zheng have led the research on the potential preventative role of calcium and vitamin D in limiting the spread of cancer to bone.

Under the leadership Dr Anna Lih, the group has also established a clinical research program at Concord Hospital,

with the purpose of improving diagnosis and treatment of osteoporotic fractures. In general, patients with osteoporotic fractures are underdiagnosed and undertreated. As a result of the clinical program, rates for compliance with treatment regimes have increased from less than 7% to greater than 80%.

The Bone Research Program was begun in 2001 by Professor Seibel following his recruitment from the University of Heidelberg in Germany, where he had been Director of the Bone Research Laboratory for the previous 10 years. An internationally recognised researcher and author on bone biology and metabolism, his long term interests in bone cancer, vitamin D, and osteoporosis and the effect of steroid hormones on bones, are reflected in the ANZAC's current bone research line-up.

In 2002, he was joined by Dr Colin Dunstan, a University alumnus who had spent a number of years working for biotech company Amgen in the US, where he co-discovered an important regulator of bone cell function, osteoprotegerin.

Dr Zhou, who now heads the Bone Biology group, joined the team in 2004 from the highly recognised bone research group at the St Vincent's Hospital in Melbourne.

All up, the lab now has 10 permanent members plus students and numerous visitors. In keeping with the ANZAC theme, the Bone Research Programs focus on diseases or biology of ageing. Research is supported through funding from within Australia and from overseas. With collaborators, the group has current and future funding of over \$6 million, including six NHMRC project grants.

## LEAD PROGRAMS

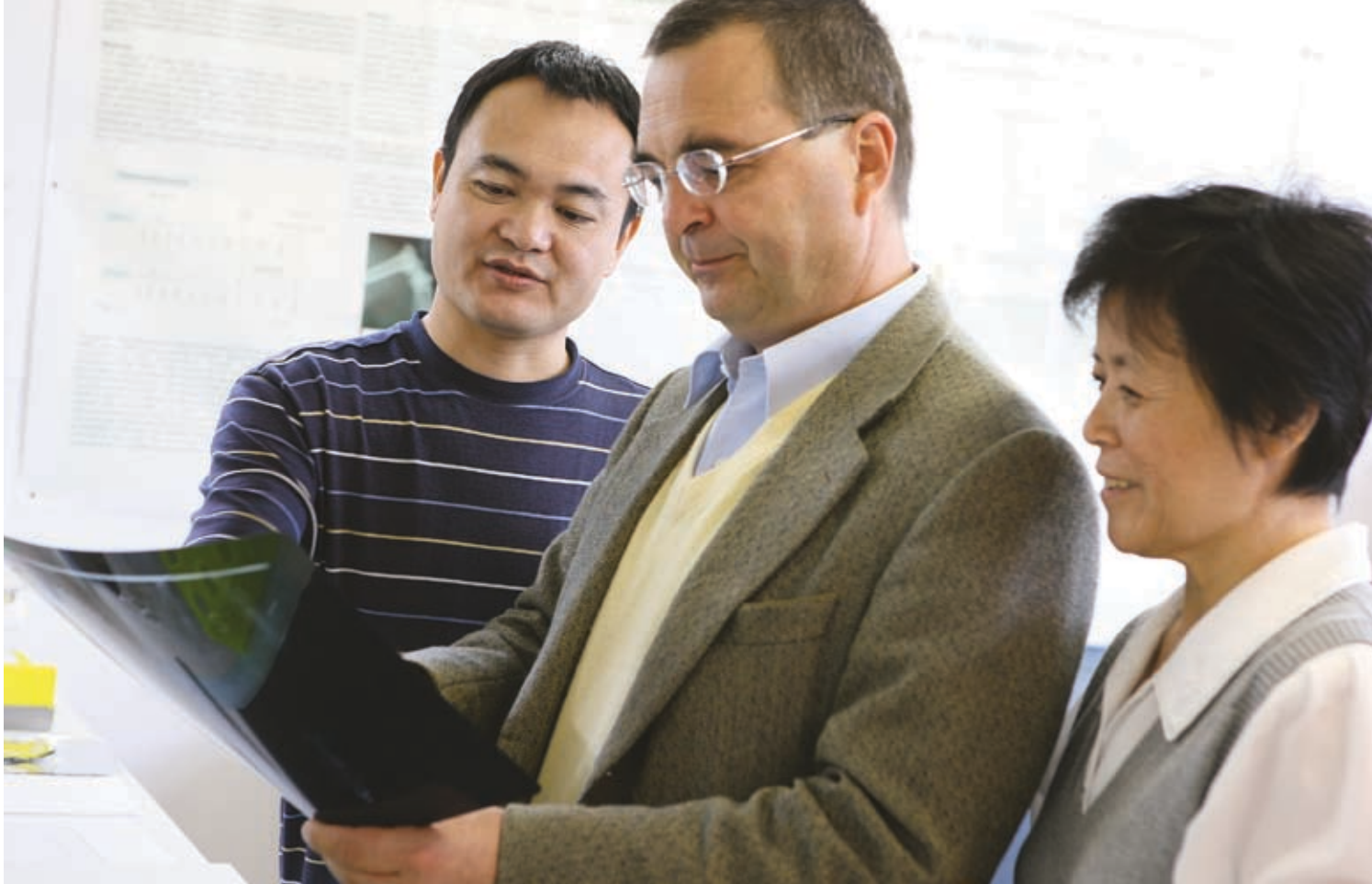
Given the large number of people affected by common bone diseases – and with costs rising as populations in developed countries age – no surprise that bone research attracts a big research effort. Within the Faculty of Medicine, there are a number of highly respected specialist bone research groups or individuals, including Professor Philip Sambrook at Royal North Shore Hospital and Associate Professor David Little at The Children's Hospital at Westmead.

The Australian Institute of Health and Welfare estimates that in this country, 600,000 mostly older people have osteoporosis. That it is largely preventable through a balanced healthy diet, adequate calcium and vitamin D and regular exercise, underpins the growing public health efforts.

Dr Zhou at the ANZAC Research Institute has spent much of her time in recent years focusing on the precise details of the interaction of glucocorticoids within bone cells.

“Cortisone drug treatments have been of great benefit to countless patients suffering from rheumatoid arthritis, asthma, inflammatory bowel disease or who have undergone organ transplantation,” Dr Zhou said. “But it is well known that steroids have a detrimental effect on bone, causing osteoporosis.”

In her lead program, an initial significant discovery was that mature osteoblasts (bone building cells), under control of endogenous (as opposed to the synthetic) glucocorticoids, actually control the differentiation of mesenchymal progenitor cells (“stem cells”) into adipocytes (fat) or osteoblasts



Dr Yu Zheng, Professor Markus Seibel, Dr Hong Zhou in the lab

The signals used for this cross-talk between mature and immature cells are the so called Wnt proteins, which have been shown to play an important role in many biological systems. Subsequently, Dr Zhou and her colleagues found that endogenous glucocorticoids, again via the osteoblast, control the formation of the mouse skull bones. This was an important new finding that again demonstrates that the role and effect of endogenous glucocorticoids has not only been underestimated but is also quite different from the effects of exogenous glucocorticoids given at pharmacological levels. In the long term, these novel findings may open new avenues to control and perhaps stimulate bone formation in patients with osteoporosis, or to prevent the development of the disease in patients treated with glucocorticoids for other disorders.

