



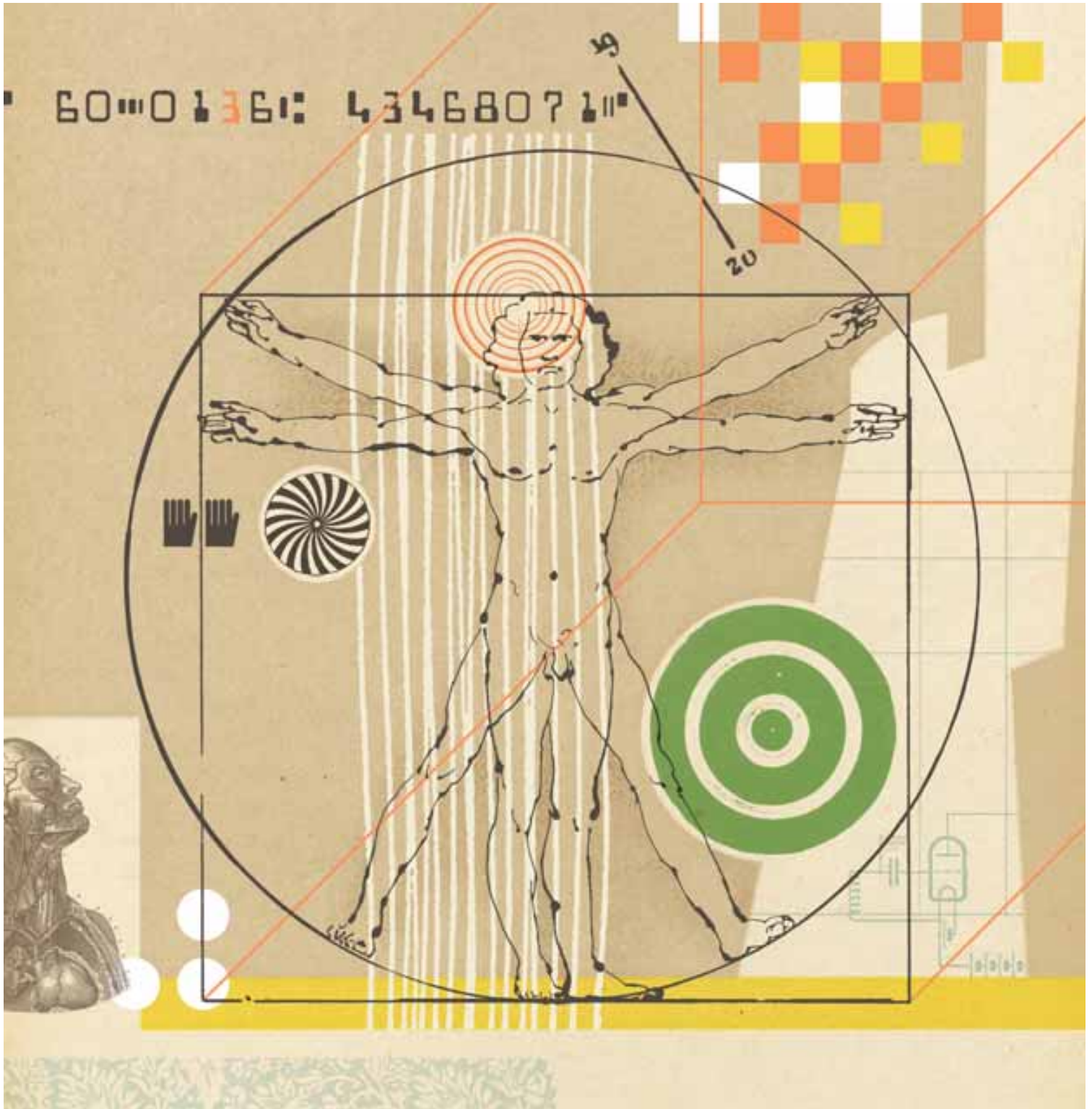
Radius

Newsletter of the University of Sydney Medical Graduates Association
and The Faculty of Medicine

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**The
University
of Sydney**



| A research revolution

| Life as a country GP

| Alumni reunions



Note from the Editorial Committee

Radius is published by the University of Sydney Medical Graduates Association (MGA) and the Faculty of Medicine at the University of Sydney. The publication includes *Medical Scripts*, the occasional newsletter of the Faculty of Medicine.

We aim to make this an interesting publication and encourage your contribution of news items and letters to the editor. We do not object to controversial articles, indeed we welcome them. The true role of a university is to provide a forum for ideas. Please note however, that articles should follow conventional journalistic etiquette.

The opinions expressed in *Radius* are those of the contributors and are not necessarily shared by the University of Sydney.

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Join us at our Medical Milestones Public Lecture Series

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Message from the Dean

Professor Bruce Robinson



A great medical school must do many things: it must educate its graduates to be leaders in medical care delivery; to be researchers of significant medical problems; and to contribute to the local and international community.

The relationship between the Faculty, its students and the community they both serve determines its success.

Our Faculty is large and the breadth and depth of its expertise is truly phenomenal. Our teachers, both paid and unpaid, make important contributions to the lives of our students and the community every day. Our greatest reward is the knowledge that our efforts will contribute to the health of our children and generations to come.

In the last round of NHMRC and Australian Research Council grants Faculty members attracted over \$9 million worth of grants. The true worth of these grants lies not in their dollar value but in the questions they will help to ask and answer and in the opportunities they provide for our young medical and science students to develop skills in analytical thinking. This experience will enable them to become the leading practitioners and researchers of the future.

We should not take this rich environment for granted. The quality of the education we can provide, based on the facilities

built over many years by our predecessors, is unrivalled in this country. It compares very favorably to those available in new medical schools but they envy us and are striving to provide the same for their students.

The Faculty must continue to invest in the people and infrastructure necessary to maintain our preeminent position. Recent investments in people have been handsomely rewarded - many of our recent appointments have been outstandingly successful in acquiring external grants. I am also pleased to acknowledge the recognition by the University of our research success. Its confidence in us is demonstrated by investments in research infrastructure of over \$500 million on the Camperdown campus and in the Northern and Western Clinical Schools.

On a visit to the Rural Clinical School last year I was impressed by its untapped research opportunities and by the need for a mechanism to capitalise on them. Accordingly we have decided to establish a Rural Cohort Study, which will address some of the health issues facing rural Australians. Its focus will be on adolescents and already it has brought together many talented clinical researchers from our other clinical schools. This study will thus have the dual purpose of addressing important research questions in the rural community and facilitating Faculty and student interaction.

I have previously written about the need for our medical

curriculum to be refreshed. The curriculum review led by Emeritus Professors Oates and Goulston has canvassed opinion widely and the concerns expressed have had many common themes. We will need the help of all Faculty to implement the changes that we decide are necessary for the students commencing in 2008. This is an exciting opportunity to teach the curriculum which we feel is appropriate for students at this time. I would urge all of you to look for opportunities to participate in the education of the doctors who will care for us and our children, and to contribute to the local and international community in the best possible way.

Last year we had many celebrations of our 150th anniversary. These have been a great vehicle for re-engaging with alumni. Many have expressed interest in ongoing participation in Faculty and a wonderful way to do this is to become a teacher again in our medical course. I would be delighted to hear from any alumnus who feels that they have something to contribute and will approach some of you whose humility is holding you back! Our students value contact with senior clinicians and researchers as an enriching part of their education.

The selection of students suited for a career in medical practice or medical research is perennial. This year's graduate-entry students have had to succeed in a modified structured interview in addition to having performed well in the GAMSAT and their

first undergraduate degree. Those who gain entry are undoubtedly talented individuals. We also have an entry path for the top school leavers who may undertake combined courses in science-medicine, arts-medicine or music-medicine. In addition, we have cohorts of international students as well as the local bonded rural and indigenous student places mandated by Government. Getting the balance right requires our constant attention and your comments are welcome. The University remains committed to our graduate-entry program and is encouraging similar models in other professional Faculties.

Finally, I am convinced of the need for the University of Sydney Faculty of Medicine and all of the Faculties within the Faculties of Health cluster, to have a strong international profile and to be actively engaged on the world scene. We have a leadership role to play in this regard and the productive partnerships we have with leading universities in Asia, Europe and North America are of enormous benefit to all who participate in them. They enrich the education of our students and have an important role in promoting better understanding of different cultures. In Asia, Faculty links to Vietnam, Cambodia and recently Timor Leste are enabling us to learn from one another and to put our privileged position in perspective. I encourage anyone who is interested in participation in any of these initiatives to make contact as they can be particularly rewarding.

President's Report

Dr Barry Catchlove, Medical Graduates Association



After six years as President of MGA I have decided it is time to step down and give others with fresh ideas an opportunity to take the MGA forward.

It has been an exciting time to be associated with alumni of the Faculty of Medicine. The commitment of the University to actively pursue alumni engagement has created many opportunities. I am particularly proud to have played a part in three areas. Foremost is the student scholarship scheme for which we have raised \$150,000. These scholarships provide financial assistance to medical students experiencing financial hardship.

Second is the close links and support of the Faculty. Not only does the Faculty provide us with administrative support at no cost but the Faculty also contributes editorial expertise and underwrites the production of *Radius*. As a consequence none of the funds raised by the MGA goes towards administrative costs. Professor Andrew Coats, formerly Dean and now Deputy Vice-Chancellor (Community), was instrumental in this change.

The third initiative has been the establishment of closer links with the Medical Society and, through MedSoc, with the University of Sydney Medical Program (USydMP) students. It has been our intention that the transition from student to alumnus should be seamless. While we have made significant progress in building relationships with the medical students we have been less successful in integrating the School of Public Health and other Faculty of Medicine alumni. We often forget that the MGA represents all graduates of the Faculty.

I am pleased to report that, as a result of some discrete lobbying, we have been able to get the University to review its policy on venue charges. In the past many reunion groups have found it cheaper to hold reunions away from the campus. Hopefully that has changed and as a result more groups will be able to enjoy venues such as the Great Hall and the MacLaurin Hall. I would suggest anyone thinking of organising a University related function check with the Alumni Office to ensure they get the best deal.

On a related note, and as part of the 150th celebrations, the MGA and the Faculty hosted a lunch for senior alumni in the Great Hall

in November. It was a great success with over 250 alumni and their guests attending with substantial donations towards our scholarship scheme. With Faculty support I am sure there will be more events of this kind.

At the Faculty level there is much happening. The University of Sydney Medical Program is being reviewed by Kim Oates and Kerry Goulston and opportunity has been provided for alumni to present their ideas. The selection process has also been changed based on local research and also overseas experience. It is a massive logistic task with around 500 interviews conducted in Australia and overseas. I was personally involved in interviewing over 100 local and overseas applicants. Other alumni have also played a major role in the process.

At the broader University level I will be continuing with my role as President of the University's Alumni Council and will hopefully try to represent the interests of medical alumni.

One of my last tasks as President of the MGA will be to host a medical alumni dinner in Dubbo which will be attended by the Governor of NSW and graduate of our Faculty, Professor Marie Bashir. The Central Western NSW Alumni group started last year

and will, I hope, be the forerunner of other regional alumni chapters.

Over the past six years I have received a great deal of support from my fellow MGA Councillors and I wish to thank them publicly. I would like to single out Ann Sefton, Deputy Chancellor, who has been an enormous supporter of the MGA despite many other University responsibilities. Her contribution to the 150th and, in particular to the updated Faculty history, has been outstanding.

At the Faculty level Bruce Robinson as Acting Dean has continued Andrew Coats' enthusiasm for our work and I hope his appointment will be confirmed in the near future. Tom Rubin, the Faculty's Executive Officer, has also been a great supporter. Thanks should also go to Louise Freckelton who coordinates MGA activities with the broader Faculty endeavour and ensures that *Radius* continues to be an excellent alumni magazine and to Diana Lovegrove who supports alumni reunions, the MGA website and arranges all the activities of the MGA.

It has been a privilege and honour to have been the MGA President for these past six years.



A research revolution

Chris Rodley

By harnessing the knowledge of experts from across the campus, Bio³ promises to forge breakthroughs in some of medicine's most exciting frontiers. So how will the ambitious new research model work?

It began over a humble lunch at the cafeteria, where the topic of conversation was the future of medicine. The professors around the table agreed that as the world's population ages, the human body will need to stay healthy and productive for longer. To achieve that, the professors reasoned, medical research would have to take a quantum leap forward by developing a host of artificial organs, replacement tissues and other implants.

Today Sydney University is creating the infrastructure required to make just such a leap forward in research. A joint brainchild of three professors – Richmond Jeremy, Hans Coster

and Tony Weiss – the bold Bio³ initiative will bring talented researchers together from across the University to collaborate on biotech projects that extend the boundaries of medical science.

"It was Professor Graeme Clark, one of Sydney's alumni, who brought the artificial ear to the world. Now we want to do the same for the artificial eye or for new blood vessels to use in coronary bypass grafting," says Professor Andrew Coats, Deputy Vice-Chancellor (Community) and former Dean of Medicine.

But the barriers to creating artificial organs are anything but trivial, explains Professor Jeremy, until recently the Faculty of Medicine's Associate Dean (Infrastructure and Finance) and now acting Pro-Vice Chancellor (Campus Planning).

"Take an artificial kidney. Material compatibility with the body will be one of the first problems you face: the device must not cause inflammation in the body tissue," he says.

