



THE UNIVERSITY OF
NEWCASTLE
AUSTRALIA



CELEBRATING 30 YEARS

NEWCASTLE MEDICAL PROGRAM 2008

CONTENTS



- 02** Message from the Chancellor and Vice Chancellor
- 03** Meeting expectations of excellence
- 04** Thirty years and thinking
- 05** What I wish I had known in 1978
- 06** Reflecting on the Newcastle curriculum
- 07** To review, revitalise or remain steadfast?
- 08** Newcastle and medical education:
yesterday, today and tomorrow
- 10** Changing the face of medical learning in Australia
- 13** Joining forces to beat the doctor shortage
in rural and regional Australia
- 14** Indigenous medical education evolves with the times
- 16** A world view for Newcastle medical graduates
- 18** Leading the way towards better health
- 20** Students lending students a helping hand
- 22** Alumni profiles
- 26** Medical graduates 1983-2008



MESSAGE FROM THE CHANCELLOR AND VICE CHANCELLOR

Many functions of the University seem to become part of the day to day routine, but there are many activities the University would be unable to maintain without the support of its Alumni community. Whether the contribution is through teaching and research, community engagement, Convocation, monetary donation or simply promoting the University as a world-class educational institution through your professional networks, your involvement is very valuable to us and we thank you for it.

The University is now a major contributor to the Hunter and Central Coast regions enhancing education, the economy and the social and cultural life of the people living in its communities. We also have a major educational presence in Port Macquarie and Singapore and our graduates can be found worldwide.

Alumni Chapters located around the world offer a chance to develop mutually beneficial opportunities to build academic, research, business or recruitment networks and contacts providing benefits to both Alumni members and the University itself.

Professor Trevor Waring
Chancellor

We welcome the establishment of the Medical Alumni Chapter and invite you to take advantage of the opportunity to be involved in its activities and make contact with old friends. Its establishment in 2008 helps celebrate 30 years of the medical program at Newcastle University and your involvement will help to ensure its continued success.

The medical program has been a significant contributor to the success of the University. It holds a high national and international reputation for producing excellent graduates and as a leader in innovation and teaching. The program's expansion to the University of New England in a unique partnership with Hunter New England Health and Northern Sydney Central Coast Area Health Service emphasises the School's continued ability to evolve with the needs of the community.

As graduates of this excellent program, we invite you to be proud of your association with the School and begin to benefit from a closer connection with your colleagues, your mentors and your friends in the Medical Alumni.

Professor Nick Saunders
Vice-Chancellor



Mike Calford
Pro-Vice Chancellor (Health)



Michael Hensley
Head of School
Dean of Medicine (2002 -)

MEETING EXPECTATIONS OF EXCELLENCE

This year we celebrate the 30th Anniversary of the Newcastle Medical Program, the first year of the Joint Medical Program and the official start of the Newcastle Medical Alumni. In 1978 the original Faculty of Medicine had one program, the Bachelor of Medicine (BMed); it has grown into the present Faculty of Health which delivers 12 accredited health profession programs, has more than 500 staff and more than 6,000 students.

The setting up of the BMed owed much to the commitment of Newcastle people to have their own medical school. Especially important were local clinicians many of whom became honorary teachers for the first and subsequent cohorts of medical students. From that solid base of conjoint clinician teachers in 1978, we now have over 900 conjoint academics active in teaching and research.

We have seen massive growth in our research endeavours: in 2007 the Faculty and its partner centres and institutes received more than \$44 million in external research grants and consultancies.

The foundations for all of these exceptional achievements were set by the visionary first Dean of Medicine, David Maddison, and his successors through astute academic appointments and excellent collaborations.

It was logical that a generation after leading a major change to medical education in Australia, the University of Newcastle should be at the centre of another major advance. That innovation is the Joint Medical Program (JMP), a unique partnership between two universities, the University of Newcastle and the University of New England, and two health services, Hunter New England Health and Northern Sydney Central Coast Area Health.

The JMP partnership was set up to address the serious medical workforce shortage in rural and regional Australia. The JMP began in 2008, 30 years after the start of the Newcastle program. It is an expansion of the Newcastle medical program, but signals the end of a separate Newcastle medical school. The JMP runs as a virtual single medical school with one selection process, one curriculum, one

assessment system and one Dean of Medicine. However, the students enrol at either one of the two universities and hence there will continue to be a Newcastle Medical Alumni, as well as a University of New England Medical Alumni.

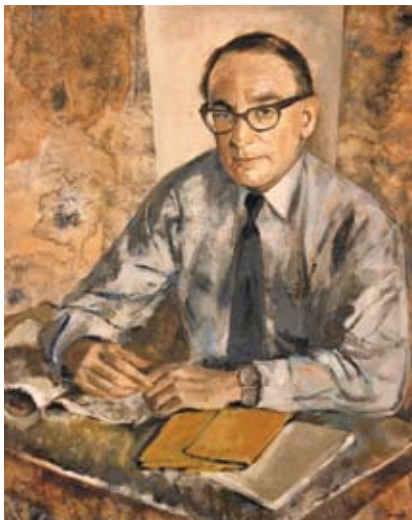
This is the first formal function of the Newcastle Medical Alumni. The University, the Faculty of Health and the School of Medicine and Public Health will work with you to build the alumni organisation that you want.



THIRTY YEARS AND THINKING

Stephen Leeder

Foundation Professor of
Community Medicine



David Maddison's remarks, recorded on a scratchy tape I imagine to be long lost, that he gave to the first cohort of medical students and most of the faculty on the first day of the medical course in 1978 acknowledged that we would all be, as he put it, in a 'state of arousal'.

David explained that by 'arousal' he meant a heightened consciousness driven by a heady mix of anxiety, excitement and anticipation. Yes, we were aroused! But, he suggested a little later in his comments, do not seek to change the world in a day! "We all nibble away, little by little." Perhaps this insight derived from his years as a concert pianist or Freudian psychotherapist.

I thought this was an odd thing for David to say at the start of a radically different medical school whose design, energy, humanity and genesis came from him. Excitement, yes, but anxiety and fear? Surely not! He, if ever there was, was a man on a passionate and clear mission of fast-paced change in medical education – brilliant, articulate, the master of razor-sharp critique and the quick, usually disarming, smile. We all nibbled away.