In another project, the group has been looking at the impact of endogenous glucocorticoids on the susceptibility and severity of rheumatoid arthritis.

"We use cortisone to treat inflammation but in our new experiments using transgenic mice where glucocorticoid signaling has been disrupted in the osteoblast only, we have found that at a tissue level, glucocorticoids promote inflammation," said Professor Seibel. "That opens the door on a new approach to treatment of inflammatory diseases."

## CANCER STUDIES

In the work on bone cancer, Dr Dunstan, Dr Zheng and the team at the Bone Research Program have been trying to understand what makes bone marrow a receptive site.

"Our interpretation is that the dissemination of cancer cells into the body tissues is probably a random process. The cells settle down where they find the most receptive environment. For breast and prostate cancer, one of the more ideal environments is certainly bone," said Professor Seibel.

"The next question is whether high bone turnover increases not only the rate of metastases, but also increases their growth in bone. As part of that, Colin and Yu took mice and made them calcium deficient. Calcium deficiency alone made the cancers grow bigger and faster in mice."

"That was published in *Cancer Research* in 2007, and then Colin suggested we look seriously at the impact of vitamin D. Calcium is regulated by vitamin D, which is a steroid hormone that drives cells away from proliferation towards differentiation. What Yu and Colin have found so far is that vitamin D deficiency clearly promotes cancer growth."

The processes are complex, though, and a lot more work is required to really understand what is happening, he said.

"The next step is to translate these findings into the clinical situation and see whether they hold true for our patients with breast and prostate cancer. That's going to be a huge task as neither calcium nor vitamin D are expensive or patented agents, so to find the money for a large clinical trial will be a challenge. But given our results so far, it's a task worthwhile" says Professor Seibel.

"The other theme we are increasingly interested in is the potential of bone, and specifically osteoblasts, to regulate energy metabolism. Just think of bone as a huge endocrine organ that fine-tunes glucose and fat metabolism. Perhaps a crazy idea but it's probably the future of bone research."

After eight years, he is delighted with the program they have been able to develop at ANZAC and excited at the prospects for the future.

"This is a wonderful team, what makes it so exciting is that we have really top level scientists who are open to new ideas. Turning what might sound like wild ideas into solid science that benefits our patients, what could be better?"

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# CONTROVERSIES IN PUBLIC HEALTH

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*Welcome back Nanny?*

*Civil liberties versus the public good.*

The Hon. Tony Abbott MP, Federal Member for Warringah and Shadow Minister for Families, Housing, Community Services and Indigenous Affairs

Professor Mike Daube, Professor of Health Policy, Curtin University of Technology and President, Public Health Association of Australia

## WEDNESDAY 5 AUGUST

*The kindest cut of all: did we get it wrong on circumcision?*

Dr Alex Wodak, Director of the Alcohol and Drug Service, St Vincent's Hospital

## WEDNESDAY 9 SEPTEMBER

*Is the genetic revolution overhyped?*

Professor Wayne Hall, NHMRC Australia Fellow and Professor of Public Health Policy, School of Population Health, the University of Queensland

Professor Ron Trent, Professor of Medical Molecular Genetics, University of Sydney and Head, Department of Molecular & Clinical Genetics, Royal Prince Alfred Hospital

## MONDAY 12 OCTOBER

*Obesity: is the food industry more part of the problem than part of the solution?*

Dr Derek Yach, Senior Vice-President Global Health Policy, PepsiCo

Dr Rosemary Stanton OAM, Nutritionist

## THURSDAY 19 NOVEMBER

*Whither primary health care in Australia?*

Brought to you by the Faculty of Nursing and Midwifery and the School of Public Health

Professor Mary Chiarella, Faculty of Nursing and Midwifery, the University of Sydney

## TIME AND LOCATION

All events take place at the Eastern Avenue Complex on the University of Sydney's Camperdown Campus. 5.30pm to 6pm (refreshments), 6pm to 7pm (lecture). Registration is essential.

To register and for more information visit:

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# DEBATE, FEEDBACK AND FUN



**Ineke Wever**  
President  
Sydney University Medical Society  
iwev6767@med.usyd.edu.au

## MEDSOC DEBATES PHARMA SPONSORSHIP

I'm writing this in the blissful 33 degree weather of Tennant Creek where I'm doing my rural GP rotation with Anyinginyi Congress Aboriginal Corporation. I'm busy honing my clinical skills and preparing for the daunting reality of being an intern next year. Final year students are currently consumed by the process of deciding which hospital to apply for and how to 'stack' the preference system so that they actually get it! At least we are a few years ahead of the tsunami, which will put in doubt jobs for international and eventually local students when they graduate.

News from MedSoc is that we've just had our first strategic retreat in Orange, NSW. The weekend was organised to allow time to discuss the different MedSoc positions and their aims for the year, a review of the Constitution and other possible future directions including pharmaceutical sponsorship. Pharmaceutical sponsorship is a controversial issue and tends to divide students into those that are strongly ethically opposed to it, those who are strongly appreciative of the financial gains and sandwiches, and the masses in between who are usually, at best, apathetic. MedSoc has a long history of debate and awareness-raising at the local and national level, traditionally being 'anti-pharma' when the issue is discussed at Australian Medical Students Association National Council. The preliminary plan is to have a three month submission process to an Ethical Guidelines on Pharmaceutical Sponsorship Sub Committee who will prepare a report followed by a cohort wide vote on the issue. Submissions are welcome from students past and present, so if you feel passionately about this please let me know.

## STUDENTS ON CURRICULUM CHANGES

Our Medical Education Focus Group has just been started, with the Office of Medical Education's assistance, where videoconferencing between all the clinical schools has allowed MedSoc to collate student feedback and streamline this through student reps on Faculty committees. The Faculty is very receptive to student input on changes within the curriculum. With the change in written exams to entirely multiple choice questions, one of the current issues students are concerned about is the correlation between assessment items and course content, particularly

in Stage 3 where experience on the wards makes up the majority of learning with wide variation between students in their experiences. Learning objectives are currently being developed in each rotation so that students have a better understanding of what's required of them, and it is hoped that these are appropriately linked to assessment items.

## ITS NOT ALL WORK...

Now to the fun stuff: recent events in our jam-packed calendar! Pip Mcllory organised an inspiring Electives Evening, held on May 12th at Footbridge Theatre, where final year students spoke about their recent electives in South Africa, Rwanda, Scotland, Papua New Guinea, Costa Rica and more. Claire O'Sullivan and Laura Eastman lead the Indigenous Health Forum on May 28th at Kerry Packer Auditorium, which brought together a panel of impressive speakers to discuss the way forward in closing the gap. The much anticipated Medical Ball at the Convention Centre on May 30th was a great success, brought together students for a night of frivolity, after months of planning by Michael Catanach and Joel Rabidran.