"You would need to find a way to prevent the blood from clotting when it flows through the small channels of the kidney. An artificial kidney would also require a microscopic membrane that is responsive to blood chemistry and able to filter out toxins."

Other organs pose equally daunting design challenges – such as creating a power supply to run an implantable artificial heart. "These are all fundamental questions of engineering. We are talking about creating from silicon something that works as a biological system, and that is a very exciting physico-chemical challenge," says Jeremy.

To tackle such problems, the architects of Bio³ realised they had to bring together engineers, physicists, mathematicians and chemists – and find a way for them to collaborate with experts in biological systems.

"Where universities have historically been structured into separate categories, we are trying to be holistic," says Tony

Weiss, Professor of Biochemistry and Molecular Biotechnology. "The Faculties of Science, Medicine and Engineering have all been performing extremely well by a wide range of tests. What we have been lacking is a way of substantially promoting interaction between them."

New frontiers

Bio³ will also house research in the emerging field of tissue engineering, where adult tissue precursor cells are controlled in culture and grown into new tissues such as heart muscles or even whole organs to replace the patient's damaged tissues.

Providing the blueprint for an organ's internal architecture is another very complex challenge, says Jeremy. But a multidisciplinary research model would make it possible to explore a number of exciting possibilities: cell signalling molecules or hormones might be used to control the differentiation of cells, while carbon nano-tubes might

A research revolution



“Our mission is to create an exciting environment that promotes interaction and critical thinking, encouraging staff from different fields to bounce ideas off each other.”

provide scaffolds over which cells can grow.

Medical nanotechnology is another frontier science that Bio³ will be exploring. Injected into the bloodstream, the sub-microscopic nanomachines could offer a revolutionary new way of targeting drugs to specific parts of the body such as tumours.

“One of the first challenges of nanotechnology is making nanomachines that are biocompatible: protein-based substances that can be dealt with by the body. This will obviously require expertise in nanotechnology, but also in organic chemistry, biology and medicine. None of those things can be done by any one group alone, which is why Bio³ is so important,” says Professor Jeremy.

The Bio³ model

Multidisciplinary research is on the rise across the globe as academics discover fertile possibilities that arise from breaking down silos between subjects. But while many universities are encouraging such collaboration, what makes Bio³ unique is its project-based model that is focused on achieving tangible results.



Image: ALITS Architecture

“Around the world there are big players investing millions in molecular biology and biotechnology. But no other large university that we are aware of is putting its research strengths together on specific projects,” says Andrew Coats. “Instead of just growing individual disciplines and making them as big as possible, we are taking the opposite approach. We are taking the end products and asking: what disciplines do we need?”

The focus on projects means that Bio³ will house its staff for specific periods of time: it has been described as a “research hotel”. Many researchers will use the facilities for the duration of their project and then return to their home base.

Richmond Jeremy points out that such project driven research has been shown to be effective in promoting innovation. “Fellows at Harvard can be

appointed to a multidisciplinary facility for five years, in which time they either make headway or move on elsewhere. In the same way, we will be encouraging talented investigators to come to Bio³ and use their time here to make their mark in these collaborative projects.”

Research staff with wide ranging experience will be sourced both locally and from around the globe. Leading researchers in new fields such as tissue engineering will be recruited to establish a core of fundamental expertise. Meanwhile, promising young PhD students interested in cutting-edge areas of medicine will be encouraged to join the program.

A permanent new headquarters will provide a state-of-the-art space for researchers to work together (see article at right). The building will house an impressive array of laboratories

and tools, from tissue culture rooms and clean rooms for nanotechnology research to testing equipment for bio-engineering devices.

“People are drawn to where there are first class facilities, so that these laboratories will be a drawcard in themselves,” says Andrew Coats.

Commercial partnerships

Working with industry is a vital part of the Bio³ vision for which Richmond Jeremy is unapologetic. “Australia’s future depends on keeping everybody healthy. To do that, we can buy medical devices from outside the country at great cost or we can develop new industries here at home with commercial partners,” he says.

Tony Weiss makes a similar point, saying that Bio³ is an important part of the University’s

plans to benefit the wider community. "Bio³ gives us the opportunity to generate a plethora of inventions that are focused on improving the health of people. With a future Technology Transfer Office as part of Bio³ we want to engage the business community to commercialise Bio³'s patented discoveries," he says.

A typical Bio³ project might develop a new technology – say a membrane that does not clot – which could be sent out to an industry partner for commercial development. It would return to the University for clinical trials and testing and then be sent back to the company to be launched as a product. Bio³ would retain the intellectual property rights over the technology, offering the potential for significant returns.

The venture will also act as a kind of brains-for-hire to government and industry, solving advanced bioscience or industrial development problems. In time, it is hoped that Bio³ will raise at least enough revenue to cover its own annual operating budget of around \$20 to \$30 million.

Such an idea does not represent a major philosophical shift for the University, according to Jeremy, who points out that many scientists currently perform consultancies for government or industry. Also, while commercial participation will be important to the initiative, many projects are expected to be 100% internal to the University, funded through grants or philanthropic gifts.

Among Sydney's health and life sciences community there is now a keen sense of anticipation about Bio³, which is scheduled to be launched formally in 2007. The scheme is likely to be fully operational by 2012.

"This a key plank of how the University is contributing to the community in the 21st century," says Jeremy. "It is unbelievably exciting."



Images: ALTIS Architecture

Top: View from Royal Prince Alfred Hospital

Above: View from Parramatta Road

Designing to inspire

Researchers are increasingly turning to architects to provide designs that encourage creative, left-field ideas – and the Bio³ facility will be no exception. The Bio³ facility will be part of a major new University biomedical research building scheduled to commence construction in 2008.

The new building of some 60,000m² will provide cutting-edge biomedical research laboratories. The concept design team for the building toured leading research facilities in North America, Europe and the UK to gain an awareness of the latest trends in academic architecture.

"Our mission is to create an exciting environment that promotes interaction and critical thinking, encouraging staff from different fields to bounce ideas off each other," says Professor Richmond Jeremy.

Inspiration came from some unusual places. At Princeton, for example, the design team viewed the Frank Gehry-designed sculpture housed in the Lewis-Sigler Institute for Integrative Genomics. Taking the shape of an armadillo, the 12 metre long lead shell is not only an architectural focal point but provides a unique space for brainstorming, with swivel chairs arranged around a conference table inside the armadillo's back.

While giant animals might not be on the cards for Bio³, Jeremy says the team is determined to achieve the 'wow factor' with the new facility. "It will have an iconic, modern design. But at the same time, it will complement the University's historic sandstone icons," he says.

For ways to balance traditional stone with modern materials such as glass, the team looked to examples of public buildings like the National Museum in Washington designed by I M Pei.

"What we are creating will be a real addition to the architectural collection of the University and of lasting benefit to the institution. This will be a building that in 100 years time people will still say is fantastic," adds Richmond Jeremy.

A call to reason

Chris Rodley

To many of us, cancer screening seems intuitively to be a good idea. It is often championed by doctors and has won widespread support across the community – one survey in the US found that 74% of people believe screening saves lives most or all of the time.

Enter Associate Professor Alex Barratt, an epidemiologist based at the Screening and Test Evaluation Program (STEP) at the Faculty of Medicine's School of Public Health. Barratt's work reveals that the question of whether to screen may not be quite so clear-cut after all and she is now calling for a more balanced approach to the issue.

"Within the health professions and the wider community we often tend to focus on the pros and are not very aware of the cons and health professionals are not really aware of the downsides of screening," she says. "We need to have good quality evidence about both the pros and cons rather than just assuming it will always be a good thing."

In her study published in the *British Medical Journal*, Barratt investigated the effects of breast cancer screening on Australian women and tabulated her results in the form of numeric estimates for various age groups. "The aim was to do a better job of saying to people: this is what you can expect to gain and these are the downsides," she explains.

Her figures reveal that screening was most effective for women aged 60, where for every 1000 women who were screened

there were three fewer deaths from breast cancer over 10 years compared with women who declined the procedure. For women aged 40, screening prevented 0.5 deaths per 1000 women over 10 years.

But Barratt also found that those small yet significant gains need to be weighed against a number of potential drawbacks. When they are taken into account, the question of whether to screen could turn out to be relatively evenly balanced.

One downside of screening is the inconvenience of regular testing. There is also the risk of significant anxiety generated by false positive results, which can be prolonged because of the increasingly invasive procedures undertaken to determine whether cancer is actually present.

Another factor that needs to be taken into account is the impact of treating inconsequential disease. "We are only just discovering the possibility that screening might find cancers that, if left undetected, would never cause any symptoms.

Our tests are getting so good that we can detect very small abnormalities that, in years gone by, we would never have known about. It is a case of the harder

you look, the more cancer you find."

For example, there has been a five or six-fold increase in the rate of ductal carcinoma in situ (DCIS) since breast cancer screening began. DCIS is a non-invasive form of cancer that can become invasive but will often remain innocuous in the body; in fact post-mortem studies suggests that as many as four in every 10 middle-aged women show evidence of DCIS if their breasts are examined closely enough by pathologists. Because we cannot tell which of the DCIS found by mammography screening will become invasive, treatment such as surgery is offered to every woman diagnosed with DCIS. The problem is that cancer treatments such as surgery and chemotherapy can bring with them serious side effects and occasionally even death.

In some forms of cancer there can also be dangers associated with invasive follow-up procedures, such as the colonoscopy offered to those recording positive results on faecal occult blood tests. According to overseas figures, five in every 1000 people undergoing a colonoscopy can suffer bleeding or perforation and five in every 100,000 can die.



Barratt is not opposed to screening and she is quick to acknowledge that screening for some cancers – including breast, cervical and bowel cancers – can save lives. Her point is that the decision to screen can sometimes be a gamble with only a small chance of benefit and while some patients will be happy to take that gamble, clinicians should provide women with the information to make the choice themselves in line with their own personal preferences.

“[W]hether people perceive [the] benefit outweighs the inconvenience, anxiety and physical risks is a value

“While increasing numbers of Australian doctors are aware of evidence-based medicine and would like to practise it... there are substantial barriers standing in their way.”

judgment,” she wrote in *Australian Family Physician*. “People can and do come to different conclusions, all of which can be valid and rational. Therefore, as a minimum, we should give patients balanced and accurate information about both sides of the story.”

To begin to address the issue, Barratt and her team at STEP have created decision aids for both 40 and 70-year-old women considering whether to undertake mammography. The decision aids are information kits designed to assist patients to decide on screening according to their own values. So far, the

feedback on the decision aids suggests that they are a success, with women reporting the information is both useful and balanced.

Using the evidence

Alex Barratt’s work on screening is part of a wider endeavour that aims to encourage the health professions to make better decisions by using the research evidence. One of her first responsibilities at the University of Sydney was to develop the evidence-based medicine curriculum for the Medical Program, drawing on her more than seven years’ experience

A rationalist viewpoint

One of the things that makes Alex Barratt unusual as an academic is that she articulates her ideas in a range of media: not only through scholarly papers and information for patients and doctors but also by communicating with the wider public.

Wearing her other hat as a radio presenter and producer on ABC Radio National, Barratt produced a

documentary on cancer screening for the Health Report that won the 2006 Pfizer Australia Eureka Prize for Health and Medical Research Journalism. More recently, she produced a series which canvassed the topic of evidence-based medicine in depth.

Barratt – who once worked as a journalist at the *Sydney Morning Herald* – says she enjoys the chance to write in

different formats and likes the challenges of making complex information accessible to a wider audience.

However, her real passion is not for the medium but the message she is communicating. A passionate advocate for what she calls a “rationalist view of the world”, Barratt says that scientific enquiry has a vital role to play in our society.

“By incorporating good quality

evidence, we can make better decisions across a whole range of fields, and I think that would make the world a better place. It happens that the area I work in is health but it applies across all kinds of decision-making. Whether you want to choose between nuclear energy and coal or decide whether you want root canal therapy, you need a rational, evidence-based approach to thinking.”



“It is a case of the harder you look, the more cancer you find.”

developing resources with the University’s evidence-based medicine working group.

Evidence-based medicine is a worldwide movement that advocates the use of best clinical evidence supported by the medical literature when making decisions about patients. Since the concept first appeared in academic literature in the early 1990s, there have been a number of studies which have highlighted the importance of practising according to the evidence as opposed to basing treatment decisions on biological principles alone.

Barratt points to the high profile trial of arthroscopic surgery as a treatment for osteoarthritis of the knee, reported in the *New England Journal of Medicine* in 2002. The study, which used a placebo group that was offered sham surgery, revealed that this relatively common procedure in fact had no clinical value whatsoever. Research suggests that failure to use the evidence in treatment decisions is a major health issue: a US study found that as many as half of all patients do not receive the treatment they should according to the evidence.

While increasing numbers of Australian doctors are aware of

evidence-based medicine and would like to practise it, Barratt says that there are substantial barriers standing in their way. “One of those barriers is getting the evidence into a form that is easily accessible for doctors at their workplace, which means we need to utilise the latest technology to get results of trials to doctors quickly.”

There are signs this is starting to happen: the Cochrane Library, an online evidence-based medicine database, is currently being made available to doctors by the Federal Government. But Barratt says the system is still far from user-friendly. “We have to make it a whole lot easier for doctors to bring up [data] on their computer screens and discuss it with their patients.”