David died of a heart attack in November 1981 in his mid fifties. "So much more to do," one obituary led, paraphrasing a comment from David in his prodigious youth.

Thirty years and thinking – and still doing things differently, still so much more to do. That is David's legacy, his persistent influence. The establishment of the two-university Joint Medical Program under Michael Hensley's leadership and with Nick Saunders' vice-chancellorian endorsement demonstrates that Newcastle has not vacated the stage on which change can be enacted!

In 1982 I wrote a comment for a book marking the graduation of the first class of medical students. We were still concussed from David's death – aroused and fearful. I described feelings of both success and

failure thinking about the years since 1978. How necessary it is to exhibit tolerance of error if we are serious about innovation! But error often causes pain, not always ours. Students in the infant and toddler years of the Newcastle curriculum expressed their discomfort frequently, as well as their delight. It was a tale of two cities, of simultaneous ecstasy and agony.

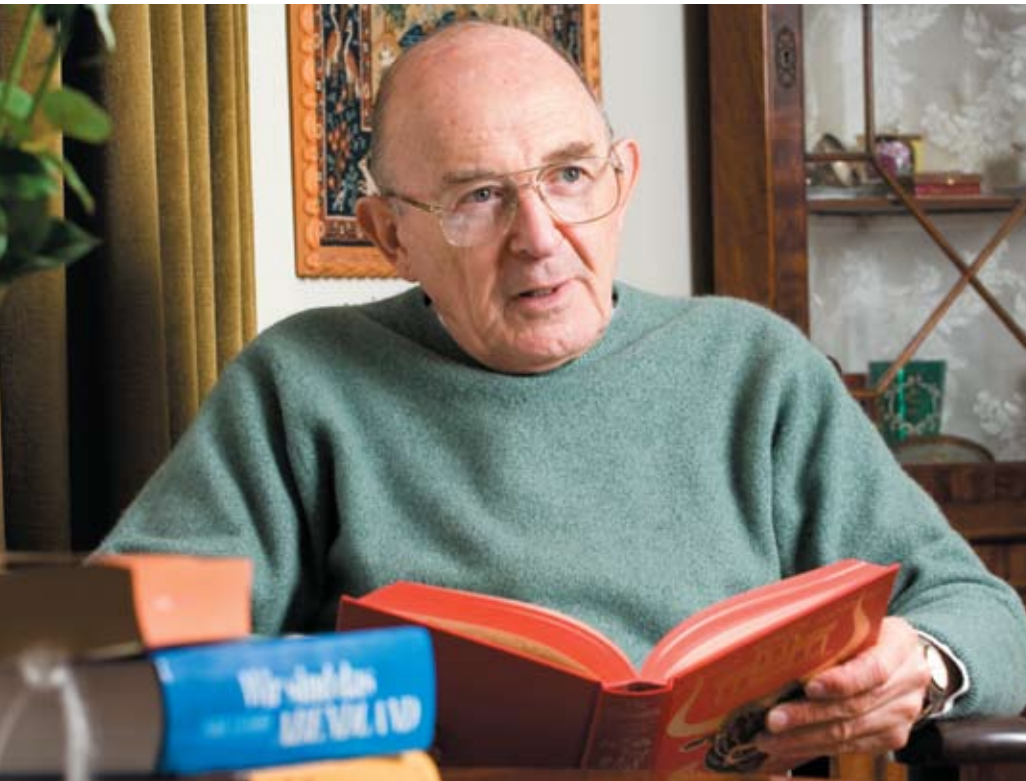
Thirty years is not long in cosmic history, but when it is our thirty years it matters. Thirty years is coming of age plus nine. By age 30 champion sports people are inventing new careers in marketing and charity.

So it is entirely appropriate that thirty years after medical faculty and students first met at Newcastle University, we reflect on those years – our thirty years – and consider their meaning. Not quite half way in the average Australian life expectancy, but far enough along for reflection, mid course correction, change, and a touch or two of regression to be appropriate.

Sid Sax, another great innovator and leader in Australian health, told me once how each Friday evening after he had driven his car into his garage and silenced the engine, he would sit at the wheel for a few moments and ask himself of the preceding week, "And what was that all about?"

So this time of celebration might include beneficially a pause, for the medical school and for each of us whose lives are entwined with it, to ask deep questions about destiny, achievement, profit and loss, degrees of freedom and our future.

Happy thinking!



WHAT I WISH I HAD KNOWN IN 1978

Geoffrey M Kellerman
Foundation Professor
of Medical Biochemistry
Dean 1981 - 1983

We established ourselves, with David Maddison as Foundation Dean, under the two banners of “community oriented” and “problem based”. In view of the recent commencement of the Joint Medical Program with the University of New England, and the recognition of the disadvantages to health care for those not living in a central area or capital city, I shall concentrate on the first banner.

To be genuinely community oriented, a Medical School must be involved with the community at all levels – hospitals and their staff, private medical and other practitioners and the community itself. I single out our Foundation Professor of Community Medicine, Stephen Leeder, as one who rose seriously to this challenge. Stephen involved himself and the students in identifying and studying community problems, using not only the obvious areas of Epidemiology and Biostatistics, but exploiting all possible overlap with the other disciplines from Behavioural Science to the most laboratory oriented departments.

Other Foundation Professors followed his example within the scope of their personal skills and the limitations of their disciplines. In subsequent evolutions of the course it appears increasing numbers and diversity of students as well as government pressures have diluted these efforts.

Notwithstanding these reservations, the University does have a reasonable record in terms of the proportion of graduates who are involved with the community and even stayed out of Sydney. This success bodes well for the Joint Medical Program which will rely so much on the input of community resources for the clinical program. Surely this will become much easier if we are able to refocus on the community involvement.

It is my great personal pleasure and privilege to be present when some of our older graduates (now specialist physicians) take part and excel in the education of the next generation of students. Particularly when I see pathophysiology, mechanisms of disease and the fundamentals of management strategy, including the critical appraisal of drug management issues, being emphasised.