Three hundred students arrived with a big bang in first year and were warmly welcomed through the orientation BBQ, interest stalls and O-Camp. Enthusiasm and passion has been overwhelming with twenty two keen beans being elected to positions on MedSoc Council. It is amazing heading a society with students that are so dedicated and inspirational.

If anything I've written above sparks your interest please get in contact, I'd love to hear from you.



At the Orange Strategic Retreat

# POSTGRAD STUDENTS IN 2009 APPEAL

## Donations & Bequests

*If you would like more information on making a donation or a bequest to support medicine, please contact Amanda Durack in the Faculty of Medicine Development Office on (02) 9036 7185.*

## DEAN'S SCHOLARSHIP FUND

The Dean's Scholarship Fund was established in late 2007 to support and encourage medical, public health and postgraduate students in the Faculty. Initially, the aim of the Fund was to establish a range of financial assistance, Indigenous and elective term scholarships, and also to provide one-off funding for students to allow them to present their research, or participate, in international conferences.

This year, with many postgraduate research students also struggling to make ends meet over the three or more years it takes to complete a PhD, we are asking alumni and other supporters to donate funds which would allow the DSF to establish postgraduate research scholarships. (See below)

### The results

Since its establishment, the DSF has received over \$260,000 in donations, including over 80 alumni who donated \$1,000 or more. Our sincere thanks to all who contributed.

The following scholarships have been created:

- 4 financial assistance scholarships at \$5,000 each will be awarded this month to students in demonstrated financial difficulty
- \$30,000 has been allocated to the Medical Alumni Association (MAA) to support their existing financial assistance scholarships
- \$30,000 has been allocated to the Medical Elective Exchange Program Committee for the establishment elective term scholarships.

Two named Indigenous health scholarships have also been created:

- the Orana Scholarship for an Indigenous medical student, providing \$15,000 a year for the four years of the course
- the William Inglis Scholarships, providing five scholarships for Indigenous students enrolled in the Graduate Diploma in Indigenous Health Promotion or Graduate Diploma in Indigenous Health (Substance Use) or Master of Indigenous Health (Substance Use)

In January this year, \$500,000 was paid into the DSF, part of a bequest to the Faculty from an alumna, Daphne Line (MBBS 1950). The money is capital preserved, with annual income from the endowment used to provide scholarship support.

## CREATE A LASTING MEMORIAL: BABAK SHAHIDI AND MARTIN KIMMINGS

When 16 year old Babak Shahidi died suddenly on the rugby field in 1986, his family was devastated. His brother, Shahram Shahidi (MBBS 1994), decided to pursue a career in medicine and recently approached the Faculty to establish with his father, Bahram, the **Babak Shahidi Scholarship** in memory of his brother. Each year, the scholarship will provide \$5,000 to a medical student in financial difficulty. Established in February this year, the scholarship will be awarded for the first time this month.

Adrenocortical cancer research recently received a significant boost with the creation of the **Martin William Kimmings Fund**. Martin died last year from adrenocortical cancer and his family wished to establish the fund in his memory, at the same time supporting the work currently being undertaken to combat this disease. The family has also established the **Martin William Kimmings Elective Term Scholarship** to encourage high quality research by students on the Medical Program. Valued at \$5,000 p.a., the scholarship will be awarded to an MBBS student who wishes to spend his or her elective term at an internationally regarded research centre or institute overseas.



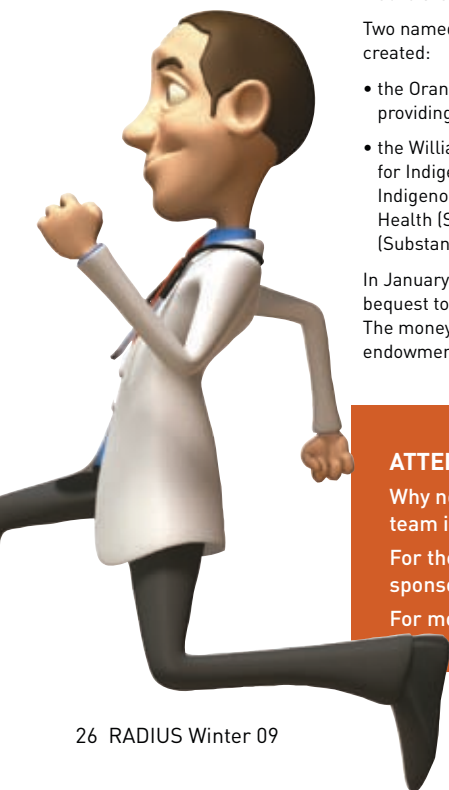
Babak Shahidi

## ATTENTION RUNNERS, WALKERS AND CRAWLERS!

Why not join the Faculty City to Surf team and raise money for critical Indigenous health services? This year the team is taking giant strides for the Poche Centre for Indigenous Health.

For the armchair athletes out there, you can exercise your social conscience without breaking a sweat by sponsoring the team or coming to a fundraising event.

For more information, please contact Imogene Rothnie at [irothnie@med.usyd.edu.au](mailto:irothnie@med.usyd.edu.au)



“Without the scholarship from the Faculty of Medicine, it would not have been possible for me to focus solely on my research.”  
 Julia Morahan

#### POSTGRADUATE STUDENTS IN 2009 APPEAL

“Without the scholarship from the Faculty of Medicine, it would not have been possible for me to focus solely on my research,” said Julia Morahan.

In May, postgraduate researcher Julia Morahan left Australia to continue her work into the genetics of neuro-degeneration and multiple sclerosis at the Wellcome Trust Centre for Human Genetics at Oxford University. A bright future lies ahead. But she is the first to acknowledge that without financial assistance, she may not have made it this far.

“I had completed a Bachelor’s degree in Medical Science at Sydney with the aim of pursuing a career in medical research. I wanted to do a PhD within the Faculty of Medicine and was fortunate to receive a government scholarship - the Australian Postgraduate Award (APA) - plus a ‘Top Up’ Scholarship from the Faculty of Medicine to support myself during my PhD. This removed the financial considerations of full-time study and allowed me to focus solely on my research,” she said.

“My research focuses on sporadic Motor Neuron Disease (MND), a neurodegenerative disorder for which the cause is currently unknown. I investigated the possibility of a genetic predisposition to environmental toxins leading to this disease. We found that some environmental toxins, pesticides in particular, appear to play a role and in some patients, a genetic polymorphism in a detoxification enzyme increased risk.”

While the increased donations by alumni and others to the DSF has meant more scholarships are available for medical and public health students, finding support for students who wish to undertake medical research remains a great challenge. Some government and Faculty scholarships are available, but demand far exceeds supply.