Other obstacles also stand in the way of practising evidence-based medicine. It can be difficult to apply the results of a trial to a specific patient, as well as time-consuming to explain to patients what the evidence is and ask what their personal preferences are. Barratt suggests that a culture shift may need to occur that would see both doctors and patients adopting new skills and modes of interacting.

“It may be that the consultations

of the future are going to be much more like seeing your accountant,” she says. “You may be gathering a whole lot of information first then going to your doctor to discuss it. Or the doctor may give you a lot of information, and you will go and do your homework between consultations.”

Better information tools will be vital if a culture shift is to take place, which explains Barratt’s focus on creating decision aids with the team at STEP. As well as the breast cancer screening kits, she worked in a team that developed a decision aid for women and their doctors about whether to take hormone replacement therapy. The decision aid employs evidence from the controversial Women’s Health Initiative trial published in 2002 and is published by the NHMRC.

Finally, successful evidence-based medicine also requires more primary data to draw on in the first place. Currently, only around 10% of the NHMRC budget goes on randomised clinical trials – research which Barratt argues is extremely important. “Very large amounts of research money go into drug trials because many of them are funded by the pharmaceutical industry but they are not

necessarily addressing the questions that patients and their doctors want addressed,” she says. “The research suggests that what patients and their doctors want is more trials that test whether particular physical treatments work, and how effective certain operations are.”

Barratt herself is now involved in organising a randomised trial to find out whether recreational athletes actually need to stretch before and after physical exercise. While the benefits of stretching before sport might seem obvious, there have only been two trials conducted on the practice and both have found that it does not reduce injuries. “This is a very basic question of interest to the public but it is something about which we currently do not have good evidence.”

Associate Professor Alexandra Barratt is Associate Professor of Epidemiology and Evidence Based Health Care, School of Public Health

The decision aid mentioned in this article is

**Making Decisions:
Should I use hormone
replacement therapy?
(HRT)**

[www.nhmrc.gov.au/
publications/synopses/
wh35syn.htm](http://www.nhmrc.gov.au/publications/synopses/wh35syn.htm)



The Andhra Pradesh Rural Health Initiative, India, data collection.



Monitoring blood pressure in rural Andhra Pradesh.



Children of Briar Road Public School, Airs (South-west Sydney) at the launch of the Safe Koori Kids program.



Tackling chronic diseases across the globe, by George, it's a big task!

Last year, more than 58 million people died due to a chronic disease. Stroke, heart and kidney disease, diabetes and hypertension have fast become issues of the developing world and according to a Sydney-based research institute, a 2% reduction in chronic disease each year for the next decade could save 30 million lives in low and middle income countries.

Over the last eight years, The George Institute for International Health has undertaken high-impact research in order to deliver the greatest improvement in health outcomes where it is most urgently needed, such as Asia and in Indigenous and ethnic populations in Australia. An international leader in clinical trials, population health research, health policy and capacity building, The George Institute, or 'the George', is taking a stand against the seemingly irrepressible rise of chronic disease.

China

In tackling the rise in chronic disease and injury rates, China is an obvious target for the George's research, given its enormous population and health challenges. Since 2004, the George has worked closely with Chinese collaborators to conduct research in the areas of stroke, cardiovascular disease, diabetes and also road injuries. In 2006, the George Institute China was formally established, as one of the leading organisations conducting international health policy and practice in China. Policy development is a big part of their work, to ensure that community and clinical practices are best possible practice.

The George recently announced results of a dietary intervention: a specially formulated salt substitute has significantly reduced blood pressure among villagers in northern, rural China, where salt consumption is extremely high and hypertension is chronic. This simple approach offers a new, low-cost strategy for the prevention of stroke and other cardiovascular diseases, with particular benefit for poor rural areas.

Among the 600 individuals studied in rural Northern China, the low-sodium, high-potassium salt substitute demonstrated that it could reduce blood pressure to about the same level as single drug therapy. It is likely that a population-wide switch to salt substitute in rural China would prevent many hundreds of thousands of serious vascular events each year.

India

In 2006, the George published research outcomes that revealed chronic disease is India's number one killer. The alarming rise in mortality from diabetes and hypertension in both rural and metropolitan villages has been the driver behind the establishment of The George Institute, India in Hyderabad last year. It facilitates the delivery of a more focused effort to elicit better health outcomes for a massive population, particularly in rural India.

Since 2003, The George has worked in collaboration with leading health experts in India to evaluate the impact of chronic disease on the community. The goal of this collaboration, known as the Andhra Pradesh Rural Health Initiative (APRHI), is to improve the health status, prevent and manage non-communicable disease, prevent premature death, and enhance access to health services for the rural population.

Thinking global, acting local

While the George is recognised internationally for undertaking high quality research across a broad health landscape, the Institute also makes Australian community health issues a major priority.

The George maintains an intense focus on road injury, particularly in young driver safety, driver distraction, heavy vehicle safety and motorcycle helmet use, with its researchers often cited in the media. Research into Indigenous injury is also a focus and an intervention is currently being conducted at a South West Sydney primary school, in collaboration with University of Sydney's Yoorang Goorang School of Indigenous Health Studies, to reduce the rate of injury among indigenous youths.

George researchers are also asking why indigenous people who suffer chronic disease are not accessing the benefits of improved health systems experienced by other Australians. This particular study also addresses the high rates of heart and kidney disease faced by Indigenous Australians.

Mental health, ageing, healthcare access, clinical practice in Australian hospitals and health policy development are also on the George's agenda. In order to tackle such a breadth of health issues, the George works with a number of key partners locally, including senior doctors, Indigenous community leaders, health researchers, policy makers, health workers, patients and communities.



Exciting times ahead

Over the past two decades, Professor Jennifer Gamble has helped transform our understanding of how blood vessels work.

As Head of Vascular Biology at Adelaide's Hanson Institute, a research unit within the Institute of Medical and Veterinary Science, Professor Gamble has shed light on the function of endothelial cells (the layer of cells that line blood vessels) and the critical role they can play in disease.

Now the University of Sydney is set to benefit from the researcher's global reputation as she takes up the new position of Chair of Vascular Biology at the Centenary Institute of Cancer Medicine and Cell Biology. Her work is being funded by a major grant from the University's Medical Foundation amounting to \$900,000 over the next five years.

The move comes at a pivotal time for Professor Gamble, whose work on endothelial cell function offers the prospect of exciting breakthroughs in the treatment of both heart disease and cancer.

One promising avenue of

research is her work on blood vessel permeability or 'leakiness' – an area of vascular dysfunction that is still little understood. Blood vessels are usually impermeable, but during infarctions they become extremely leaky, setting off a chain reaction that can have fatal consequences.

"If we can find a drug to reverse the process, making the blood vessel non-permeable, we could stop some of that initial damage and so prevent the damaging consequences," she explains.

Together with her Adelaide team, Professor Gamble has been successful in identifying a new molecular target involved in permeability. She is now in the process of finding inhibitors to direct against that molecule, which if successful would be the first drug of its kind to specifically target blood vessel permeability. It could potentially offer a major new weapon in the fight against cardiovascular disease which currently claims the lives of more than 1 in 3 Australians.

Another complex question that has continued to baffle researchers is how endothelial cells are made from their stem cells or progenitor cells. By

understanding the mechanisms by which blood vessels are formed, Professor Gamble says it may be possible to synthesise new endothelial cells to implant into damaged blood vessels – a ground-breaking procedure that could also have important ramifications for the treatment of heart disease.

"If you have a damaged blood vessel you want to get it quickly covered with a good layer of endothelial cells that function normally," she says. "If we can understand how to make new cells then it may be possible to 'seed' them: implant them into a damaged site, give them the right environment, and then let them divide and differentiate into endothelial cells."

After her long stint in Adelaide, Professor Gamble says she is enthusiastic about working in a new academic environment and



is looking forward to gathering a strong team of research students around her. She will also be seeking to forge links across the campus with bodies such as the Heart Research Institute and the NSW Cancer Centre.

"I want to establish a critical mass of research in this area and I'll be looking to collaborate with researchers from different areas of expertise – not only vascular biologists. There is a large pool of world-renowned scientists here at Sydney which offers the exciting potential to create something new," she says.

Professor Gamble is being joined at Sydney by Professor Mathew Vadas and Associate Professor Pu Xia, both former colleagues who are also relocating from Adelaide. Professor Vadas is taking up the reins of the Centenary Institute as Executive Director.

The Medical Foundation provides around \$3m each year in grant funding, support for academic chairs, fellowships and PhD scholarships.

Current major grant recipients are:

Professor Bruce Armstrong	(2002-2007)	Cancer genes, environment and behaviour
Professor Adrian Bauman	(2004-2008)	Physical activity and health
Dr Alexandra Sharland	(2004-2008)	Improving the outcomes for patients with end-stage organ failure
Professor Simon Hawke	(2005-2009)	Research into neurodegenerative diseases
Professor Juergen Reichardt	(2005-2009)	Molecular genetics of common human diseases
Professor Kathryn North	(2004-2008)	Development of therapies for children affected by neuromuscular disorders
Professor Jürgen Götz	(2005-2007)	Functional genomics and neurodegenerative disorders
Professor Jennifer Gamble	(2007-2011)	Research into vascular biology
Professor Roland Stocker	(2007-2009)	Heart and vascular research

Academic Chairs funded by the Medical Foundation

Douglas Burrows Chair of Paediatrics and Child Health – currently held by Professor Kathryn North
Robert W Storr Chair of Hepatic Medicine – currently held by Professor Jacob George

Fellowship funded by the Medical Foundation

Meniere’s Research Fellowship
Awarded to Daniel Brown 2007-2009 for research into the causes of Meniere’s Disease

Medical Foundation PhD scholarships

The Medical Foundation Scholarship
Awarded to Reena Fotedar 2006-2008 and Jason Coombes 2007-2009

Faculty of Medicine Scholarships two fully funded by the Medical Foundation
Awarded to Kristy Rose and Hyunchul Lee 2007-2009

The Blues and Foundation/Medical Foundation Scholarship
Awarded to Hussein Mansour 2006-2008 for research into Alzheimer’s disease

The Roly Dunlop Scholarship
For neurological research embracing neurological impairment and associated conditions such as epilepsy and rehabilitation

Myee Codrington Scholarship in Microsurgery
Supports research into the advancement of the use of microsurgery in clinical medicine

In addition the Medical Foundation is currently raising funds to support a new Chair of Adolescent Medicine.

For further information on the Medical Foundation contact

Ms Wendy Marceau

Ph: 02 9351 7315

Email: wmarceau@med.usyd.edu.au

Web: www.medicalfoundation.usyd.edu.au

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 **The Medical Foundation**
The University of Sydney

Life as a Country GP

Patrick Giltrap

Which of you, having an ass or an ox that has fallen into a pit, will not immediately pull him out?



What is so different about life as a country GP? One aspect is home visits. In particular I have developed an interest in palliative care, care of the dying and the concept of 'a good death'. There is an ideal set up in a small country hospital where family and nurses can share in the care of the dying. I get requests from patients who wish to die at home and this is relatively easy to manage if they live in town. Long acting opioids, syringe drivers, subcutaneous needles all make pain management more effective. However, if the patient lives out of town more imagination and lateral thinking are required. A few years ago I had a request from a woman in her 60s who lived 70 kilometres away – drive 50 kilometres north to Tooraweenah, turn east towards Gulargambone, over the Ullamugullah creek for another 20 kilometres. She wished to die at home. I said, "Ok we will give it a go", and we loaded up the hospital truck with the bed, oxygen concentrator and all the paraphernalia with the help of friends and family, teaching them to give subcutaneous injections. This lady died at home – peacefully – 'a good death'. I used to visit two, sometimes three times a week, a 140km round trip.

14: Radius March 2007

Some of you will be familiar with the words, "I was sick and you visited me". On my part, it involved time but the real problem were the forces of nature. In the country you are said to be close to nature, sometimes too close for comfort. You have to contend with wildlife on the road – kangaroos, the odd sheep or cow that has jumped the fence and got into the long paddock, suicidally depressed rabbits that throw themselves at you. Even echidnas that, despite every effort to avoid, puncture the tyres with their spines.

However, the time I was visiting this lady we had a locust plague and I had a brand new car with less than 1000km on the clock. The locusts were in swarms of biblical proportions and my car ended up plastered in cakes of sticky locusts – very difficult to clean off. Hopeless task because, despite cleaning, you knew that in a few days the car would be plastered again.

The one plague that was bigger was the mice. This occurred in 1984, one year after I had come to Gilgandra and just after I moved into my new house. My rural pathway was very nearly cut short. For once I sympathise with the Egyptians in the book of Exodus.

People talk about the romance of the country. Henry Lawson or Banjo Patterson – I never can remember which – spoke of, "the vision splendid of the sunlit plains extended and at night the wondrous glory of the everlasting stars" and Dorothea McKellar, of her love of "a sunburnt country, of drought and flooding rains". I was prepared for that – 1998 was a soggy year followed by mosquitoes and Ross River fever but nothing prepared me for the mice!

Maybe it was revenge for those horrid little experiments we did in pharmacology, feeding mice with charcoal, injecting them with opioids, killing them (I will never say how as juveniles might read this), cutting them open to measure how far the charcoal had moved down the intestines. I remember Helen Jagger rescuing one by sneaking it into her lab coat pocket and smuggling it out of the lab. Well that mouse's descendants scaled the Great Dividing Range and returned with a vengeance.