As for the “problem based” ideology, I do not believe that it is a universal remedy. Certainly the aim is for the new graduate to be competent at solving patient problems, but how to get them to that stage must depend on the resources available, the skills of the educators and the personalities of the students themselves.

I believe that good students are proof against the worst of educational strategy, that bad students are irreclaimable by any strategy. The great centre group can be stimulated by some charismatic moment in a staff member that coincides with a critical phase in the student's development. This implies that there must be adequate time available to both students and staff for them to be able to interact in a meaningful way, and so easy access, open door policies and the like are mandatory.

I also believe that to be faithful to the banners, the School should always aim at congruence between the published learning objectives and the actual education and assessment strategies. Of the last, I am uncertain about recent use of multiple choice questions which, I believe, are antithetical to real life – no patient ever appears with a piece of paper with four alternative diagnoses/ managements with check one as the way forward!

A final comment – even if we had not had the above successful outcome with our graduates, we certainly stirred up the rest of the Australian medical educational establishments to examine their own courses critically and modernise them.



REFLECTING ON THE NEWCASTLE CURRICULUM

John Hamilton

Emeritus Professor
Dean 1984 - 1997

LESSONS FROM HISTORY

When I arrived in Newcastle, 25 years ago, the first class had graduated and they were doing well. The memory of David Maddison was tangible and rather daunting to a newcomer. He and I had met in 1975 when, newly appointed, he visited McMaster medical school and we discussed the new problem based curriculum. There was no trace of that conversation in his notes, but they did record from many schools a rich experience of innovation and the building of a network of contacts. This enriched the thinking of the new Faculty but they did not blindly copy. They created a curriculum of their own, a direct response to issues of the community and the nation.

There are lessons here for all schools, be they new or be they planning for renewal. Newcastle was set up by the Karmel Committee to develop and demonstrate new approaches. And so it did. At accreditation the Australian Medical Council commended its national and international contribution. At intervals we introduced innovations, and now the commencement of the JMP provides the right opportunity for all parties to think again and reach for a new paradigm. This will need time, commitment, resource, and wide consultation.

WHAT WORKS: FOUR EXAMPLES

Others will describe the early years. I have been away for five years establishing a new curriculum in Durham, England. Returning, I reflect upon four recent innovations in Newcastle which have succeeded:

The contribution of clinicians in the health service, managers in clinical governance. This contribution is increasingly enriched by our own graduates. I now examine with colleagues who I tutored in Year 1. They are very good!

Community orientation and engagement. This has always been important and recent innovations have expressed community engagement and social accountability that gives a 'voice' to the curriculum. I listen to many student presentations from both the Year 3 Health Equity Selective and the Year 5 Primary Health Care Selective. They convey to me a better understanding of issues in community, in health service, and in a public health approach to clinical care than in the past.

The restructuring of Year 5 as a pre-internship year. This has released students from the previous overburden of formal set piece assessments and enabled them to be contributing members of the clinical team. Students enjoy this, their learning seems energized, and their

readiness for internship is improved. At long case assessment in medicine, the only one remaining in Year 5, I find their approach to clinical care has become more comprehensive, more strongly based on evidence.

The response to health care priorities, specifically of safety and quality of clinical care, through the Quality of Health Care Assignment. Students in groups study a lapse in care and the factors in the health system that contribute to it. This grew from Newcastle's close involvement 12 years ago in the national study of adverse events in health care.

LESSONS FROM RETIREMENT

Retirement has brought requests to review and advise new and old schools in several countries. Some have been strongly influenced by Newcastle, as have many schools in Australia. Others have purchased ready made Australian electronically-packaged problem-based curricula. Despite positive steps to adapt them to local circumstance, there remains a niggling concern that the curriculum is not being built from the ground up to respond to local priorities. The JMP must look to the rich lessons of the world abroad and then build its own response to the world at its door.



Rob Sanson-Fisher

Laureate Professor of Health Behaviour
Dean 1998 - 2001

TO REVIEW, REVITALISE OR REMAIN STEADFAST?

Articulating the unique components of the University of Newcastle medical program was once easy. The school was identifiable by its student selection process on characteristics other than those purely academic, small group problem based learning, integration of clinical and basic sciences, a population health focus, whole person care and the inclusion of communication skills. It is a mark of the program's success that a majority of these features have been adopted by many other Australian medical schools. As a consequence the essential and different features of our medical school are now harder to define.

When the school formed there was a concern that over time there would be a 'regression to the mean'. There was a concern that the program could return to the traditional medical education of large lecture theatres, heavy emphasis on the basic sciences in the first years and dominance of the clinical sciences in the final years. It is a credit to those involved in the curriculum that this has not occurred. Newcastle has maintained its commitment to a majority of those things which defined its bold educational experiment some 30 years ago. The interpretation and expression of some of the principles has been modified. This has occurred as a result of educational

experience, changes in the way in which health care is delivered and massive modifications in university functioning. However, adherence to the basic and most important of these concepts remains. Not unexpectedly, the educational principles-implementation gap may have increased but elements of the original commitment continue to burn.

After so long it is reasonable to ask whether we should continue to adhere to those original guiding principles. Do we maintain our commitment to problem based learning, small group teaching and other well-known Newcastle components or to a higher order objective such as being a leader in undergraduate educational innovation? Over the years there have been a number of reviews of the curriculum and attempts to revitalise the educational experience. There are likely to be differing perceptions about whether these have achieved a significant improvement in our graduates knowledge, attitudes and clinical abilities. We should continually question whether we are producing doctors who are able to competently and appropriately deal with their patient needs while functioning in a healthcare system which itself is undergoing huge and continuing change.

Looking forward to the next 10 years, the Newcastle medical program will have to make a difficult decision; whether to identify itself by the principles established 30 years ago or consider reinventing itself as a pre-eminent, innovative undergraduate curriculum for today's needs. Either choice will impose considerable difficulties and demands. Whatever the decision the program can take pride that there are 30 years of graduates who are respected, caring, competent, and helping communities to improve their health outcomes. Institutions can always do better but the Newcastle program can be justifiably proud of its graduates and their skills, dedication and achievements.