This year, the Faculty of Medicine has close to 800 students undertaking higher research degrees. Some of these students receive a scholarship stipend of \$20,000 per annum tax free, often through the government or the University, but many are undertaking research degrees without funding. There are also substantial numbers of research students who are unable to commence their research studies due to lack of financial support.

Establishing a number of new PhD scholarships within the Dean’s Scholarship Fund, at the level of the Australian Postgraduate Award (a little over \$20,000 p.a.) would allow talented students, who would not otherwise be able, to pursue their research interests.

Students who receive funding for the first year of their research often find it easier to attract further support from external funding bodies.

“The scholarship I received encouraged me to develop as a medical scientist and continue my career in research. I have since received the Bill Gole MND Research Fellowship from the Australian MND Research Association,” says Julia.

The Faculty is offering the opportunity for named scholarships for individuals or organisations who wish to establish a scholarship for three years or in perpetuity.



Julia Morahan BMedSc PhD

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**4pm – 7pm**

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- honours
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Faculty of Medicine



## president's report

In welcoming students who started in the Graduate Medical and Dental Programs this year, I asked for a show of hands from those who did not have a degree from the University of Sydney, imagining it might be about one third. My straw poll indicated that it was more than double that! Also, many of our academic staff and researchers from other places are unlikely to be familiar with the University and with those who preceded them in the Faculty and teaching hospitals.

As alumni and mentors, we should feel obliged to educate our students about their predecessors who inspired us and influenced our lives. Indeed, we also have an important role to play in informing the wider community in the University and beyond about what our graduates and medical educators achieved in their varied professional and personal roles after completing their degrees. This may often happen informally, or through published histories and biographies, or now on the internet.

Our medical alumni community seems likely to increase in size very soon. The University is proposing that 'alumni' should include not only graduates with degrees and diplomas but also current and former staff employed full time for at least three years, as well as students who have successfully completed one semester.

### MEDICAL BIBLIOPHILES AND BOOKS

Many of us take great pride in our books, whether medical or otherwise. We gain immense satisfaction from collecting, looking at, handling, and reading them. Some of our alumni had renowned libraries.

Leslie Cowlshaw (1906), already a book collector and medical historian, met Sir William Osler, the famous physician and medical historian, while serving in London during the First World War. Osler dubbed him 'the bibliophile from the bush'. Cowlshaw's collection of classic medical and surgical books was the foundation of the Gordon Craig Library at the Royal Australasian College of Physicians in Melbourne, named after another Sydney alumnus who graduated in 1894.

Sir Edward Ford, Professor of Preventive Medicine and Director of the School of Public Health and Tropical Medicine (1947-1967), donated his extensive library on medical history to the Royal Australasian College of Physicians in Sydney.

Two major acquisitions by the State Library of New South Wales came from our medical alumni. The Benevolent Society Gordon Bradley Lowe collection of obstetrics and gynaecology consists of approximately 250 works on obstetrics and gynaecology, all published before 1900 with the earliest dating from the sixteenth century. Lowe graduated in 1915.

Ben Haneman (1944), a Sydney specialist physician, donated his Cervantes collection of 1,591 items to the Library in 1997. It contains works by that great Spanish writer and includes 1,100 different editions of *Don Quixote* and other items!

David Skeffington Johnson (1968) was an admired surgeon at Westmead Hospital. He too was a passionate bibliophile and 'inveterate collector and hoarder'. David died in December 2008. His wife, Kristin Kerr (also 1968), has now generously donated to the Faculty several boxes of Senior Year Books that had been collected by her husband. These Year Books complement a previous donation of more than 100 books from The Classics of Medicine Library.

We would much appreciate donations of other books or journal articles on individual alumni, on our medical educators, on the role of our graduates in professional Colleges, and on our teaching and other hospitals. Such books would be a valuable resource for work on the Faculty's Online Museum, as were books from the Classics Library in preparing a new exhibition 'Plague: rats in the realm' in the Anderson Stuart Building.

Finally, have you checked the Online Museum [www.medfac.usyd.edu.au](http://www.medfac.usyd.edu.au) to see the digitised Senior Year Books (1922-1975) and other alumni news?



President's Report  
Alumni Archive  
Case Notes  
Reunion Dates  
Reunion Reports  
Crossword

# Medicine's Living Museum



Sir John Longstaff's portrait of Sir Thomas Peter Anderson Stuart (1911), courtesy of University Art Gallery.

It's finally happened! The online museum and archive is alive. It has been a long haul but now that it is up, it is clear that it is really only the beginning. For the museum to thrive it needs your input.

by Lise Mellor

To see the online museum, go to:  
[www.medfac.usyd.edu.au](http://www.medfac.usyd.edu.au)

THE IDEA FOR the museum came when researching and writing '150 years, 150 firsts' for the Faculty's 150th anniversary. That was a challenging publication to produce in a short time frame. It was frustrating that there was information about our alumni on other university sites, such as Melbourne University's 'bright sparks' site, or in the ANU-hosted Australian Academy of Science biographies, but nothing on our own website. Despite this Faculty being the first medical school in the country, we were lagging behind on our participation on the internet, particularly in representing our history and the achievements of the Faculty and alumni. The then Dean, Professor Andrew Coats, was supportive of the idea of an online museum, and planning began.

The first challenge was to brainstorm with the Faculty IT team, to imagine what the museum could look like and how it could handle the enormous collection of data that would be entered. We wanted the site to be searchable and that users could choose to either follow a straight path of discovery or disparate connections. The university's standard content management system couldn't handle this capacity so we needed to incorporate a 'wiki' system (think wiki-pedia without multiple authors) and meld the two together. Another significant IT challenge was to enable users to read entire books online, like the digitised Senior Year Books. In truth, the more we progress, the

more challenges we face as the site gets bigger. But they are challenges and learning curves, not obstacles!

## PHOTOGRAPHIC TREASURES

This Faculty has a treasure trove of photographs scattered around people's computers and in various archives.

Photographs of the interior of the four-roomed cottage that Anderson Stuart first taught were discovered in the university archives and hadn't been publicised before.

They have been digitised, and now the first dissecting room and Professor Anderson Stuart's workshop are able to be shown as the historical artefacts that they are. Some of the detective work in gathering material has been great fun. In the photo of Anderson Stuart's workshop, you can see the statue of Asclepius. The statue is now housed in the interior entrance of the Anderson Stuart Building, and was among Anderson Stuart's possessions brought from Edinburgh.

Other photographic treasures are the selection of images taken by the first Dean, Professor John Smith between 1855 and 1870. These are incredibly important photographs in early Australian photographic history and form a small part of the collection of glass negatives and slides held in our University archives. The collection has been digitised and we are able to show you a selection on our Faculty site.

Right: Early radiology (circa 1940s) at Royal Prince Alfred Hospital, courtesy of RPAH.  
Below: Prosectors 1911

As well as photographs, the Faculty has a diverse collection of sketches and portraits. One of the challenges of the moment is tracking down originals of the Lionel Lindsay caricatures of Faculty staff commissioned by MedSoc in 1916. Judging from early reproductions of them in Senior Year Books, there were nearly fifty commissioned yet only 18 originals are accounted for. In collaboration with MedSoc, we are sifting through their archives in the hope that some of the missing originals may be found again.