They got everywhere – into the ceilings, into the walls. It is said that if there is a possum on the roof, it sounds as if it is in the ceiling and, if there is a possum in the ceiling, it sounds as if it is in bed with you.

Well, the mice were in bed with you. The final insult was to wake up one morning to find mouse droppings on the pillow next to your head. It made you reach for the Serepax – only to find that the mice had got there first and eaten the Serepax as well.

Killing mice – this dominated life. There were school competitions to invent better mousetraps. They ate the cheese without springing the trap. We melted cheese on, we tied cheese on, used peanut butter. The mice ate Ratsack for breakfast, dinner, lunch and tea.

Everything smelt of naphthalene and moth balls – even the food had a flavour of moth balls. We used steel-wool to block every crack or vent. I spent a large sum of money buying a beeper that supposedly emitted a high-pitched beep to deter mice – all it did was interfere with the TV signal, and I swear I could see mice running across the TV picture.

One day, feeling in a Mendelian frame of mind, I planted some sweet peas and, like all good gardeners, sprinkled some snail bait around. Next morning I got up to inspect my seedlings to find dead mice in the flower bed. Eureka! Stone dead. They had not even got out of the flower bed. Instant death!

I rushed to find the packet – anticholinesterase. However, there was one drawback – death was so instantaneous. If there is one thing worse than a mouse in the house it is a dead mouse in the house. If one dies behind a cupboard or skirting board the smell is unimaginable. No amount of perfume or unguents will rid the house of the smell. So snail bait was strictly for outdoors only.

So I plotted a plan. I rushed down to the local IGA store and bought up all the snail bait to be had, smiling at the girl at the checkout as I staggered out under the carton loads of snail bait, weakly, saying, “I have a bit of a snail problem”. I proceeded to sprinkle a magic circle of snail bait around the house. Finally I had a levy bank of snail bait to protect me from the flood of mice – at least I was safe!

One day, feeling in a Mendelian frame of mind, I planted some sweet peas and, like all good gardeners, sprinkled some snail bait around.

Next morning I got up to inspect my seedlings to find bed dead in the flower bed. Eureka! Stone dead.

This worked so well it left me with bucketloads of dead mice – indeed wheel barrow loads. I had to dig mass graves down in the forest at the end of my garden. I only hope a passing satellite doesn't take photos as it will reveal mysterious areas of disturbed earth.

This continued till the frosts came in June and the mice disappeared. Local sages say a mouse plague occurs every eleven years, others say every seventeen years – we are long overdue – but I am well prepared. I have hoarded snail bait in my shed and I can repeat my experiment. I shall publish the results in some learned Journal such as 'Mouse and Garden'.

Two phenomena that bear mentioning occur. One is a super mouse immune to anti cholinesterase sometimes looms

in my dreams at night. The other is that some stag horn beetles were feasting on my stockpile of snail bait when last I checked it – but that is another story.

To return to my original quote “Which of you, having an ass or ox that has fallen into the pit, will not immediately pull him out?” This morning I went for a walk to get inspiration for this talk. Down at the creek, I found a cow stuck in the mud up to her belly. So, while some of you were out treading the wine trail, I was chasing up farmers to drag the cow out with ropes and four wheel drives. Otherwise we might have been eating her tonight.

This talk was given at the 30th Reunion of the 1976 graduates of the MBBS held on 6th May 2006 and reproduced here with permission.



Senior Alumni Celebrate 150 years

On 13th November 2006, 255 of our senior alumni and their guests were hosted by the Faculty of Medicine and the MGA at a lunch in the Great Hall celebrating the Faculty's 150th anniversary.

150



The University of Sydney

Faculty of Medicine
1858-2006
Ambition
Inspired by
Achievement





6

1. The Great Hall provided the perfect venue for the lunch
2. Behind the scenes
3. Dr John Cashman and Dr James Price
4. One of our waiters
5. Emeritus Professor Thomas Taylor, Dr James Wright and Mrs Thelma Wright
6. Friends from the class of 1955
7. Catching up over a year book
8. Medical student, Ms Lisa Daniels entertains the guests
9. Deputy Vice-Chancellor (Community) and former Dean of the Faculty Professor Andrew Coats with guests
10. The Great Hall former exam site, now with happier memories



7



8



9



10

Faculty News

Updating you on activities within the Faculty of Medicine



Professor Nick Hunt, who was instrumental in encouraging Georges to come to Sydney.

For further information see: www.bosch.org.au/research

Professor Lalit Dandona (left) swells our expertise in International Public Health. He has most recently served as Professor and Director, Centre for Human Development, Administrative Staff College of India. His past affiliations are with the Johns Hopkins University and the University of Maryland in USA. He undertook medical training at the All India Institute of Medical Sciences, Johns Hopkins and Maryland Universities, and public health training at the Johns Hopkins Bloomberg School of Public Health.

Professor Dandona has over 100 publications, including in *The Lancet*, and serves on the editorial boards of six journals. His teams have conducted extensive research in developing country settings. His most recent research interests include HIV and impact evaluation of public health interventions. Professor Dandona has taught policy makers and planners, public health practitioners, students, and researchers. He also serves as a technical expert for governments, international committees and agencies and has received several professional honours.

acute respiratory distress syndrome and multiple sclerosis.

Professor Grau and his Sydney team will aim to advance the understanding of the fine machinery of inflammatory reactions. Using brain-derived endothelium, he will model diseases such as cerebral malaria, multiple sclerosis or viral encephalitis whilst lung-derived cells will allow the study of adult respiratory distress syndrome, asthma and other pulmonary illnesses.

To complement functional studies, he will also implement the latest imaging technology to visualise the diverse players involved in inflammation.

The Faculty is delighted to now have Professor Grau with us in Sydney. He is based at the Medical Foundation Building in the newly built laboratories adjacent to those of long-standing friend and colleague,

New Appointments

The Faculty of Medicine continues to attract and recruit world-class researchers from across the globe. Here we profile three of our most recent appointments.

Professor Georges Grau (above) a renowned expert in cerebral malaria has been appointed Professor of Vascular Immunology in the School of Medical Sciences at the University of Sydney.

Professor Grau began medical research with a desire to understand the fundamental mechanisms of disease in general, with a particular interest in immunopathology. In the late 70s, at the University of Geneva and under the guidance of his mentor Professor Paul-Henri Lambert, he developed experimental models to explore the fine details of disease mechanisms at the cellular and

molecular levels. His first area of specific interest was the mechanisms that lead to thrombocytopenia, using a leukaemia retrovirus infection model. In 1985 his research expanded to include exploration of the fundamental mechanisms of inflammation, tissue injury and repair. As a paradigm of endothelial-centred inflammation, Professor Grau chose to work on cerebral malaria and with this work he described the role of cytokines and of cellular interactions in the microvascular pathology of this syndrome. More recently, he has developed these paradigms to explore the parameters of other pathological conditions, such as septic shock,



Associate Professor

Michael Dibley (right) also joins the International Public Health team in the School of Public Health.

Until recently, Professor Dibley held a senior lectureship in epidemiology at the University of Newcastle. Previous appointments include a faculty position at the Bloomberg School of Public Health, Johns Hopkins University, Child Survival Program Officer with the Ford Foundation, and EIS/Visiting Research Fellow, Centers for Disease Control, Atlanta USA. He is an alumnus of the University of Sydney Faculty of Medicine completing his training in clinical paediatrics in Australia and in epidemiology and public health at the United States Center for Disease Control and at Emory University.

Associate Professor Dibley is well known for his research on nutrition and health in women and children in developing countries and has published over 50 peer reviewed scientific articles. He has been involved in



the conduct of several major clinical and community-based trials of nutrition interventions in China, India, Indonesia and Vietnam and speaks Indonesian fluently having worked in Java for a decade.

Now back in Sydney he hopes to expand his research on public health nutrition by investigating the double burden of under- and over-nutrition confronting many countries in Asia. He will bring a wealth of practical field experience to the international health training programs at the School of Public Health.

Festschrift for Professor John Uther

A festschrift to celebrate the scientific and educational achievements of Professor John Uther will be conducted at Westmead Hospital Saturday 30 June 2007.

All enquiries Georgette Hanna, Phone 9845 7983
Fax 9687 2331 email georgett@westgate.wh.usyd.edu.au

The End of the Beginning in Canberra

The final events of the Faculty of Medicine's Sesquicentenary celebrations took place in Canberra on 2 December 2006.

As well as marking the end of the year-long celebrations, these two events signalled the end of the University of Sydney's Canberra Clinical School (CCS), with a daytime seminar and the final Graduation Dinner for the Class of 2006.

The seminar was held at the Telstra Theatre, Australian War Memorial and included a presentation by Professor Paul Gatenby, the Foundation Associate Dean of the Canberra Clinical School, who spoke about the school's history since the Memorandum of Understanding was signed by the University and the ACT Government in 1993. He was followed by Professor Stephen Leeder, past Dean of the Faculty of Medicine during the most significant years of the CCS, who gave a visionary talk on the factors which he believes will influence the teaching of medicine in the future. Also on the program were very diverse talks by four graduates of the CCS who

spoke eloquently about their experiences before and after graduating.

In the evening everyone donned their dinner suits and ball gowns and attended the final graduation dinner at the Great Hall in Parliament House - 'The Be All and End All Ball'. Close to 350 people, including Professor Andrew Coats (formerly Dean and now Deputy Vice-Chancellor (Community)) attended this fantastic tribute to the School, its members and the final graduating class. The event went on past midnight and was a thoroughly successful and fitting end to the Faculty's Canberra-based School.

Although the night was filled with some sadness, this really is just the 'End of the Beginning'. Medical education is flourishing in the nation's capital with the new Australian National University Medical School ready to produce its first cohort of graduates at the end of next year. This School is built on the fine foundations of the Canberra Clinical School and is a great legacy for the University of Sydney to have left behind.

Professor David Ellwood
Canberra Clinical School

YOUR INVITATION TO THE MEDICAL MILESTONES PUBLIC LECTURE SERIES

Presented by the University of Sydney in association with the *British Medical Journal*



"When the *British Medical Journal (BMJ)* was first published in 1840, average life expectancy was half as long as it is today. Some of the reasons for this are social and political, increasing prosperity and increasing longevity have, for the most part, come hand in hand. But many of the reasons are medical, in the broadest sense of the term."*

Selecting the 15 greatest

Readers of the *BMJ* were asked to nominate which of the medical breakthroughs of the past 167 years they considered the most important.

"If we could have only one of them, which would it be? Would it be the identification of penicillin; the mass production of aspirin; the discovery of a link between smoking and lung cancer; or the world's first heart transplant?"*

A series of lectures at the University of Sydney

Nominations were submitted by readers worldwide and from this the 15 greatest were selected. Join us now in celebrating the visionary nature of the work of the pioneers behind the breakthroughs, in this series of public lectures, delivered by the Faculty of Medicine and the School of Public Health.

Lectures that will educate and engage

Presented by University experts, lectures will be a lively and informative mix of history, opinion and prediction that will stimulate and engage. Delivered by the highest calibre health and medical expertise, these lectures will be suitable for anybody interested in the impact these milestones have had on modern day practice and the effect on its future directions.

Register your attendance

Attendance is free, but for catering purposes you will be required to register your name and that of your guests. Please visit www.health.usyd.edu.au or telephone +61 2 9036 5487 to register.

* Jackson, *BMJ*, www.bmj.com/cgi/content/full/333/7567/0-g?ehom

Registration (essential)

5.30pm - 6.00pm Refreshments
6.00pm - 6.40pm Speaker one
6.40pm - 7.20pm Speaker two
Light refreshments will be provided

Register your attendance

Online: www.health.usyd.edu.au
Telephone: +61 2 9036 5487

Venue

Eastern Avenue Lecture Theatre
Eastern Avenue, University of Sydney
Camperdown NSW 2006

Presented in Association with the *British Medical Journal*
Co hosted by The Medical Foundation



THE LECTURES

Tuesday 10 April 2007

- **Computers: changing the way we learn, live, communicate and treat**
Dr Tony Delamothe
Editor BMJ
Professor Michael Kidd
Head of Discipline of General Practice at the University of Sydney

Wednesday 2 May 2007

- **Tissue culture: solving the mysteries of viruses and cancer**
Professor Tony Cunningham
Westmead Millennium Institute and Research Centres
University of Sydney
- **X-Rayted: the story behind the film**
Clinical Associate Professor Bruno Giuffre
Department of Radiology Royal North Shore Hospital and the University of Sydney

Wednesday 30 May 2007

- **The pill: evolution of a revolution**
Professor Ian Fraser
The Queen Elizabeth II Research Institute for Mothers and Infants and the University of Sydney
- **Medicines for the tortured mind**
Professor Ian Hickie
Brain and Mind Research Institute at the University of Sydney

Wednesday 27 June 2007

- **Antibiotics: the epitome of a wonder drug**
Associate Professor Peter Collignon
Director of Infectious Diseases
Canberra Hospital
- **Germ theory: invisible killers revealed**
Professor Lyn Gilbert
Centre of Infectious Diseases and Microbiology
Westmead Hospital
University of Sydney

Wednesday 25 July 2007

- **Smoking and health: halting the global 'brown plague'**
Professor Simon Chapman
School of Public Health
University of Sydney
- **Evidence based medicine: doctors' and patients' sharpest tool**
Associate Professor Alex Barratt
Epidemiology and Evidence Based Health Care
School of Public Health
University of Sydney

Wednesday 29 August 2007

- **Oral rehydration therapy: a spoonful of sugar makes the medicine go down**
Professor Elizabeth Elliott
The Children's Hospital at Westmead
Clinical School
University of Sydney

- **Sanitation: Pragmatism works**
Dr Jeremy McAnulty
Director, Communicable Diseases Branch, NSW Health

Wednesday 26 September 2007

- **Anaesthesia: symbol of humanitarianism**
Professor Michael Cousins
Head of Anaesthesia and Pain Management
Royal North Shore Hospital and the University of Sydney
- **Discovery of DNA structure: the arrival of molecular medicine**
Professor Ron Trent
Head Molecular Genetics
University of Sydney

Wednesday 24 October 2007

- **Vaccines: Conquering untreatable diseases**
Professor Robert Booy
National Centre for Immunisation Research University of Sydney
Professor Peter McIntyre
Director of the National Centre for Immunisation Research and Surveillance of Vaccine-Preventable Diseases University of Sydney
- **Transplantation - transforming outcomes**
Associate Professor Phil O'Connell and Clinical Professor Jeremy Chapman
Department of Renal Medicine
Westmead Hospital
University of Sydney



Rural News

Rural Adolescent Cohort Study

The Faculties of Health, through the School of Rural Health of the Faculty of Medicine, are planning a rural cohort study focusing on determinants of physical and mental wellbeing in children and adolescents (10-18 years) in rural New South Wales.