NEWCASTLE AND MEDICAL EDUCATION: YESTERDAY, TODAY AND TOMORROW

MEDICAL EDUCATION IN AUSTRALIA IN THE SEVENTIES

Newcastle was the tenth medical school in Australia, and the first to be established outside a state capital. It was a pioneer for many of the concepts which are now established features of basic medical education worldwide.

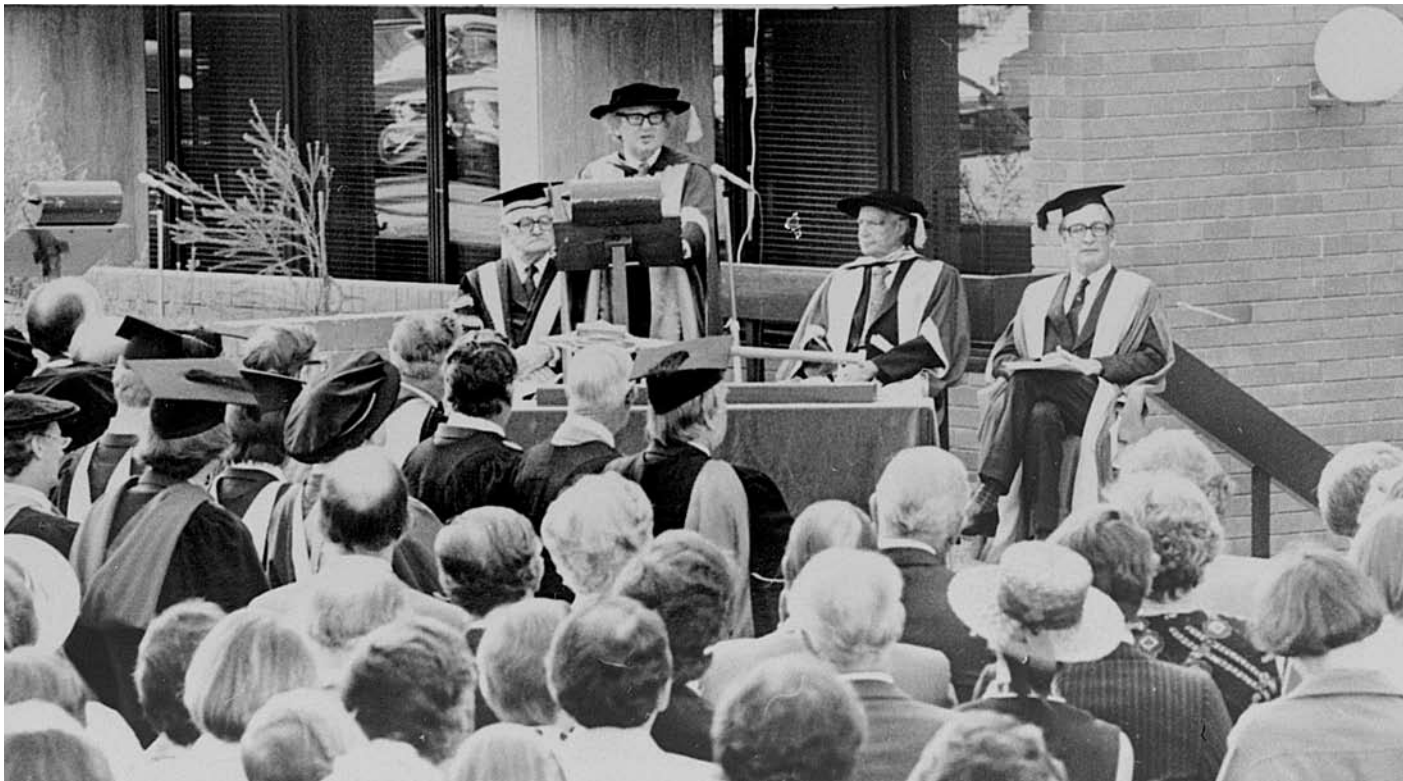
At that time, attention was turning increasingly to the process of learning, as distinct from its content, and horizontal and vertical integration were among the new buzz-words. In implementing these trends, Newcastle was the fourth medical school in the world to introduce problem-based learning (after McMaster, Beersheva and Maastricht). Now, every medical school in Australia describes itself proudly as problem-based, although aspects of the educational practice in some schools are still distressingly fact based.

Another innovation was the emphasis on learning in small groups. Again, while tutorial groups were an established feature of basic medical education at the time, the role of the group tutor in Newcastle was deliberately changed from supplier of information to facilitator of learning.

Explicit attention was paid to personal and professional development, which is now acknowledged as an indispensable component of basic medical education.

All this was based on a detailed set of program objectives which had been drawn up at the outset, and which provided the touchstone against which all educational and assessment proposals were measured. The existence of an explicit set of course objectives is now a requirement for accreditation of a medical school by the Australian Medical Council.

The wisdom of the decision to recruit and to nurture a cohort of Aboriginal and Torres Strait Islander students is evidenced in the leadership roles being occupied by some of those graduates today.



Rufus Clarke

Foundation Professor of Anatomy
 Founding Chair of Undergraduate
 Medical Education Committee

The establishment of an admissions policy which abolished the requirement for prerequisite subjects, and which explicitly sought a set of personal attributes as well as cognitive ability, has now been copied, to a greater or lesser extent, by most medical schools in Australia.

Newcastle was, I think, the first medical school in Australia to establish a Chair of Medical Education (albeit at Associate Professor level), and a Department of Medical Education and Program Evaluation. Though these structures have become more prevalent, in some places they have many of the characteristics of an endangered species.

In all these aspects, Newcastle led the way. Whether we were just early adopters of developing trends, or to what extent we truly altered the course of history, is for others to say.

TODAY AND TOMORROW

The education of today is preparation for the practice of tomorrow. While the implications of gene therapy and nanotechnology pose many interesting questions for the practice of tomorrow, it is becoming clear the health industry is an increasingly inappropriate environment in which to educate and nurture those whose mission is to maintain and improve the health of our society.

I fear that the current spate of inquiries and task forces and summits and expanded specialist training programs will do little to:

- redress the focus on illness rather than health,
- reverse the effects of increased specialisations which no longer treat the patient as a whole being,
- counter the perverse incentives generated by fee-for-service procedures, and
- restore care as the most important feature of every moment of our professional practice.