Previously mentioned, the Senior Year Books have been digitised and are available online up until 1979. These are extraordinary historical documents in themselves and some of the early ones particularly are highly recommended. In particular, the 1922 Senior Year Book was prepared by the last cohort to be taught by Professor Anderson Stuart before his death in 1920, and there is a moving tribute to him by the students. Far from a representation of him as austere and distant, the students lament the loss of their 'beloved Andy'.

## LIVING HISTORY

Moving between the physical and the virtual is an exciting conceptual challenge. Every physical exhibition or collection of portraits or photographs, we reproduced virtually for the museum. Likewise, the beautifully photographed artefacts in the online museum can all be seen physically by walking into one of our faculty museums. I hope that the online museum acts as a teaser, bringing people in to the university to look at things and places they have either long forgotten or have never seen before.

It's also a great opportunity to present virtual representations. Recently a symposium was staged to honour Professor Frank Cotton. Attendance was good, but with the assistance of Tim Harland, the event and talks were captured on video and can now be made available through the museum. With the reopening of the Wilson Museum after its wondrous refurbishment, the supporting exhibition in the Anderson Stuart Common Room can be viewed virtually as well.

The virtual tours are also fun. Now you can go virtually into our medical buildings on central campus. For some, this may produce nostalgia or give them the chance to see how things have changed. For others, it's an opportunity to look inside for the first time. Some of my favourite virtual tours are the Anderson Stuart Building dissecting room, the Nicholson Museum and the Royal Prince Alfred Hospital Heritage Centre and Archive.

One thing I have certainly discovered in this project is that history has many voices. With the benefit of sound as well as text and image, we can add oral histories and YOUR voices recollecting your memories or telling us of your time as a medical practitioner. Each issue of *Radius* will include new items in the museum, I welcome your input and comments and invite you to contact me directly by telephone on 02 9114 1164 or email [lisem@med.usyd.edu.au](mailto:lisem@med.usyd.edu.au). *radius*



# case notes

## 1960s



**Peter Conrad**  
MBBS 1960

After graduating I did 2 years as RMO at RPAH, then deciding on a surgical career worked the next year as Anatomy demonstrator and obtained my primary FRACS. I then worked in London for the next 2 years as surgical registrar at St Helier and West Middlesex Hospitals and obtained the FRCS and FRCS (ED) in May 1964. I married my wife Cynthia in England in 1965 and we have 3 children and 7 grandchildren.

Returning to Australia in 1966 I worked at St Vincent's Hospital Sydney as professorial surgical registrar and passed the FRACS the same year. I had grandiose ideas of an academic surgical career but soon realized that my talents were more suited to clinical operative work than teaching and headed West, starting a surgical practice in Penrith and working as a surgeon at Nepean Hospital from 1967 till 2002 when I retired from the hospital and was made an Emeritus Surgeon.

My special interest was always venous disease and I worked out of Macquarie St, Sydney mainly treating

varicose veins by surgery and injection. For a while I also worked at Sydney Hospital running a Veins Clinic but the load was too great and I had to resign this position.

My academic interests resurfaced and I was heavily involved with the Australian and New Zealand Society of Phlebology, as President for some years and culminating in being the President of the World Congress of Phlebology in Sydney in 1998. Since 2002 I have been doing Medicolegal Work which I enjoy and this is not arduous enough to interfere with my principle sports of golf and snow skiing.



**Michael Dorsen**  
MBBS 1969

Present Position: Senior Staff Neurosurgeon, Legacy Portland Hospitals, Portland, Oregon, USA.

Due to the Vietnam War I was drafted into the service during medical school. Following graduation I interned for a year at Ryde District Hospital and spent the next 4 years as a medical officer in the Royal Australian Air Force. During that time I became interested in aviation physiology and was sent to the USA to attend the USAF Flight Surgeons

Course in San Antonio, Texas. After completing the course I applied for several US neurosurgical training positions before returning to Australia. I was accepted into the programme at Baylor College of Medicine, Houston, Texas where I spent the next 5 years after completing my service commitment in Australia.

For the following 20 years I was in private neurosurgical practice in Austin, Texas where my two sons were born. Nine years ago I moved to the Portland area where I continued in private practice until 4 years ago when I accepted a full-time staff position.

My wife Edith, a business consultant, is a native New Yorker who loves coming to Australia. We enjoy the outdoors and generally divide our time between family, friends, hiking and the beach during our annual visits.

## 1970s

**Bruce Whyte**  
MBBS 1972

Living in Atlanta, Georgia, USA. After residency in Hobart and several years as a family physician in Pontville, Tasmania, I moved to Canberra. I was a family physician for 10 years doing own obstetric deliveries. I moved to Commonwealth Department of Health in 1984 as CMO, then to the Federal AIDS Coordinating Unit in 1985. Established NHMRC Special Unit for Epidemiology and Clinical

Research in 1985 as Medical Administrator and Senior Research Officer. I moved to Atlanta in 1989 after receiving an NHMRC Public Health Traveling Fellowship to work at CDC in the HIV/AIDS section of the Division of Infectious Disease as a Visiting Scientist from 1989 - 1992. Also worked as the CDC designee to the Georgia Department of Human Resources as the State Infectious Disease Epidemiologist until 1994. Appointed Assistant Clinical Professor of Medicine at Mercer University School of Medicine in Macon, Georgia in 1995.

Served on National and State committees for monitoring and reducing the spread of HIV disease, developing national treatment options for HIV related TB cases including MDR TB, was a Member of the Consensus panel, Office of Treatment Improvement, Alcohol, Drug Abuse and Mental Health Administration and on the Georgia TB Task Force and epidemiologist to the Georgia AIDS Task Force. Appointed CEO of Georgia Mountains Health Services in 1994, a community based health center providing care to the uninsured. Since 2003 has had my own business of introducing electronic medical records into ambulatory medical practices throughout the US. Still work as consultant to federal health department as a reviewer of grants and performance review of community health centers. Hobbies include sailing,

gardening, sailing, reading and did I mention it, sailing. For many years I was a US Tennis Association Nationally Certified Official in which capacity I refereed and umpired in Davis Cup, US Open (3 finals including Patrick Rafter's two) and multiple professional tennis tournaments throughout the US.



**Michael Kleerekoper**  
MBBS 1972

In 1974 I left Sydney to complete a two year Fellowship in Endocrinology at Washington University in St. Louis, Missouri, with every intention of returning to Sydney Hospital when my Fellowship was completed. My plans became unstuck when the citizenship rules were changed in 1975!