Professor Bruce Robinson, Acting Executive Dean of the Faculties of Health, has brought together a wide-ranging group of eminent academics which will include not only members of the Faculties of Health (Medicine, Nursing and Midwifery and Pharmacy) but also members of the Faculty of Education and Social Work and the Faculty of Arts (Gender and Cultural Studies).

The aim of this collaborative longitudinal study is to provide information leading to a better understanding of the major health issues facing rural children and adolescents and the factors that determine their physical and mental wellbeing.

The study will collect information on a wide range of factors including the attitudes, beliefs and behaviours of young people and their social environments. It may also include the collection of biological samples and physical and psychometric measurements.

The study will be unusual as it will consider not only individuals but also the households in which they live and possibly the schools they attend.

This will provide a social and educational context to the health outcomes. The age group of 10 to 18 years for the study departs from many other studies as it crosses the 16 years of age boundary often chosen to separate childhood from adulthood.

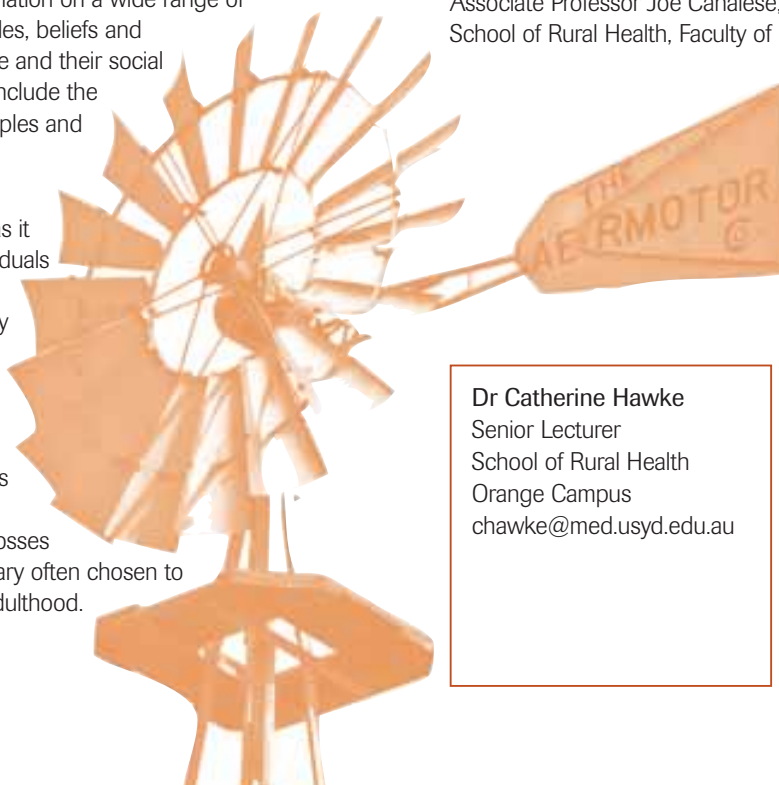
Data will be collected on the major causes of ill health in this age group such as mental health, drug and alcohol abuse and obesity and the metabolic syndrome. These conditions are common amongst young people and may lead to chronic disease and premature mortality in later life. The study will also look at the effectiveness of immunisations and provide information for a better understanding of the often turbulent process of puberty.

Accidents and injury are two of the major causes of death in this age group; the mortality rate in the Greater Western Area Health Service area is significantly higher than in other regions of NSW. This study will work to improve our understanding of the risk factors involved and inform strategies on early prevention and intervention.

Comparing and contrasting rural children and adolescents with their urban counterparts may also be a component of the study as well as a comparison with a potential study in rural China in collaboration with the George Institute for International Health is an exciting possibility.

Associate Professor Joe Canalese, Acting Associate Dean of the School of Rural Health, Faculty of Medicine, is enthusiastic about the

prospect of a University of Sydney rural adolescent cohort study as it will not only enhance our understanding of child and adolescent rural health but also help to develop and stimulate research within the School of Rural Health in Dubbo and Orange. It will provide a research base for teaching and for honours degrees and assist in the further development of a culture of research and in attracting medical practitioners and other health professions with interests in research to work in the area encompassed by the School of Rural Health.



Dr Catherine Hawke
Senior Lecturer
School of Rural Health
Orange Campus
chawke@med.usyd.edu.au

Learning together: NCMEC

Each year students of high academic merit are selected to undertake medicine at various universities around the country.

They are provided with educational content that meets the national requirements of the Australian Medical Council and are sent together, no matter from which university, to work as junior medical officers. Their interstate medical registrations are accepted into standardised vocational training programs around the country. Combine this with high ethical standards and a reputation for evidence-based patient-focused practice and our graduates go on to be recognised and welcomed around the world.

Yet despite the obvious similarities, there are differences between individual university programs that in the past have restricted the ease of student clinical placements. As a site that takes students from 11 different universities, the Northern Rivers University Department of Rural Health (NRUDRH) is constantly faced with the challenge of sharing one clinical site and/or supervisor with students who have differing curriculum and assessment requirements, academic timetables and clinical skill levels. These challenges are expected to become widespread given the expansion of medical faculties and clinical schools.

So, how best to ensure the highest quality outcome for the student while ensuring the experience for the supervisor remains enjoyable as well as manageable in terms of workload?

One logical approach is to compare the content and processes and maximise the opportunity for shared resources and learning by aligning educational programs. Hence the creation of the North Coast Medical Education Collaborative

(NCMEC): a joint venture of the University of Sydney, the University of Western Sydney and the University of Wollongong.

Medical schools have the important responsibility of pushing back the boundaries of knowledge about health and illness through cutting-edge education and research in the full spectrum of medical sciences from clinical medicine through to public health, health service delivery and medical pedagogy. Given its 150 year history the Faculty of Medicine of the University of Sydney is well placed to support younger centres developing their capacity. The two newest medical faculties in the NCMEC coalition, the University of Western Sydney and the University of Wollongong, supply innovation and enthusiasm and a fresh questioning approach with a number of the educators bringing international expertise in the field. The environment of the north coast of NSW brings its own richness to the collaboration. The population of the north coast of NSW is expanding at twice the national average rate ensuring a rich clinical experience that is well supported by experienced supervisors and staff across three main campuses in Lismore, Murwillumbah and Grafton.

The new model of shared education delivery logically needs to meet the requirements of each of the three universities with the aim of producing excellent doctors who have the capacity and desire to make a difference to health care for patients in all geographic settings but particularly in regional, rural and remote communities. Workshops amongst the senior education staff have demonstrated considerable similarities in learning objectives and enabled early attempts to align assessment processes including mini and expanded clinical examination formats, while data

mapping the physical resources including resuscitation manikins has enabled a more targeted approach to financing local additions.

The program will continue to be problem-based and multidisciplinary and examples of innovation include combining the knowledge aspects of chemical exposure and occupational health and safety work assessments with surfing and surfboard manufacture. Plans are afoot for practicums including mock accidents and community exercises in public health. Cultural awareness training has been offered by the Bundjalung Elders, along with the chance to be involved in school mentoring programs to support local children interested in health careers.

All these activities will be in keeping with the five agreed common values for NCMEC:

- > Community values - responsibility, service and leadership
- > Stakeholder values - quality and sustainability
- > Student values - diversity, equity and merit
- > Staff values - integrity and aspiration for excellence
- > Collegiate values - life-long relationship and friendship

Over time, the NCMEC will host 20 students from each university living on the north coast for 12 months, with the first cohort from the University of Sydney Medical Program commencing with placements of 1-3 months in 2007. In anticipation we are looking to purchase more teaching space and are nearing completion of a new 65 seat lecture theatre. This will complement our recently refurbished accommodation blocks.

Students will be exposed to public and private hospital settings, a variety of general and specialist practices and

community based outreach. Shared resources include web-based and computer-based learning modules with state-of-the-art videoconference links to sites both national and international. Small group and grand rounds-style teaching will involve local and distant experts and we have even provided web-streaming of the Canadian football for one avid fan!

The north coast community is already gearing up for the larger student numbers with offers to host students for dinner and a number of businesses offering shopping discounts. We have even had local radio announcers offering to run match-making services so we can increase the potential to keep this future workforce!

Not that we think that students will need much encouragement to stay in the north coast with the level of commitment and enthusiasm to teaching that is already on display, the variety of procedural and non-procedural specialties, all in the beautiful surrounds of places like Byron Bay.

Dr Sue Page
Director of Education
Northern Rivers University
Department of Rural Health

Responding to the rural health workforce shortage

Rural disadvantage has been the subject of much debate in recent years. While new educational and clinical centres with financial and infrastructure support have been developed by the Australian Government (Rural Clinical Schools and University Departments of Rural Health), there has been little integration of rural curriculum content in the tertiary sector.

Questions such as what makes rural Australians tick? What makes them different? How are the demographics different? How does this impact on health? How does what a student learns in lectures impact on decisions to study or practice in rural Australia? What does this mean for practice in either rural or metropolitan Australia? All require investigation.

The University of Sydney, in response to the national rural health workforce shortage is taking steps to address the educational gaps and invest in cross-disciplinary and inter-professional initiatives. These approaches will ensure the University maintains its position as the leading institution for health science education in NSW (producing 40% of all health graduates in the state each year). This institution-led response when added to national initiatives has the capacity to not only increase the recruitment and retention of health professionals in regional and rural areas but also improve the quality and appropriateness of health care for all rural Australians.

Towards the end of 2004, the College of Health Sciences as an initiative of the then Pro-Vice

Chancellor Professor Don Nutbeam, established a Rural Initiatives Committee as a response to the high priority placed upon the development of rural health teaching, research and community service within the health faculties. The Committee, chaired by Iven Klienbergh (Faculty of Dentistry) has reported on efforts within the Faculties of Health. The Committee has determined key strategic and operational matters, in addition to existing faculty and program-based efforts that need to be developed to ensure a focused and productive response to workforce issues.

To determine current activities supporting rural health and workforce development across the health disciplines, a Rural Teaching and Research Audit was undertaken during August 2005. With broad representation and support from Medicine, Nursing, Dentistry, Pharmacy, Health Sciences, student organisations and the more recent inclusion of Veterinary Science and Agriculture, Food and Natural Resources, the Rural Initiatives Committee has been successful in exploring educational programs, teaching infrastructure in rural centres, promotion of health careers,

student support and research on rural and remote issues.

The major findings of the audit were grouped as:

- > research collaboration;
- > development of, and support for, rural attachments;
- > recruitment of, and support for, rural-origin students; and
- > development of rural curricula.