As George Bernard Shaw said: "All professions are conspiracies against the laity." Ours is no exception. We are not the solution: we are a large part of the problem.

The education of the professions is being invaded by competency-based assessment, the rather compelling notion that we should be testing whether the students can actually do what we claim they have learned to do. This can work well in the postgraduate arena, but the problem for basic medical education is that the medical student plays little or no part in the care of the patient. Medical education is largely a spectator sport, viewed from the galleries of our teaching hospitals.

A hopeless idealist, I would like to see the education of the next generation of doctors based substantially, not just tokenistically, on longitudinal involvement of students in both the health and the sickness of the people and the communities they are there to serve – learning by caring.



CHANGING THE FACE OF MEDICAL LEARNING IN AUSTRALIA

The seventies was a decade of significant social and political transformation across Australia – and the University of Newcastle was not immune to the spirit of change.

Thirty years ago the University established its Faculty of Medicine and introduced a medical degree radically different from any other – it was a leap of faith for the University, the lecturers, students and the region.

Not only was it the first degree in medicine to be established at a non-metropolitan university, it was also the first to adopt a problem-based learning approach – a widely accepted methodology now, but a new and challenging concept in 1978.

The instigator of the Newcastle medical program was Professor David Maddison who had previously held the position of Dean of the Medical School at the University of Sydney. Professor Maddison was a man of courage and vision, and passionate about the importance of community medicine.

He was also passionate about creating a medical school that would produce what he described as a 'new breed' of doctor. Not only would the degree be delivered with a problem-based learning approach, it would focus on community involvement and close interaction with local medical practitioners and hospitals.

Dr Malcolm Ireland, Deputy Head of the School of Medicine and Public Health, said that in the seventies, the Newcastle problem-based learning curriculum was very different to other medical schools that used more didactic learning methods.

"Ours was focused on problem-based and self-directed learning methods, a mix of basic science and clinical teaching from day one. It was well planned. David Maddison and his foundation staff spent several years in the development stages," Dr Ireland said.

From the beginning, the University led the way in its selection of medical students. Medical schools across Australia were selecting students by assessing high school academic performance only. The University of Newcastle initiated a new selection process based on a combination of attributes – academic performance, a psychometric test and a personal interview.

"Our program's system of using a range of selection criteria has been very successful. While considered radical when first introduced, we have demonstrated evidence that this system selects students who are more likely to succeed in the medical program. As a result, today it is the selection blueprint for many other medical schools," Dr Ireland said.



Since 1980 the University's medical program has increased its attention to rural medical education. Long before others were looking at the health needs of rural communities, Newcastle was sending students into hospitals in regional centres such as Orange, Coffs Harbour, Port Macquarie, Dubbo, Bathurst, Gosford, Taree and Tamworth.

In the spirit of Professor Maddison's passion for community medicine and his egalitarian philosophy, today's medical students continue to gain valuable experience in rural areas. There are now over 180 Bachelor of Medicine students enrolled in the first year of the Joint Medical Program (JMP), conducted collaboratively between the University of Newcastle and the University of New England. The two universities launched the JMP this year in partnership with Hunter New England Health and the Northern Sydney Central Coast Area Health Service.

"Clinical placements in rural areas are invaluable as the students gain experience across general practice, paediatrics, obstetrics and gynaecology, medicine and surgery, and certainly have the chance to put their problem-based learning into practice. Many students spend at least 80 per cent of their placements in a rural area," Dr Ireland said.

Innovation has always been the touchstone for the growth and development of the medical program – but this is not always easy.

"David Maddison always maintained that there would be pressure to go back to the old, more didactic university program, what he called a 'regression to the mean'. However, the Newcastle medical program has resisted standing still because we cannot function effectively if we do not keep pace with changing needs and circumstances."

Through the JMP, work is currently underway to review the medical degree program curriculum. The rural context of the curriculum is being examined, as well as identifying how spiral learning can be maintained especially in clinical skills, within the parameters of the staff and resources available.

"The University of Newcastle is incredibly proud of its medical degree program. We started with an ambitious concept and today we continue to lead the way with ground breaking initiatives. The JMP is a wonderful example of that," Dr Ireland says.

"Most importantly, we continue to produce very fine doctors who, because of their problem solving focus and level of practical experience, approach their profession with good, sound medical knowledge as well as empathy with their patients.

"Professor Maddison would be very proud."



JOINING FORCES TO BEAT THE DOCTOR SHORTAGE IN RURAL AND REGIONAL AUSTRALIA

Rural experience was a founding philosophy of Newcastle's medical program. It is now the basis for the Schools latest innovation – an expansion to the University of New England.

The University of Newcastle has always had enormous faith in its medical program. Not only does the program produce doctors with strong problem-solving and broad clinical skills, it also actively strives to address the critical health delivery issues that face the nation by encouraging its graduates to practice in rural areas.

The importance of teaching and learning about rural medicine in a rural environment has been a philosophy of the program since it began. It's a fact that medical students who undertake some of their training in rural communities are more likely to practice in those areas on completion of their degree.

A Federal Government advisory report conducted in 2005 confirmed this and contributed to Newcastle's School of Medicine and Public Health thinking of ways to increase the school's commitment to rural areas.

As a result, a unique partnership began between the University of Newcastle, the University of New England in Armidale and the Hunter New England and Northern Sydney Central Coast Area Health Services. It is known as the Joint Medical Program (JMP).

Chief Executive, Hunter New England Health, Dr Nigel Lyons (BMed 1986) said it's a momentous achievement for everyone involved. "We received accreditation of the program from the Australian Medical Council in less than 18 months. That's really quite extraordinary.

"Now we have in place a range of top-class facilities for students at both universities. It represents a critical investment in rural and regional communities across New South Wales," Dr Lyons said.

Dr Lyons adds that with the recruitment of rural students from all over Australia, the program offers reciprocal benefits for the rural hospitals across the regions. "It provides the opportunity to build the reputation of their academic and teaching environments.

"The research and teaching involved in the project is crucial. The JMP is doing much to attract and retain clinicians in areas of need. That is a very attractive prospect and one that can only improve health delivery in those areas," he said.