I was born in Leeds, England and my family migrated to Australia in 1947 when I was 3 years old. My passport was from the UK and up till the time I left for the USA I had full citizenship in Australia. When Gough Whitlam was Prime Minister the rules were changed such that I was no longer an Australian citizen and required a visa to return "home". No problem I thought, and applied to the Australian Consul in Chicago, Illinois





for a visa. I was given a visa valid for 6 months but stamped "employment prohibited"! You can imagine what a shock that was! I got a similar embargo every time I went back to visit family and friends. The closure of the old Sydney Hospital did not make my planned return any easier. Not till many years later was it possible for me to apply for Australian citizenship, by which time I was well settled here.

After more than 25 years in academia, in 2004 I was fortunate to receive a major grant from the NIH under the Small Business Innovative Research (SBIR) program and am now Chief Medical Officer of MicroMRI Inc., a start up medical device company ([www.micromri.com](http://www.micromri.com)). We have subsequently received another SBIR award as well as industry sponsored studies. The company does not have its own clinical facilities and I now find myself in the position of selecting academic partners to carry out the research - an interesting way to make new friends, and disappoint others. I maintain an active clinical practice at St. Joseph Mercy Hospital in Ann Arbor, a non-university teaching hospital, and this too is a major departure from a university environment.

I am hoping to get back to Sydney next year for the 40th reunion of my 1970 graduating class and can't wait to have the date settled so I can make plans.

## 1980s



**Lawrence Tan**  
MBBS 1986

I have been working in Bolivia with a mission organisation, SIM, since 1995. I am involved in training family doctors in their rural and urban training programs around the city of Sucre but also do a fair bit of patient care through itinerant clinics whenever local churches invite me. I really enjoy practicing medicine in an Andean setting and learning from the Bolivian registrars. There are a lot of run-of-the-mill illnesses including Chagas disease, and once in a while something a bit more unusual like Leishmaniasis. What is good about the experience? Getting to know a wide variety of people and helping in a huge diversity of working situations. What is bad? Not really bad once you get used to it, and in fact we miss the excitement and unpredictability of Latin culture whenever we're back in staid Sydney.

**INTERESTS/HOBBIES/  
FAMILY/OTHER PASSIONS:**  
Three daughters and one wife!

## 2000s



**Allison Moore**  
MBBS 2003

Has just returned to Sydney and work as an emergency registrar after six months with Medecins Sans Frontieres in Darfur, Sudan, mainly working with malnourished children and also in women's health. [allimoore@gmail.com](mailto:allimoore@gmail.com)



**William Maina**  
Master of International  
Public Health 2007

Dr William Maina is currently the Head of Division of Non-Communicable Diseases, Ministry of Health, Kenya. He is responsible for implementing tobacco control initiatives for the Kenyan government, and he was leading his country's delegation to that round of negotiations.

## Lopeti Paula Vivili

### Master of International Public Health 2007

Dr Paula Vivili is the Senior Medical Officer of the Tonga Ministry of Health and among other issues, he is responsible for implementing tobacco control initiatives. He recently participated in WHO-WPRO's meeting in Manila, where the purpose was to chart out WHO-WPRO's Regional Action Plan on tobacco control for the next 5 years (2009 - 2013).



**Anna Dean**  
Master of International  
Public Health 2008

After graduating from my MIPH (hons), I undertook an internship at the WHO Regional Office for the Western Pacific in Manila, Philippines. This internship, together with influenza research experience gleaned during my MIPH Honours dissertation, resulted in further work as a consultant for seasonal influenza epidemiology in the Asia-Pacific. I then commenced a one-year assignment in WHO's Vietnam office as an Australian Youth Ambassador for Development. As the only veterinarian within our office, I am responsible for the zoonotic diseases

program for Vietnam. (Zoonotic diseases are those diseases which can be transmitted from animals to humans).

An area in which I have particularly focused is rabies policy development, research, and advocacy. I collaborate with both human health and animal health sectors within the government, promoting the concept of intersectoral collaboration for zoonotic disease prevention and control. The epidemiology and biostatistics subjects of the MIPH have been very useful in my work.



## Other Passions?

*From next issue, Radius will be running regular stories on "other passions". If you have particular interests outside health and medicine, let us know.*

*We will also continue with regular Case Notes, and hope alumni will still keep us up-to-date with news of their career, family and other developments.*

[radiuseditor@med.usyd.edu.au](mailto:radiuseditor@med.usyd.edu.au)

# reunion reports

## 1954 REUNION

This, our 55th year celebration was held at the Royal Sydney Golf Club, a most pleasant venue and one which we hope to access for future reunions. Rodney Clark's good offices in arranging the venue were the subject of a vote of appreciation and a wish for his continuing good health.

72 colleagues gathered to mingle, share memories, catch up with news and swap information about absent friends. The 72 included two from overseas and several from interstate.

Notable was the number who still enjoy active practice.

This year the organising committee decided to invite a guest speaker. Professor Bruce Robinson, Dean of Faculty, University of Sydney, kindly accepted the invitation to speak briefly on his plans for the new medical curriculum. He described the research that underlies the choice of content. He spoke about providing opportunities for students to gain extra skills and experience. Likely opportunities already identified are in medical research, placements in Aboriginal community medical facilities and placements in SE Asian medical facilities. Experiences such as these can significantly broaden a student's knowledge and understanding of medicine and perhaps influence their choice of career paths. He also spoke of the faculty's need for experienced doctors as teachers and left an open invitation for us to consider taking on such a role.

A focus on the region was echoed in the address given by Professor Bill Cumming who has, over the years, successfully established orthopedic training centres

initially one in regional NSW and later in several SE Asian countries.

Professor Howard Duncan, who has spent most of his professional life in the USA spoke about that experience and the current state of medical training.

It is appreciated by all that such an enjoyable event can only happen if people like Brian Shearman take responsibility for bringing it about and making it so successful. He has been taking this responsibility now for 30 years and our year is very grateful to him. We are similarly grateful to Ray Hollings, treasurer, who reads the apologies, provides statistics on all sorts of matters and manages to do so with a touch of humour.

Finally a vote of thanks to the Medical Alumni Association for their most welcome assistance. A gift of \$500.00 will be made to the Medical Alumni Scholarship fund.

*June Raine*

## 1959 REUNION

The University of Sydney Faculty of Medicine Class of 59 reunion was held on Saturday, April 28 in the Great Hall at the University. 133 participants enjoyed an excellent lunch, a welcoming address by the Chancellor Prof Marie Bashir, the medical dean Bruce Robinson, and a presentation by the convener of the meeting Prof Bill McCarthy. 33 colleagues were unable to attend because of illness and other factors. A one-minute silence was held to honour the memory of 39 members of the class who have died since graduation. The organising committee, Bill McCarthy, Stuart Rennick, Jim McLeod, Diarmid McKeown and Nick Packham, ensured maximum

attendance and a smooth progress of the occasion.