The Committee established a working party to investigate options for the development of a rural curriculum as units of study for faculty departments to access as required. The Committee believes that all students ought to have an awareness of rural issues. A core of non-discipline-specific material is being developed drawing on data from the audit as a framework for four modules covering:

1. Module 1 - Rural and remote society

Definitions of Rural; History (Indigenous – impact of colonisation); Demographics and rural society; Economy of rural communities

2. Module 2 - Rural Health Differentials

Health status; Social indicators; Public expectation

3. Module 3 - Health Service Delivery

Health service policies; Service models; Practice management/ leadership; Confidentiality; Cultural safety; Team practice; Inter-professional practice

4. Module 4 - Preparation for

Professional Practice – Clinical Placement Preparation for clinical placement; Single discipline vs Inter-professional practice; Role of UDRH's and Clinical Schools; De-briefing

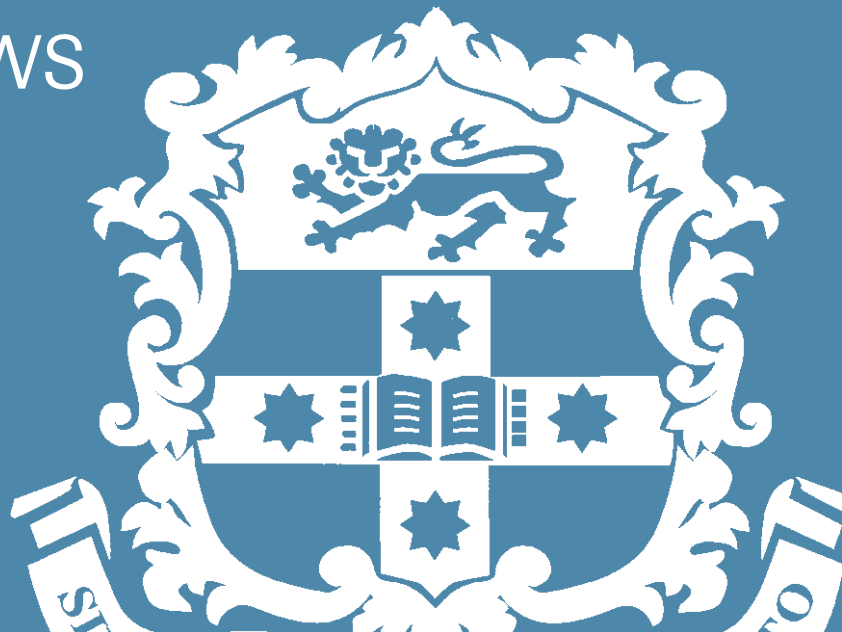
The Committee has secured 250 hours of eLearning support to develop Module 1 into a WebCT online learning module which can be accessed by all faculties who place undergraduate or postgraduate students in rural contexts for professional experience; and wish to include in their curriculum a component on rural and remote society in Australia.

More recently the Committee has applied for TIES (Teaching Improvement and Equipment Scheme) funding to support the development of the three additional online learning modules.

On completion, this teaching resource will add insight into the unique characteristics of rural communities. The modules will provide an opportunity to explore and understand the relevance and impact of rural and remote locations on the health of the individual and the community.

Alison Birt
Rural Development Office
School of Rural Health

Student News



Report from the President The University of Sydney Medical Society

Following on from a successful 2006, the Medical Society has much to look forward to in 2007, consolidating our recent gains and looking for new and innovative ways to continue to represent, advocate for and support our members.

In the past year, we have seen the addition of two new medical student groups, the inaugural Medical Leadership Seminar and a continuation of the excellent charitable works undertaken by USydMP students.

In 2006 the Medical Society organised the inaugural Medical Leadership Seminar held at Royal Prince Alfred Hospital in July. Over two days medical students received insights into a range of different aspects of leadership from a who's who of Australian medical and political leaders. This landmark event was made possible by the hard work of Phillipa Sharwood (Med4) and Bridget Honan (Med2) and will be undertaken again in 2007.

Our new international health group, globalHOME was formed from the nucleus of students involved in the overwhelmingly successful 2005 AMSA

Developing World Conference. The group is chaired by Michelle Nicholson (Med3) and aims to inspire and encourage medical students to promote health opportunities and medical equality globally. globalHOME is linked with other international health groups across Australia via the International Health Network www.ihealthnet.net. Since its launch in August this year it has hosted a screening of *The Constant Gardener* and a Health Advocacy Forum on medical relief in the Congo. It is looking forward to a full program of events and fundraising in 2007.

Nathan Jacobs (Med1) is the driving force behind our other new student group, the Holistic and Integrative Medicine Society (HolisticSoc). Formed from a committed group of Med1 and 2 students, the group has hosted a range of activities which have included lunchtime yoga classes and attendance at conferences and social events. It has a focus on evidence-based holistic medicine. In recognition of its innovative program it won the University of Sydney Union Award for the best new club in

2006. See the article following.

The Medical Society's Charitable Grants Program will continue to support our members' efforts to carry out worthy projects in Australia and abroad. Following on from the support of student run projects in Nepal, Uganda, Cambodia and India, the Medical Society has supported the development by Med1 students Stephen Chin and Gabriel James of a medical clinic, staffed by qualified medical officers, in the Philippines.

Looking ahead to 2007, the Medical Society has created a new position of Media Officer and plans to undertake a wonderful project in which incoming students (who are willing) are interviewed about their aims and attitudes and followed up in subsequent years. Inspired by Michael Apted's 7-up series, this initiative was developed by Peter Kaub (Med2). We hope that this will be a significant and lasting contribution to the student community and our medical graduates.

The Medical Society would like to thank the continued support of



medical students through the Alumni-funded Scholarships and the assistance and encouragement we received from the MGA and Dr Catchlove. We hope that we are able to strengthen our ties in the future as we look to consolidate our position in the face of voluntary student unionism. Despite the difficulties that this will present we have much to look forward to in 2007.

Chris Andersen
Honorary President
Sydney University Medical
Society



Student News

Facilitating Integrative Health through HolisticSoc



HolisticSoc is the new Integrative and Holistic Medicine Society at the University of Sydney. Established in 2006 by Nathan Jacobs, a first year medical student, it is run by a dedicated team of seven medical students.

HolisticSoc was awarded 'Best New Club 2006' by the University of Sydney Union Clubs and Societies Program. The success of the club can be attributed not just to the values and mission of the club but also to the dedication of its creator and members.

The aim of HolisticSoc is to promote credible, evidence-based, holistic and integrative medicine. One of the first achievements of this founding group was its establishment as an official University of Sydney Society. HolisticSoc would like to thank everyone who supported us in becoming an official Society, with special mention to MedSoc, the University of Sydney Union Clubs and Societies Program, and AIMA – the Australasian Integrative Medicine Association.

HolisticSoc held many events in

2006 including regular lunchtime yoga sessions by HolisticSoc President, Nathan Jacobs, a Herbal Medicines talk given by Professor Andrew McLachlan from the Faculty of Pharmacy and a talk on Chinese Medicine given by HolisticSoc Secretary, Shaun Francis. These events were highly successful drawing audiences of up to 40 students, they stood true to the values of the society and promoted holistic medicine amongst medical students.

The lunchtime yoga sessions were well attended and attracted a mix of both experienced yogis and students without previous experience with yoga. The yoga sessions included breathing exercises, stretching and relaxation techniques and explanations of the underlying physiological mechanisms and clinical applications of these techniques, with an emphasis on problem-based learning cases from the medical curriculum.

In August, Professor Andrew McLachlan gave a talk on the usage, standardisation and regulation of herbal medicines in Australia, their safety and efficacy and interactions between herbal medicines and other pharmaceuticals. The

audience of over 20 medical students was impressed by the objectivity, thoroughness and soundness of Professor McLachlan's presentation.

In November, Shaun Francis, HolisticSoc Secretary, spoke about the basic principles of Chinese medicine to an audience comprised mostly of medical students who had all heard of Chinese medicine but did not really understand its foundation or philosophy. For the audience, the talk was highly informative and interesting providing a window into an unknown world.

HolisticSoc has also made an impact outside the University, presenting a poster to over 200 delegates (including over 100 holistic doctors) at the 12th International Holistic Health Conference held in Queenstown, New Zealand. The poster outlined HolisticSoc's mission statement and most importantly, provided an insight into medical students' perspectives and perceptions of holistic medicine. HolisticSoc was also privileged to be able to make a presentation at this conference.

On the foundation of the encouragement and applause received, HolisticSoc is enthusiastically planning,

organising and awaiting events that will be held in 2007. Events in the pipeline include an annual dinner, a seminar on acupuncture by Dr Roberta Chow, a discussion about 'Spirituality and Health' by an interfaith panel of hospital chaplains and a presentation by Australian Clown Doctor Peter Spitzer. We plan on continuing events such as the lunchtime yoga sessions. We are also looking forward to welcoming the 2007 first year medical students as members.

HolisticSoc, though still in its infancy, has proved to be a very convincing force in the facilitation of integrative health and holistic medicine. Without denying the challenges of time, effort and scepticism, we as a society are optimistic and motivated and are excitedly looking forward to a highly successful future.

Anuradha Krishnamurthy
General Executive Member
HolisticSoc

MGA Service update



Member Services online

The Medical Graduates Association website

The Medical Graduates Association (MGA) launched its new website in 2006 in conjunction with the Faculty's 150th celebrations. The new site provides updated features and links both to the Faculty of Medicine site and the University's Alumni Office. Find out if your class is holding a reunion, post your reunion reports and photos, read *Radius* on-line and stay in touch with the Faculty of Medicine through this website.
www.mga.usyd.edu.au



University of Sydney Alumni Website

Have you visited the University of Sydney Alumni website yet? This site allows you to stay in touch with the larger University community. On this site you can find out about the Breakfast Lecture series, Alumni reunions, Alumni awards and University of Sydney Alumni groups in the state, the country and overseas.

In addition you can stay in touch with your alumni colleagues via the Alumni Web community. The Alumni Web Community is your essential resource for reconnecting with former classmates and university life. You can stay in touch with friends and create a

personal profile so that other alumni know where you are and what you are doing. In addition you can sign up for a life long University email address.
www.usyd.edu.au/alumni



Library services for Faculty of Medicine alumni

Off campus database access for Alumni

In addition to borrowing rights from any of our print collections, the library now offers off campus access to the *Proquest 5000* databases for University of Sydney Alumni. *Proquest 5000* is a multidisciplinary database offering access to more than 3,300 full text journals with indexing and abstracts for a further 4,000 titles. One of these databases is *Health and Medicine Complete* which provides in-depth coverage from over 1,200 publications with more than 965 available in full text.

For more information on Library Services for Alumni including off campus access to select databases go to www.library.usyd.edu.au/client/alumni

Faculty of Medicine Final Year Books

During the recent Faculty of Medicine 150th Anniversary Walking Tour the Final Year Books of each graduating year of the Faculty of Medicine proved most popular with visitors. Due to this popularity these yearbooks will be on permanent display in the Medical Library in the Bosch Building.

Spring back to Sydney – Saturday 27 October 2007

Did you graduate in 1927, 1937, 1947, 1957, 1967, 1977, 1987 or 1997?

Spring Back to Sydney is a special University Open Day for alumni who graduated in a year ending in 7. It is a fantastic opportunity to revisit the campus, faculty or college and relive the unique experience with your fellow alumni.

All 'sevens' graduates and their families are invited to celebrate this wonderful occasion. A full day of festivities, cultural and sporting events and family activities are planned.

Spring Back to Sydney is also a great opportunity to give something back to the University. If you want to volunteer to assist

with planning on the day please let us know.

We hope to see you and your family at the Spring Back to Sydney reunion in October.

Watch the University Alumni webpages for regular updates on the Spring Back to Sydney program and important announcements.
www.usyd.edu.au/alumni/activities/reunions

For more information contact:
Anna Schubert
Alumni Relations
Chapters Officer
a.schubert@vcc.usyd.edu.au

A hero's return

One of the last survivors of the 42 Australian doctors who were prisoners of war on the Burma Railway in World War II has been presented with an honorary degree by the University.

Rowley Richards was imprisoned in the Changi prisoner of war camp, sent to the Burma Railway, and later became a slave labourer in Japan. With a group of colleagues including Weary Dunlop and Albert Coates, he helped save the lives of many men under terrible conditions.

Now in his nineties, Mr Richards was presented with an honorary Doctor of Medicine in the Great Hall by the Chancellor, Justice Kim Santow.

Born in Sydney in 1916, Mr Richards graduated from the University of Sydney in 1939. He enlisted in the AIF as a medical officer and served in the Malayan campaign of 1941-2 before being imprisoned by the Japanese following the fall of Singapore in 1942.

He was a prisoner of war in Changi Prison before being sent to the infamous Burma Railway. Later he was sent to a slave labour camp in the north of Japan, surviving shipwreck on the way, a harsh winter and infection with smallpox just prior to liberation.



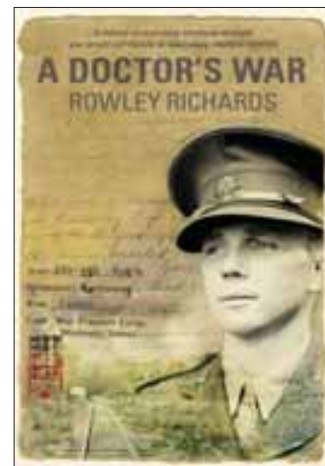
After the war Mr Richards became a general practitioner in Seaforth, Sydney. He was one of the first members of the Royal Australian College of General Practitioners which was established 50 years ago and he was one of the first general practitioners in Australia to attain fellowship of the RACGP by assessment.

He later worked in occupational medicine and sports medicine and was Foundation Fellow of both the Australian College of Occupational Medicine and the Australian Sports Medicine Federation and was awarded a fellowship of the American College of Sports Medicine. He

was medical advisor to the Australian Olympic rowing teams for the Mexico City games in 1968 and the 1972 Munich games.

Mr Richards was Honorary Medical Director of the Sydney City to Surf Fun Run between 1977 and 1998, and since 1998 has served as Honorary Medical Consultant. In 1993 he was awarded the Medal of the Order of Australia for his service to sports medicine and the City to Surf.

Mr Richards served as New South Wales chairman and Vice-president of the St John Ambulance Association and in



1981 was made a Knight of St John in recognition of his long service. In 2003 he was awarded the Australian Centenary Medal for service to the sick and injured through the St John Ambulance Association.