Dean of Medicine – JMP, Professor Michael Hensley, said the JMP received Commonwealth government funding for 160 places in 2008: 100 at Newcastle (an increase of 20) and 60 at the new School of Rural Medicine at the University of New England in Armidale. The funding had also allowed for infrastructure improvements at each university to assist with teaching delivery.

Professor Hensley said the program aims to attract as many students as possible from regional and rural backgrounds.

"We anticipate students are more likely to practice where they train, leading to an increase in the medical workforce and improvement of health services in rural and regional areas," he said.

"We have consciously continued in the tradition of innovation. From its early days, the School has enjoyed a reputation for difference and excellence. We intend to carry on that tradition," Professor Hensley said. "The JMP is an outstanding example of innovation in medical education and we are delighted to see it working so well."

"Being based across two university campuses, one in a metropolitan setting, the other in a large rural centre, gives the JMP students access to broader study options and facilities. The partnerships with Hunter

New England and Northern Sydney Central Coast Area Health Services give students of the JMP a combination of rural, regional and metropolitan clinical experiences, ultimately producing doctors who are prepared for practise in a range of settings and have an understanding of the needs and culture of each area.

Students on both campuses are supported by common policies and practices for admissions, student administration, support, curriculum, teaching and assessment. This is unique in Australia and once again Newcastle has led the way," Professor Hensley adds proudly.

The Medical students will also benefit from the University's long-term relationship with the Northern Sydney Central Coast Area Health Service. This has resulted in the Central Coast Clinical School based at Gosford Hospital, where, along with other regional health services and the private sector, the students receive excellent clinical teaching.

Professor Hensley said it is another example of how Newcastle's Medical School reaches out to tap into professional resources, community links and the goodwill of the medical fraternity.

"I believe that in much less than 30 years time, the JMP will count among its graduates many fine doctors working in rural and regional areas of New South Wales and throughout Australia. The Newcastle Medical School will continue to think innovatively about how it can contribute to and improve medical care in Australia. I have no doubt about that," he adds emphatically.

INDIGENOUS MEDICAL EDUCATION EVOLVES WITH THE TIMES

Long before Indigenous Health Equality policies came into being, lecturers and students at the University of Newcastle's Discipline of Indigenous Health were working to close the gap.

Dr Louis Peachey (BMed 1990) was one of the first two Indigenous doctors to graduate from the University of Newcastle's medical program. He has been a general practitioner and anaesthetist and is now a Medical Educator at James Cook University's Mount Isa Centre for Rural and Remote Health in Queensland.

"The day I graduated, I felt relief. For my family, there was pure joy. And for a small group of Aboriginal children who happened to see me graduate, I hope it inspired them to challenge the dogma that being 'black' or Indigenous makes them a member of Australia's permanent underclass."

With a 17-year difference in life expectancy along with higher rates of diabetes, heart and kidney disease, Indigenous people remain the least healthy population group in Australia.

One group, who for the past 23 years, has been focused on improving the health and wellbeing of Indigenous Australians is the University of Newcastle's Discipline of Indigenous Health.

"Being a specialty in its own right means Indigenous Health can be taught in a contextual framework, which is vitally important," said Senior Lecturer in the Discipline of Indigenous Health, Dr Anita Watts (BMed 1996).

"Doctors must understand the history of Indigenous Australia in order to overcome social and cultural barriers to improving the health of Indigenous Australians," Dr Watts said.

Dr Watts understands the challenges facing doctors in Indigenous communities better than most. An Indigenous graduate of Newcastle's medical program she is now a part-time general practitioner and has lectured on Indigenous Health at the University since 2004.



The Discipline of Indigenous Health was established in 1984 as the centre for Australia's first special Indigenous medical education admissions program.

There have been 53 graduates and today 21 students are enrolled in the medical program. As part of the Joint Medical Program there are up to 16 places available each year across the University of Newcastle and University of New England.

"The University can proudly claim that almost half the national total of Indigenous doctors have graduated from Newcastle," Dr Watts said.

"In the 1990's there was greater awareness of the plight of Aboriginal people. Indigenous issues caught the attention of the Government and the people of Australia and 1993 was celebrated as the International Year of Indigenous Peoples. This coincided with a groundswell of Indigenous medical talent," she said. "There was immense interest in the program from within the University sector as well as from the community and the media.

"When the Discipline started it focused on supporting students through the special entry program. Now it has evolved into an academic subject in its own right, with an Indigenous health curriculum delivered to both Indigenous and non-Indigenous students.

"A powerful aspect of the teaching stems from the fact that several of the lecturers are Indigenous Australians. Subjects don't have to be taught by Indigenous teachers, but I believe it's helpful for students to receive a first-hand account from Indigenous academics," she said.

There is still a long way to go in achieving a proportionate representation of Indigenous people in medicine in Australia, as Dr Watts explains. "Our 16 annually available places are not always filled. The reasons behind this are complex. There are just 125 Aboriginal doctors in Australia, which is only 0.3 percent of the doctor population, so it's not reflective of the three percent Indigenous Australia population."

Associate Professor of Indigenous Medical Education, Professor Peter O'Mara (BMed 1999), agrees. "We believe greater efforts are required, because Indigenous people make up one of the sickest patient groups in Australia," Professor O'Mara said.

"Various initiatives are underway at the University of Newcastle to encourage Indigenous students into the medical profession. Alongside increasing career guidance in high schools, the University recently began introduction days for high school students.

"The students spend a day on campus with a medical student to gain an insight into student life and studies. The students find this is not only informative, but valuable and inspiring," he said.

"This is also the case with the new Summer School which commences in December, 2008. The one-week course will provide Indigenous students with an overview of basic sciences and insight into the structure of the BMed program.

"We have found that programs such as these help students overcome any initial anxieties they may have about a career in Medicine.

"We hope to see many more Indigenous doctors graduating from our medical program in the years to come. They are the ones who can make a major contribution to closing the health gap," he said.



A WORLD VIEW FOR NEWCASTLE MEDICAL GRADUATES

Most medical practitioners will remember their early clinical experiences as somewhat daunting, hugely challenging, but very exciting. Getting out of the labs and lecture theatres and into hospitals and clinics opens your eyes and your mind to the realities of medicine.