Marie Bashir indicated highlighted major contributions by so many of the class of 59 which included 15 recipients of the Order of Australia, 20 departmental heads and many contributions to the development of general practice, specialty organisations and medical research institutions. Bruce Robinson outlined the many changes in the undergraduate and graduate curriculum which have occurred over the last 50 years, thanking those members of the class of 59 who contributed in major ways to these developments. McCarthy highlighted the major roles played by many of the class in community organisations and encouraged continued involvement in important community issues such as climate change. He stressed the importance of applying wisdom and evidence to community issues where belief and unsupported opinion sometimes dominate discussion. He thanked the staff of the Medical Alumni Association, for their excellent assistance in organising and managing the reunion.

Feedback from participants was very positive and it was clear that the occasion was greatly appreciated and enjoyed by those attending. It was suggested that the next reunion should take place in five years rather than 10 years, given the increasing age of the class of 59.

*Bill McCarthy*

## 1969 REUNION

The 1969 graduating year celebrated their persistence over 40 years with a black tie dinner in the Great Hall on Saturday 4th April. The weather was kind,

permitting drinks to be served in the quadrangle, prior to the dinner. 153 guests were seated, of whom 90 were graduates. The event drew people from all over Australia, and there were also four from the USA and one from the UK. There were originally 220 graduates in 1969, but the intervening years have seen 13 deceased. During the dinner, there were speeches from the Dean, Prof Bruce Robinson, and from Assoc. Prof Michael Fearnside. Towards the side of the hall, a PowerPoint presentation played continuously, providing updates on the careers and activities of a number of the graduates. The evening passed happily, and for most, too quickly. There was widespread demand for a return occasion in five years time. The following morning, about 40 diehards attended a scientific conference held in the Holme room. The mood was informal and the contributions were varied and interesting. Altogether a pleasant way to spend a sunny Sunday morning.

*Paul Curtin*

## 1974 REUNION

The graduating year of 1974 met for their 35 year reunion at the Holme Building, Sydney University on March 29 this year. It was the sort of beautifully warm and sunny Autumn afternoon that Sydney does very well. As we assembled for lunch we were served canapes on the verandah which enabled us to soak up the sun a little longer and greet each new arrival with a "you haven't changed one bit" or "I would have recognised you anywhere!" Most of us, in fact, had not seen each other for quite some years as our last formal reunion had been

our 20th. Somehow, our 30th had slipped by unnoticed. Realising our oversight, Jim Wilkinson was determined that we should meet and had already organised a venue and date as well as tracing many of our alumni when, unfortunately, due to ill health he was not able to complete the task. Richard Walsh, Greg Don and Maureen Palmer took up the baton with the help from the Medical Alumni Association. Many of the 135 alumni and partners who gathered had come from interstate and some from overseas such as Sabina Wallach and Derek Raghaven from the States. The informal lunch began with a welcome address by Greg Don. Our after-lunch speaker was Danny Stiel, past Sydney Olympics organiser, who took us for a stroll down memory lane with a quiz on '70's and 80's trivia. It was fun to remember "the way we were" but also sobering to remember those who were no longer with us. Just to remind us of how we looked as idealistic young interns, our year book photos were displayed on a screen to one side of the magnificent mural that decorates the dining room. Some of us, it was agreed, had actually improved with age! Many people commented that, regardless of our various career paths, our families and friends and extra-curricular interests were now the real focus of our lives. Copies of our group photograph taken on the day as well as individual photos over lunch made a great souvenir and many of us exchanged addresses and phone numbers with promises to reconnect soon. We are all looking forward to our next reunion in 5 years time.

*Maureen Palmer*

**1954 REUNION**

1. Dr James Rankin and Dr Ray Hollings.
2. Dr Pat Dearman and Prof Gus Nossal.
3. Dr Peter Wilson and Dr Patricia Mackay.
4. Dr John McKessar, Dr Mark Killingback, Prof Bill Cumming, Dr Stan Koorey.
5. Prof Bruce Robinson and Dr Brian Shearman.



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**1959 REUNION**

1. Jim McLeod (left) Robyn McLeod (far right)
2. L-R: Warren and Robyn Ogborne, Mrs Hobbes, Diane and Michael Pain .
3. L-R: Sue O'Malley and Terry O'Malley .
4. L-R: Renate Turner and Anne Quinn.
5. Gathering in the Quad
6. L-R: Jane McCredie Harvey Wright Lyn Wilson
7. Annette and Farley Thew
8. Jill Madew and David Madew



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reunion reports continued

**1969 REUNION**

1. Enjoying the company
2. Colin Johnston (centre) and Janet Mould (right).
3. Jan Steiner and Susan Pond.
4. David Roxburgh and Anne Roxburgh.
5. Peter and Helen Klineberg (right).
6. Terry Hanson and Gayle McInerney.
7. Altogether again.



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Some people don't need any introduction!  
Unfortunately, we're missing captions for many people in these photos. Apologies to those missed.

**1974 REUNION**

1. L-R Group with (at end) Grant Walker and John Arnold.
2. Richard Walsh and at end Jan Curtin.
3. Julie and Shane Maloney.
4. John and Alexandra Carlyle.
5. Angela Selby, Warwick Selby, Carolyn Rosenberg, Allan Rosenberg and Maureen Palmer.
6. Judie and Andrew Lancaster.
7. Faye Fowler and Greg Don.
8. Richard Redell and Bill Thompson.



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# reunions 2009 - 2010

Does your graduating year have an important anniversary in 2009 and 2010? Let us help you contact your fellow graduates, issue invitations and promote your event. Please contact your alumni reunion manager, Diana Lovegrove, on (02) 9036 3375 or by email at [d.lovegrove@usyd.edu.au](mailto:d.lovegrove@usyd.edu.au).

## 2009

### GRADUATING YEAR OF 1946

When: Friday, 25 September 2009  
Where: Concord Golf Club, Majors Bay Road Concord NSW  
Time: 11am for 12noon  
Cost: \$75  
Contact: Alan Young: [alanyoun@bigpond.com](mailto:alanyoun@bigpond.com)

### GRADUATING YEAR OF 1964

When: 23 - 25 October 2009  
Where: The Great Hall  
Time: 6.30pm  
Cost: \$130  
Contact: [d.lovegrove@usyd.edu.au](mailto:d.lovegrove@usyd.edu.au)

### GRADUATING YEAR OF 1999

When: Saturday, 24 October 2009  
Where: The Anderson Stuart Courtyard  
Time: 5pm  
Cost: TBA  
Contact: [d.lovegrove@usyd.edu.au](mailto:d.lovegrove@usyd.edu.au)

## 2010

### GRADUATING YEAR OF 1990 & 1991

When: Saturday, 20 February 2010  
Where: The Great Hall, University of Sydney  
Time: 6pm  
Cost: TBA  
Contact: [reunion1990@live.com](mailto:reunion1990@live.com)