In 1969 he was awarded an MBE for his services in war and peace. The degree of Doctor of Medicine honoris causa was conferred upon Dr Charles Rowland B Richards at the Medicine ceremony held at 4.00pm on 24 November 2006.

Richard North
University Publications Office



STAY CONNECTED!

ONLINE, ANYTIME

Your alumni email forwarding service now allows you to link your private email address to a University alumni email address:

Yourname@alumni.sydney.edu.au

Email forwarding is just one of the many services available via the Alumni Web Community.



The University of Sydney

Register online today!

www.usyd.edu.au/alumni

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Reunions 2007

Are you planning a reunion? Let us help you contact your fellow graduates and promote your event. We will list your reunion here and on the Medical Graduates Association website www.mga.usyd.edu.au. We will update the list of graduates and send out your invitation free of charge. For assistance contact Diana Lovegrove at the Medical Graduates Association on tel: +61 (0)2 9036 3367 or email: mga@usyd.edu.au Reunions are based on the year in which you graduate, not the year in which you finish your studies.

Graduating Year of 1952

When: 23 February 2007
Where: Royal Sydney Yacht Squadron, Kirribilli
Time: 12 for 12.30pm
Contact: Monica Bullen,
02 9969 3206
Cost: \$90

Graduating Year of 1953

When: 2 March 2007
Where: Royal Sydney Yacht Squadron, Kirribilli
Time: 12 for 12.30pm
Contact: John Cashman,
02 9416 3960
johncash@msn.com.au
Cost: \$95

Graduating Year of 1950

When: 12 March 2007
Where: Concord Golf Club
Time: 12 for 12.30pm
Contact: Brian Pollard,
02 9436 3516
Cost: \$85

Graduating Year of 1945

When: 13 April 2007
Where: Royal Sydney Yacht Squadron, Kirribilli
Time: Lunch (TBA)
Contact: John Goldie,
02 9332 1624,
John Howell,
02 9909 2463
or Thelma Hunt,
02 9743 1470
Cost: TBA

Graduating Year of 1982

When: 5 May 2007
Where: Refectory, Holme Building, University of Sydney
Time: 7pm
Contact: David Kinchington,
0418 266 486
med82@iinet.net.au
Cost: TBA

Graduating Year of 1987

When: 9 June 2007
Where: Intercontinental Hotel
Time: TBA
Contact: Dr Michelle Crockett,
Dr Anne Horsley
and Dr Leena Gupta
medreunion87@optusnet.com.au
Cost: TBA

Graduating Year of 1967

When: 15-17 June 2007
Where: Cypress Lakes Resort
Hunter Valley
Contact: Margaret Blackwell
Ph: 02 9983 9330
Fax: 02 9983 9307
40threunion@abacusevents.com
Cost: TBA

Graduating Year of 1977

When: 24 November 2007
Where: Great Hall, University of Sydney
Time: 7pm
Contact: Tony Joseph,
tjoseph@med.usyd.edu.au (preferred)
02 9926 7921
Cost: TBA

Graduating Year of 1968

When: 15-17 March 2008
Where: TBA by mail
Time: TBA
Contact: Craig Mellis
craigm@med.usyd.edu.au
Judy Black
judblack@pharmacol.usyd.edu.au
Kristin Kerr
kristin.kerr@email.cs.nsw.gov.au
Iven Young
iveny@med.usyd.edu.au
Tom Wenkart
twenkart@machealth.com.au
Cost: TBA

Spring Back to Sydney reunion in 2007

Years of 1927 | 1937 | 1947 | 1957 | 1967 | 1977 | 1987 | 1997 |

SAVE THE DATE! Saturday 27th October, 2007

Relive the memories of your university days and celebrate your anniversary graduation with family and alumni colleagues.

To RSVP, please complete the registration form available online at:
www.usyd.edu.au/alumni/activities/reunions/spring.shtml or call +61 2 9036 9222

Also visit our "Look Who's Coming" webpage to see if your alumni friends will be attending!



How to have a reunion

The Medical Graduates Association (MGA) has prepared a useful guide to help you organise your reunion (www.mga.usyd.edu.au). These notes that follow complement that guide and reflect our experience of organising reunions over four decades since my class graduated in January 1966. We held our first reunions 10 and 20 years after graduation. Since then we have enjoyed reunions every five years.

Making contact

Contact Diana Lovegrove at the MGA as soon as possible to inform her of your intention to hold a reunion (mga@med.usyd.edu.au). This will prevent any duplication and more importantly the MGA can assist you with your endeavour. They will know if someone else has started the process. They will:

- > obtain current contact details for your year from Alumni Office records
- > arrange mail-outs to your class
- > advertise your reunion in *Radius*, and
- > place a notice of your reunion on the MGA website www.mga.usyd.edu.au/reunions

Start early

Ideally, inform people about a year in advance. Many colleagues, need adequate notice to plan their travel.

Share the load with an organising team

Discuss the general plans for your reunion with a small, enthusiastic group of colleagues. They will assist by contacting friends and colleagues and helping with arrangements closer to the time of the reunion.

Which year is which?

For some, there is still confusion about defining their year. Reunions are based on the year of graduation (in my case 1966), not the year in which you may have completed final year (in my case again, 1965).

Not me!

Remember, not everyone wants to participate in reunions for health or other personal reasons. Some remain adamantly opposed to the idea, others can be gently persuaded, but then often there's a final rush, so don't be discouraged by an initial lack of interest.

Finding contact details

For your initial mail out to your class, ask the MGA for addresses, home and work telephone numbers, and – most importantly for future contact – current email addresses. While the Alumni Office will have the majority of these contact details, missing information can be found from:

- > your year's Senior Year Book
- > the most recent Medical Directory of Australia
- > telephone directories www.whitepages.com.au, and sometimes,
- > professional Colleges

As many don't reply to the early

requests, inevitably you must then rely on personal networks. Many will contact their friends or those working in the same speciality or region.

Make your reunion an extended weekend

For our past four reunions, we have held a concurrent conference for a day or one-and-a-half days. Only those who graduated in our year speak at the conference. It's not difficult, to find speakers from among more than 300 in the one year. Based on our recent happy reunion, we suggest: registration and coffee late on a Friday morning; an early lunch; alternate sessions of 1-1.5 hours for passions and science on Friday afternoon; informal dinners at restaurants away from the main venue that evening; a similar format for morning and afternoon sessions on Saturday morning and afternoon; reunion dinner on Saturday night; and farewell brunch on Sunday morning! As we all age and the decades slip by, be sure that everyone has a name label with large print!

When is the best time?

If you like the idea of an extended weekend, the end of the summer vacation period in January works well. This gives people returning to Sydney from

overseas and interstate the chance to see family and friends. The Festival of Sydney is another attraction at that time. Others hold their reunions in autumn or in spring.

Selecting a venue

Many choose to hold their reunion dinner in the Great Hall, or in other University of Sydney venues such as the refurbished Old Medical School. We did that too but then decided on beach-side venues in summer for an extended weekend – Manly, Bondi Beach or Brighton Beach. Other venues outside Sydney have been considered but these places often disadvantage those travelling from afar.

Passions, hobbies and interests outside medicine

A huge factor in the success of our recent reunions has been to hold several sessions in which presenters tell their friends and colleagues what they do in their spare time. Scientific presentations interspersed with a few talks in an hour or so on passions and hobbies.

Biographies

We requested that everyone should send the story of their professional and personal lives (on a single page), and a photo. About half our year responded and laminated biographies were

displayed during our reunion weekend. It can be amazing what you learn about even your best friends from student days.

Charge a registration fee

Obviously this fee should be kept to a minimum. The funds are used for lunches and coffee breaks at the conference venue, as well as other expenses for hire of the venue and conference equipment. As an indication, we charged \$160 for such expenses this year in 2006.

Subsequent notices about your reunion

Maintain momentum by several more mail-outs every three months or so. As the date approaches, send more frequent

emails to everyone, whether or not they have indicated that they will take part. Many change their mind in the last few weeks.

Raise money for student scholarships or other projects

Contrary to popular opinion, student surveys highlight that many students experience financial hardship during their studies and would benefit from some assistance. The MGA will gladly provide advice about how your year can contribute to scholarships, or other designated projects such as building restoration. An extra amount added to the registration ensures that everyone contributes!

Keep in touch between reunions

You can arrange your own website for updates, photos and subsequent contact. We have yet to take up this idea but no doubt more recent graduates can rapidly use the technology, again with the assistance of the Medical Graduates Association.

Take photos, write a report

The MGA are keen for photos of the event and for your reunion report for the website and of course *Radius*. Make sure any digital images are high resolution.

And other help

The University's Alumni Office is now also very active and helpful too (www.usyd.edu.au/alumni).

Remember, start early

It eases the final burden for the organising team. It's also a lot of fun! If you are thinking of holding a reunion late in 2007 or early in 2008, now is the time to start planning.

I would be happy to send the material used for our most recent reunion to those organising reunions for their year. Please ask the MGA for my contact details.

Paul Lancaster (MBBS 1966)
Council Member
Medical Graduates Association



Consider holding your Reunion on campus and make sure you take photos of the event for *Radius* and the MGA website.



Reunion Reports



Senior alumni gather to celebrate 150 years – November 2006

There was a buzz in the Great Hall on Monday 13 November 2006 as 255 senior alumni of the Faculty of Medicine (with friends and partners) gathered for lunch.

The occasion, one of the last events of the 150th Anniversary of the Faculty of Medicine, saw many alumni catching up with class-mates and friends they had not seen in many years. The lunch, co-hosted by the Medical Graduates Association, the alumni association of the Faculty of Medicine, attracted one of the oldest living graduates of the Faculty, Sir Keith Jones who graduated from the Bachelor of Medicine and Bachelor of Surgery in 1933 and many former members of staff.

Many alumni arrived before the lunch for a walk down memory lane by visiting the Anderson Stuart Building and the Wilson Anatomy Museum. The Anderson Stuart Building was formerly the main location for classes for the medical students of yesteryear.

The audience was welcomed to the University by Deputy Chancellor, Emeritus Professor

Ann Sefton, also an alumna, and was addressed by Professor Bruce Robinson, Acting Dean of the Faculty of Medicine, Dr Barry Catchlove, President of the Medical Graduates Association and by medical student Ryan Downey. The former Dean of the Faculty of Medicine, now Deputy Vice-Chancellor (Community), Professor Andrew Coats, was also in attendance. Musical accompaniment was provided by the multitalented first year medical student Ms Lisa Daniels.

“The event was a huge success”, said Professor Robinson, Acting Dean. “In this our 150th year it was an honour to host so many of our most senior alumni and have an opportunity to speak with many of them. We plan to hold similar events over the next few years, drawing our diverse alumni together to celebrate our rich history and to inform them of our future plans. Anyone who has studied at the University of Sydney has a soft-spot for its built and cultural heritage; it is a privilege to invite our alumni back to reconnect with it.”

Louise Freckelton

1966 Graduates celebrate 40 years – January 2006

More than 140 of us celebrated our 40-year reunion, held at the Manly Pacific on 27-28 January. We came from near and far, including 10 from overseas (Canada, England, Hong Kong, Singapore, Thailand and USA) and another 30 or so from interstate. As well as the reunion dinner, we held our customary one and a half-day conference.

Our conference consisted of sessions on changes in general practice and in specialty practice over 40 years and a symposium on health care and education. Our proceedings were greatly enlivened by starting each half-day with seven or eight talks on passions and hobbies outside our professional work. In between numerous retirement farewells at the Children’s Hospital at Westmead, Maureen Rogers managed to convince many in our year to speak on passions as diverse as photography, writing poetry,

art collections, travel, Inuit sculptures, old maps, breeding racehorses and testing what makes them tick, wine-growing, the Royal Flying Doctor service, building and flying your own aeroplane, as well as more physical challenges such as rowing, gliding, sailing in the English Channel, heli-skiing and Zen golf. One extroverted surgeon seemingly fixated in his student life of the early 1960s, still plays regularly in a rock band and showed a video to convince any doubters! In all, more than 50 spoke during the conference and dinner. Amidst all the merriment, we raised almost \$25,000 for student scholarships.

Our extended weekend together gave real opportunities to catch up with old friends and to forge new friendships. Even after six or seven years together in student days, there is no way you get to know the more than 300 in your year.

Paul Lancaster

1951 Reunion – November 2006

Our 55th Reunion was held at the Royal Sydney Yacht Squadron on 3rd November. There were 95 present of which 55 were '51 graduates who had come from interstate, overseas, NSW country areas and Sydney.

Our excellent Chairman, Harry Learoyd welcomed us all, John Roche gave a toast to absent friends. After a delicious lunch Harry called on Ian Fitzpatrick to give a toast to the University and the Faculty. Ian pointed out that our graduation was 100 years to the day from the first meeting of the Senate and this year, 2006, represented 150 years since the first four students began studying Medicine in a cottage on Parramatta Road. The University is now one of the top medical universities in the world, fulfilling the hopes expressed at the Inaugural Ceremony in 1852. Doug Caspersonn followed with reminiscences of people and events throughout our course and careers.