At Newcastle, students' clinical experience knows few boundaries. From remote country towns to large city hospitals, students are working at the coal face gaining valuable first hand medical experience and an understanding of Australia's diverse health care system.

Newcastle's medical program takes this experience one step further by offering international clinical placement opportunities and giving students a unique insight into health issues in a global context.

According to University academic, Dr Nichelle Geary (BMed 1999), the chance to reflect on cross-cultural differences between Australia and the rest of the world was one of the most important benefits of an overseas clinical placement.

Dr Geary said an international clinical experience prepares students well. "It's an old cliché, but they 'hit the ground running'. It is a steep learning curve but an invaluable experience."

Dr Geary, who recently returned to Newcastle after several years working in clinical and public health programs in East and Central Africa, draws on her own experience to lecture in international health and provide support for international students in the medical program.

"There is nothing better for a student than experiencing tropical medicine in a location such as Vietnam, or discussing human rights issues and barriers to healthcare with students from conflict zones such as Zimbabwe."

The University of Newcastle offers medical students a significant number of opportunities to expand their experience overseas. In third year, the seven-week Health Equity Selective can be taken in any region in the world exposing students to the social, political and economic factors that affect health equity.

Newcastle has formal exchange agreements with the University of Nottingham in North England and the University of Oslo in Norway. At both universities, Australian fourth-year students can spend one semester studying pediatrics and reproductive medicine. In return, the School of Medicine and Public Health accepts two British and two Norwegian students for a semester.

Fifth year students have the opportunity to organise their own overseas clinical placement which satisfies the requirements and objectives of the nominated course and its course component.

A Primary Health Care Selective, also for fifth-year students runs for four weeks. In past years, it has been undertaken in locations as diverse as Cambodia, Vietnam, the Solomon Islands and Fiji.



As well as sending their students overseas, the University has a number of partnerships in place to smooth the way for international students to study medicine at Callaghan.

The School of Medicine and Public Health has established strong links with three educational institutions in Malaysia, including the International Medical University (IMU). Each year, up to four students from the IMU are admitted into the third year of the University of Newcastle's medical program.

"The University's international medical students receive significant support from the School of Medicine and Public Health including a strong program of orientation and a comprehensive international student support," Dr Geary said.

"The University highly values the international component of our medical program. Our visiting overseas students make a great contribution offering different perspectives and insights to learning; and the opportunity for domestic students to gain experience overseas is invaluable. These elements combined, give our medical program an added depth and quality to ensure our graduates are ready for any challenge."

The School of Medicine and Public Health has an exceptional track record in postgraduate education for international students.

In 1982 the Rockefeller Foundation awarded a grant to the University of Newcastle for the establishment of the Centre for Clinical Epidemiology and Biostatistics (CCEB) as part of the International Clinical Epidemiology Network (INCLIN).

An important role of the CCEB is to liaise with other health science institutions in developing countries and in Australia to produce significant numbers of skilled personnel who can influence clinicians, health administrators, peer professionals and politicians toward rational, effective and economically efficient use of health care resources.

The Centre took on this role in the developing world as one of the three original INCLIN training centres and has since developed other programs such as a Quality Improvement program for the Indonesian Ministry of Health. In its long history of successful teaching of postgraduate students from overseas, the CCEB has trained hundreds of health professionals from China, India, Japan, Africa, Vietnam, Malaysia, the Philippines and many other countries.

The CCEB now functions as a multi-disciplinary Centre within the School of Medicine and Public Health which provides the School's postgraduate curricula in public health. Currently more than 320 postgraduate students are enrolled in 15 different award programs. The CCEB will enter an exciting new phase in 2009 when international students will be able to undertake a newly established Master of Public Health program.

LEADING THE WAY TOWARDS BETTER HEALTH

The University of Newcastle has an impressive track record for producing groundbreaking research that can change people's lives. From the identification of a small faulty gene to a significant discovery in asthma our research culture is strong and vibrant.

Five of the University's 10 Priority Research Centres (PRCs) are located within the Faculty with three of those located in the School of Medicine and Public Health. They have been established to strategically focus resources on areas of need in line with nationally identified health priorities.

The three PRCs within the School of Medicine and Public Health focus on asthma and respiratory diseases; brain and mental health research; and gender, health and ageing. The other two, in which staff from the school are very active, focus on research into bioinformatics, biomarker discovery and Information based medicine; and reproductive science.

The School's strongest affiliation is with the Hunter Medical Research Institute (HMRI). HMRI is a strategic partnership between the University of Newcastle, Hunter New England Health and the Hunter community. It is recognised as one of Australia's most innovative health and medical research institutes and is the third largest medical research institute in New South Wales. The integration of multi-campus university and hospital-based research helps to channel research activity and provide opportunities for collaborative research.

The continued growth of HMRI has been supported by funding from the New South Wales and Federal Governments to build a new state-of-the-art facility to accommodate over 340 researchers, provide specialised research and training facilities, and allow for innovative biotechnology and commercial research laboratories.

Our research work is recognized for its impact and relevance to the region, the nation and the international community. The continuing success of our research is underpinned by teams of talented researchers, many of who are leaders in their fields. Some examples of their work are highlighted here.

CENTRE FOR ASTHMA AND RESPIRATORY DISEASES

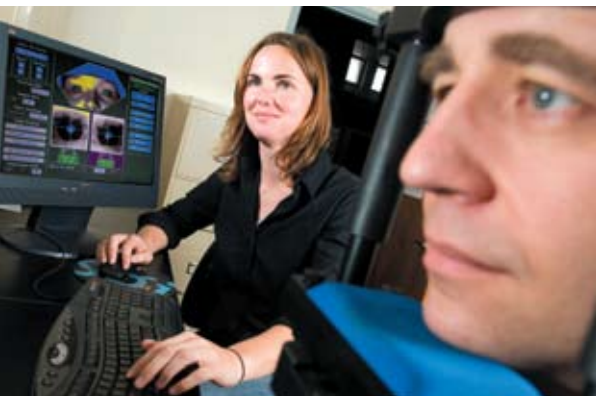
Developing advanced models for diagnosis and treatment of the two major chronic respiratory diseases in Australia is the aim of the research centre.