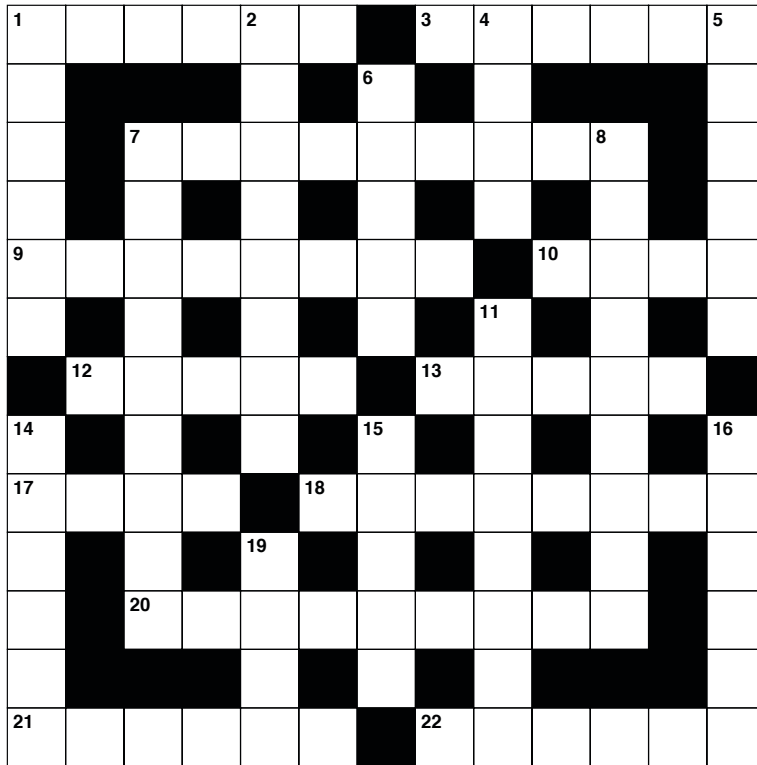
### GRADUATING YEAR OF 1960

When: Saturday, 13 March 2010  
Where: The Great Hall, University of Sydney  
Time: 6pm  
Cost: TBA  
Contact: Ann Sefton & Steve Kovacs via:  
[d.lovegrove@usyd.edu.au](mailto:d.lovegrove@usyd.edu.au)

### GRADUATING YEAR OF 1955

When: Saturday 10 April 2010  
Where: The Royal Sydney Golf Club  
Time: 11.30am  
Cost: TBA  
Contact: John Wight: [rebjohj@netspace.net.au](mailto:rebjohj@netspace.net.au)

# radius prize crossword 6



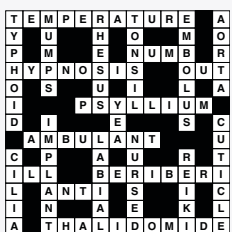
## ACROSS

- 1 Ma's hat had difficulty breathing (6)
- 3 Braise and cook for dog's virus (6)
- 7 Inflamed joints when air thirst satisfied (9)
- 9 Expires round a flutter due to glucose surfeit (8)
- 10 Quarrel without the right causes a fever (4)
- 12 Beheaded vowel with note upsets the gut (5)
- 13 Badge of office or bond (5)
- 17 Notice without extremes is an earful (4)
- 18 In mirage produces a headache (8)
- 20 Would a grand let make you cry? (4,5)
- 21 Read about teeth in the hidden tale (6)
- 22 Symbolize the character (6)

## DOWN

- 1 Difficulty and age highlight the things to do (6)
- 2 The trapped reed moth cared for its offspring (8)
- 4 Facts lacking loud noise are deeds (4)
- 5 We have 5 of these! (6)
- 6 To produce young be red and revolutionary (5)
- 7 'To the body dissector' is the main toast (9)
- 8 It dignifies the indicated amendment (9)
- 11 Does a chemist shop here? (8)
- 14 Portly after time in the circle (6)
- 15 This small insect has a midget parent (5)
- 16 Elaine Page song on recollections (6)
- 19 Facts are found 500 at a time (4)

### RADIUS AUTUMN SOLUTION



The first correct alumni entry received will win a Faculty history book. The winner's name and the solution will be published in our next issue. **SPECIAL STUDENT PRIZES:** The first three correct student entries will receive a \$15 voucher for Ralph's Café.

Entries to: RADIUS Prize Crossword, Sydney Medical School, Room 204, Edward Ford Building A27, THE UNIVERSITY OF SYDNEY NSW 2006.

Congratulations to our latest winners: Dr Andrew Cree (MBBS 1990), Dr John Spivey (MBBS 1961) and Dr J D Williams (MBBS 1974).

SYDNEY MEDICAL SCHOOL  
EDWARD FORD BUILDING A27  
THE UNIVERSITY OF SYDNEY NSW 2006  
www.medfac.usyd.edu.au

Dean Professor Bruce Robinson  
Deputy Dean Professor David Cook,  
Professor Ben Freedman

### ASSOCIATE DEANS AND HEADS OF SCHOOLS

- Professor Glen Salkeld - School of Public Health
- Professor Michael Field - Northern Clinical School
- Professor Craig Mellis - Central Clinical School
- Professor Chris Murphy - School of Medical Sciences
- Professor Kathryn North - Children's Hospital at Westmead Clinical School
- Professor Michael Peek - Nepean Clinical School
- Professor David Harris - Western Clinical School
- Associate Professor Tony Brown - School of Rural Health
- Professor Robert Lusby - Concord Clinical School

### MEDICAL PROGRAM ASSOCIATE DEANS

- Associate Professor Tessa Ho - Learning & Teaching
- Professor John Mitrofanis - Stage 1 Coordinator
- Professor Michael Frommer - Stage 2 Coordinator
- Associate Professor Chris Dennis - Stage 3 Coordinator

### ASSOCIATE DEANS

- Professor David Burke - Associate Dean (Research)
- Professor David Handelsman - Associate Dean (Research Strategy)
- Associate Professor Graham Mann - Associate Dean (Research Strategy)
- Associate Professor Chris Roberts - Associate Dean (Educational Development)
- Professor Carol Armour - Associate Dean (Career Development)
- Associate Professor Simon Willcock - Associate Dean (Postgraduate Medical Education & Training)
- Professor John Christodoulou - Associate Dean (Postgraduate Studies)
- Associate Professor Brett Hambly - Associate Dean (Postgraduate Student Recruitment)
- Professor Robert Cumming - Associate Dean (Postgraduate Coursework)
- Professor Stewart Dunn - Associate Dean (Admissions)
- Professor Robyn Norton - Associate Dean (Global Health)
- Dr Lyndal Trevena - Associate Dean (International)
- Professor Chris Liddle - Associate Dean (Information Technology)
- Dr Narelle Shadbolt - Associate Dean (Student Support)
- Professor Jim May - Associate Dean (Surgical Sciences)

### FACULTY EXECUTIVE

- Tom Rubin - Executive Officer Faculty of Medicine
- Dominic Curtin - Finance Director Faculties of Health
- Ria Deamer - Manager Faculty of Medicine
- Kay Winton - Director Student Services



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Paul Ruiz, *Untitled Man* (detail), 2007, oil on linen, 15" x 12",  
courtesy of the artist.



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