We were both interested and entertained by three members of the '51 graduation who had quite different experiences in their careers. Glen Duncan spent most of his career in psychiatry in United States where he was involved in university teaching and research. He entertained us with some light hearted reminiscences, as we would expect from the composer of such wonderful lyrics which we all sang so enthusiastically at our fourth year undergraduates' dinner in 1948. He also reiterated that we should all remember the luminaries in our past – Fawsitt, Briggs, Cotton and Wardlaw followed by Inglis, Ward, Dawson, Dew and Lambie and of course innumerable honoraries at the hospitals. He then switched to two anecdotes from his past: his original meeting, as a new psych resident, with the famed surgeon doctor Charles Mayo of that Clinic who observed that they "needed psychiatrists there to take care of the faculty", and the

story of an interview by a Dr Ellard and himself at Sydney University with a failed candidate for the fifth year psychiatry exam. Asked why he only answered some of the questions, they were taken aback by his cheerful response, "lack of knowledge".

Eleanor Knox-Longmire spent most of her working life with the United Mission in Nepal where she spent years in public health in a remote village accessible only by walking track. She told us about some amusing experiences with the Nepali people whom she came to love.



Archy Kalokerinos worked in remote areas of NSW where he cared for Indigenous people. Administering vitamin C by injection to sick babies he reduced the infant mortality from one of the highest in the world to one of the lowest. He experienced many hardships and knock-backs but his care and understanding of Indigenous people has never faltered.

We all agreed this meeting of old friends had been a most rewarding experience.

Dorothy Morrison (Butt)



Medical students and Medical alumni of St Pauls gather for our joint anniversary dinner.

St Paul's and Faculty of Medicine's 150th Anniversary Dinner – August 2006

In recognition of the 150th anniversary of the Faculty of Medicine and of St Paul's College, the annual College Medicine Faculty Dinner was held on 21st August in the College Hall.

The Faculty and College hosted a special candlelit dinner in Hall, with festal academic dress. In attendance were the Dean of the Faculty, Professor Bruce Robinson, members of his staff, 52 Pauline doctors, seven medical students, the Warden and Fellows of the College and about 100 College residents. After dinner the Dean gave an address in the Junior Common Room, outlining exciting Faculty developments whereby a rather parochial outlook has become more international to the benefit of the Faculty as well as developing countries in our region. Afterwards drinks were taken in the Salisbury.

During the dinner the Warden of St Paul's College, Reverend Ivan Head made an excellent speech, remarking that, "As long as there has been a Medical School at the University of Sydney, students from St Paul's have been a part of it. Since 1888 some 600 Paulines have graduated from Medicine and many of them have made tremendous contributions to the study and practice of medicine."

There are currently 307 living Pauline medical graduates of whom 19 are professors of medicine at various universities and 16 are holders of an MD degree.

Selwyn Owen, St Paul's College (With thanks to *Boomalakka*)

Recent Books* by Faculty staff and alumni

* Space allows us to include only a selection of the most recent titles.



Doctor in Vanuatu

Author: Freeman T
 Publisher: The University of the South Pacific, 2006
 ISBN: 978-982-02-0380-8
 Pages: 204
 Price: \$30 from author



The Self in Conversation, Vol 5

Editors: Nolan P and Mearns R
 Publisher: ANZAP books, Nov 2006
 ISBN 0958140340
 Pages: 252
 Price: \$50



Lucy Osburn, a lady displaced: Florence Nightingale's envoy to Australia

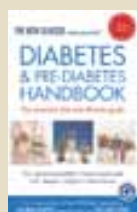
Author: Godden J
 Publisher: Sydney University Press, Sept 2006
 ISBN: 9781920898397 and 1920898395
 Pages: 373
 Price: \$34.95



The Low GI Shopper's Guide to GI Values 2007

Authors: Brand-Miller J and Foster-Powell K

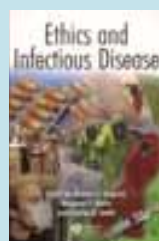
Publisher: Hachette Livre Australia, Nov 2006
 ISBN: 10 0 7336 2080 9
 ISBN 1397807336208058
 Pages: 176
 Price: \$12.95



The Diabetes & Prediabetes Handbook

Authors: Brand-Miller J, Foster-Powell K, Colagiuri S and Barclay A
 Publisher: Hachette

Livre Australia, Mar 2007
 ISBN: 139780733619380
 Pages: TBC
 Price: \$35



Ethics and Infectious Disease

Editors: Selgelid MJ, Battin MP and Smith CB
 Publisher: Blackwell

Publishing Oxford, Oct 2006
 ISBN: 9781405145961
 Pages: 400
 Price: \$54.95

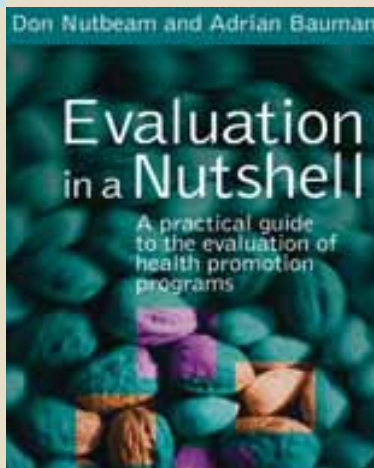


Medicine and Care of the Dying: a modern history

Author: Lewis M
 Publisher: OUP, 2007
 ISBN: 13978-0-19-517548-6
 ISBN: 0195175484
 Pages: 277
 Price: \$75 approx

Evaluation in a Nutshell: A practical guide to the evaluation of health promotion programs

Authors: Nutbeam D and Bauman A
 Publisher: McGraw-Hill Australia, Jun 2006
 ISBN: 0074715534
 Pages: 136
 Price: \$34.95



Making the transition to e-learning: strategies and issues

Editors: Bullen M and Janes DP, Chapter by Wozniak H
 Publisher: Information Science Publishing, Aug 2006
 ISBN: 1591409500
 Pages: 366
 Price: USD\$62 approx



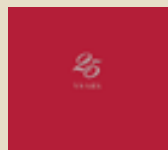
The Epidemiology of Alimentary Diseases

Editors: Duggan JM and Duggan AE
 Publisher: Springer
 ISBN: 1-4020-3839-9
 Pages: 251
 Price: USD\$109



A Doctor's War

Author: Richards R
 Publisher: Harper Collins, Mar 2006
 ISBN: 0732280095
 Price: \$24.95



25 Years: History of the Woolcock Institute of Medical Research

Editors: Keena V and Newton-John S
 Publisher: Woolcock Institute of Medical Research, Oct 2006
 ISBN: 0646464590
 Pages: 75
 Price: \$30

The Accidental Cage

Author: Cahill M
 Publisher: Interactive Publications, Nov 2006
 ISBN: 9781876819392
 Pages: 72
 Price: \$24

THE ACCIDENTAL CAGE



Books to celebrate 150 years of the Faculty of Medicine

150
The University of Sydney

Faculty of Medicine
1856-2006
Ambition
Inspired by
Achievement



150 years, 150 firsts: The people of the Faculty of Medicine

Author: Lise Mellor
Publisher: Sydney University Press 2006
ISBN: 1920898360

This publication profiles the outstanding achievements of a selection of the alumni of the Faculty of Medicine. In addition it lists all the graduates of the Faculty of Medicine since its inception and lists the current students and members of staff.



150 Years of The Faculty of Medicine

Authors: Ann Sefton, Yvonne Cossart and Louise Freckelton
Publisher: Sydney University Press 2006
ISBN: 1920898352

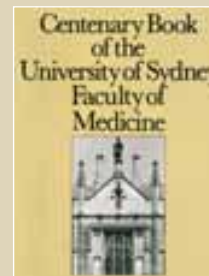
This publication takes the history of the Faculty of Medicine forward from the 1980s till present. Chapters by Ann Sefton, Yvonne Cossart, David Tiller, et al.



Limited Edition of 150 Years of The Faculty of Medicine

Authors: Ann Sefton, Yvonne Cossart and Louise Freckelton
Publisher: Sydney University Press 2006
ISBN: 1920898352

Bound in genuine black leather, with silver gilt edging, silk ribbon page marker and a protective slip case, this Limited Edition is a beautiful collector's piece and keepsake to commemorate the 150 year celebrations of the Faculty of Medicine.



Centenary Book of the University of Sydney Faculty of Medicine

Authors: John Young, Ann Sefton and Nina Webb
Publisher: Sydney University Press 1984
ISBN: 0424 001039

This volume documents the Faculty's first 101 years of training medical students.

Quantity	Title	Price	Total
	150 Years of The Faculty of Medicine	\$85.00	\$
	150 Years of The Faculty of Medicine (Limited Edition - only 200 books)	\$295.00	\$
	Centenary Book of the University of Sydney Faculty of Medicine	\$55.00	\$
	150 Years, 150 Firsts: The people of the Faculty of Medicine	\$64.95	\$
	Package 1 150 Years + 150 Firsts (normally \$150)	\$130.00	\$
	Package 2 150 Years + 150 Firsts + Centenary (normally \$205)	\$160.00	\$
	Package 3 150 Years + Centenary (normally \$140)	\$120.00	\$
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	(POSTAGE AND HANDLING)		\$20.00
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VISIT AFRICA

With the Centre for Continuing Education

RWANDA

The heart of Africa

8-24 January 2008

In the heart of the continent lies an African miracle as well as an undiscovered gem for visitors. A country so far away that neither Arabic slave traders nor colonial explorers found it. A kingdom so remote that when the first white person came to inform the king that he for several years had been a German subject, the king was blissfully unaware of such a strange phenomenon...

Stunningly beautiful and popularly known as 'the land of a thousand hills', Rwanda offers a perfect climate, breathtaking views, brilliant colours, rare birds and flowers and, of course, the famous 'gorillas in the mist'. Experience a country and people remarkable for their recovery from unimaginable trauma; a vibrant culture, warm and welcoming. Further fathom the mysteries of life when you look straight into the eyes of an old silverback.

This 17-day tour takes us across the amazing ridge that divides Africa between the Nile and Congo basins - the sources that Livingstone and his followers failed to find. We become acquainted with the culture of this kingdom through thrilling displays of music and dancing, artistry and traditions. We also learn about contemporary Rwanda, visit sites of learning and development, and taste the Belgian-inspired Rwandan cuisine. On a mini-safari to Akagera National Park we see zebras, hippos and giraffes, and enjoy breathtaking views across the mountains and lakes from our hotel.

The underlying focus of the tour is exploring the theme of Rwanda's journey out of darkness, visiting genocide sites that have now become dignified memorials. There is also a 3 day optional extension to the Masai Mara National Park.

For further information or to obtain our travel program catalogue, please contact Mark Lalor on 02 9036 4765, M.Lalor@usyd.edu.au

THE CRADLE OF HUMANKIND

Prehistoric wonders of South Africa with Estelle Lazer

7-22 May 2007

Together with East Africa, South Africa has the longest record of human occupation in the world. Here we can see evidence of occupation from the earliest known hominids to the present. The original San and later Khoi inhabitants are responsible for thousands of rock art sites, providing insight into their beliefs and lives.

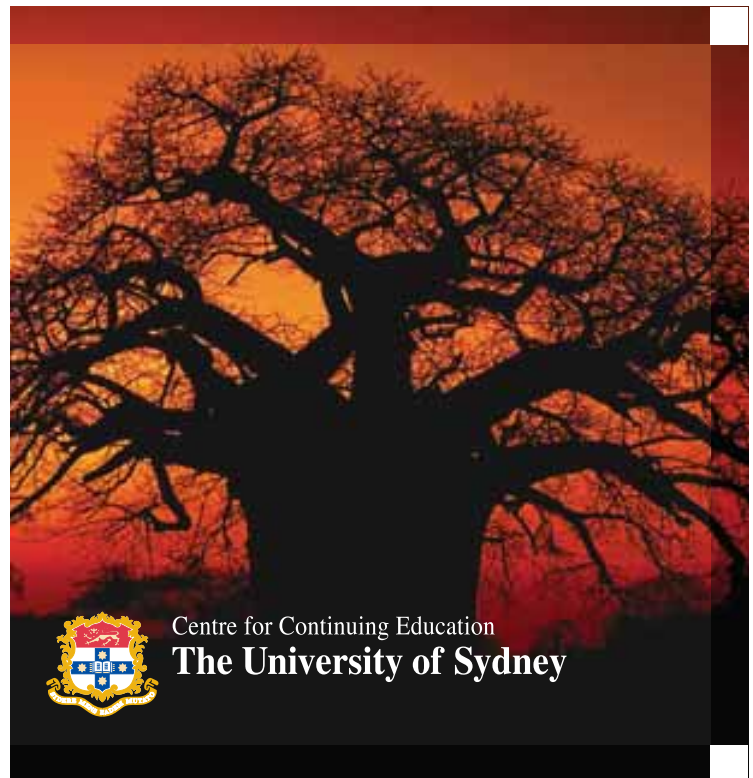
Archaeologist Dr Estelle Lazer specialises in the application of forensic techniques to the study of ancient human remains. On this tour she provides an excellent introduction to the evidence for human origins and an opportunity to view rock art in South Africa. With Estelle you'll track and examine the fossil evidence for human evolution over several million years, at sites that are still being actively excavated, have the opportunity to view fossils where they've been discovered, and, where possible, meet the scientists and watch field work in progress.

In addition to Estelle's expertise you will be introduced to the gourmet delights of the beautiful Cape winelands and the rare and unique flora and fauna of the magnificent wilderness of South Africa.

For further information or to obtain our travel program catalogue, please contact Mark Lalor on 02 9036 4765, M.Lalor@usyd.edu.au



Photo: Ann Holmes-Norgren.



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