Co-Director of the Centre and a Hunter New England Health Respiratory Senior Staff Specialist Professor Peter Gibson said asthma rates in developed nations are high and ever increasing. Newcastle is no different on that score. Where Newcastle does differ is that it is a veritable asthma research 'hotspot' – home to an elite team of researchers working towards a cure.

"The Centre has attracted and retained young scientists at both PhD and post-doctoral levels and has had recent successes in a number of projects," Professor Gibson said. "One of these is the identification of a non-eosinophilic asthma and the discovery that it can be successfully treated with macrolide antibiotics. This offers a new type of treatment for many people with asthma that is both simple to use and readily available.

"We have also had success investigating the genetic regulation of asthma," he said. "The recent discovery of Micro-RNA has enabled us to determine which molecules control the key genes responsible for causing asthma and we are now doing further research into how we may be able to influence this.

The Centre for Asthma and Respiratory Diseases works in collaboration with the HMRI Viruses, Infections/Immunity, Vaccines and Asthma (VIVA) Research Program.



RESEARCH CENTRE FOR GENDER, HEALTH AND AGEING (RCGHA)

Focusing on the individual, health and societal factors that affect men's and women's health as they age, the Centre examines the impact of chronic conditions and the use and effectiveness of health services.

Centre Director, Professor Julie Byles (BMed 1985), said the Center is continuing to make major contributions to national health policy through the Australian Longitudinal Study on Women's Health – the largest of its kind ever conducted in Australia. "The study is investigating a diverse range of issues including smoking, domestic violence and the impact of health service delivery," Professor Byles said.

"We are also currently conducting a study into ways to improve nutrition and hydration for older people who live in residential aged care. These are two critical factors in maintaining good health as we age," she said.

The Research Centre for Gender, Health and Ageing works in collaboration with the HMRI Public Health Research Program.

CENTRE FOR BRAIN AND MENTAL HEALTH RESEARCH

A national leader in its field, this centre is investigating all aspects of brain disorders, including individual differences in vulnerability causal mechanisms and various treatments.

Research is aimed at achieving better means for the early detection and prevention of morbidity in the areas of schizophrenia, stroke, pain and sensory dysfunction, and affective and addictive disorders.

Centre Director, Professor Vaughan Carr, said its researchers are part of the Hunter Medical Research Institute and work with the strong support of the Schizophrenia Research Institute, Hunter New England Mental Health and the Hunter Institute of Mental Health to conduct multi-disciplinary research.

"No other comparable research facility has such tight linkages across multiple levels of enquiry and between scientists and clinical services," Professor Carr said.

"We have recently received a grant to investigate neuro-behavioural genetics where we aim to identify genetic markers of

mental illness. This will enable the genetic risk for mental illness to be quantified in a way that could open up the potential for prevention, offering a great benefit for people with mental disorders, as well as their families and others who may be at increased risk of developing mental illness," said Professor Carr.

The Centre for Brain and Mental Health Research works in collaboration with the HMRI Brain and Mental Health Research Program.

The Centre for Reproductive Science works in collaboration with the HMRI Pregnancy and Reproduction Research Program.

CENTRE FOR REPRODUCTIVE SCIENCE

The Centre for Reproductive Science will target the future health of all Australians by improving the health of pregnant women and providing key information on the determinants of a healthy start to life.

The Centre for Reproductive Science works in collaboration with the HMRI Pregnancy and Reproduction Research Program.



STUDENTS LENDING STUDENTS A HELPING HAND

With a demanding schedule over five years, studying medicine can be hard work. Exams, clinical placements and relentless hours of study can take their toll, so a support and social network is vitally important to help students survive both in and out of the lecture room.

This is where the University of Newcastle Medical Society plays an important role for many medical students during their studies.

Known affectionately as MedSoc, the society is renowned throughout the University and the community for its social program of events, including balls, parties and sporting clashes with rival faculties.

The current MedSoc President, Andrew Williams, is part of a group that is building on the achievements of the society and taking it in a new direction to embrace student support and fundraising activities

for charities. Andrew believes that this new direction will prove even more valuable for students.

“Having a balanced social life is important for medical students as the volume of study can be overwhelming,” Andrew said. “In the past, MedSoc provided great support through the social club. While a social outlet is vitally important, we want MedSoc to be more.”

MedSoc recently founded the Buddy Program for Newcastle’s medical students, a concept that has been successful in a range of settings from school to the workplace.



"It made good sense to apply the Buddy Program here. We pair first-year students with a fourth-year mentor. Who better to support you in the busy, stressful early years of medicine than those who have been there before and survived?" he laughs.

MedSoc has expanded its charity work this year by helping to raise \$25,000 for the Nicholas Trust, a local charity aiming to establish paediatric palliative care in the Hunter New England region.

The society also plays a pivotal role academically primarily as the representatives on the Medical Students' Consultative Committee, the main forum for official feedback from students to the Dean of Medicine-JMP. Through this role, the society speaks for students across a range of areas including course content and assessment procedures, ensuring equity of learning across the University's remote campuses. It also discusses issues relating to medical and teaching staff.

MedSoc's Academic Forums engage in a variety of entertaining and educational opportunities that reach beyond the scope of the standard curriculum. The recent Emergency Challenge held in conjunction with the St Johns Ambulance and Australian Defence Force is one such event and a highlight on medical students' calendars.

A new series of Academic Forums, known as 'The Cutter's Club' focused on careers in surgery. Guest speakers at the inaugural Cutter's Club evening included trauma fellow Dr Tim Pollit, vascular surgeon Dr Nicole Organ and Professor of Surgery and Head of Surgery at John Hunter Hospital Professor Stephen Deane.

As well as increasing in influence, MedSoc is also growing in size with this year's additional student intake through the Joint Medical Program. MedSoc now has two branches. The University of New England is in the process of starting its own Medsoc Chapter, which will create a strong cross-campus student community.

"Advocating for the quality of medical education, supporting and representing students to ensure an environment that promotes academic excellence and giving something back to the community are the key elements driving the agenda for MedSoc," Andrew said.

"By refocusing the society, we can increase support for students – both academically and socially – be involved in charitable activities and have fun at the same time. Everyone wins."



PROVIDING HUMANITARIAN SUPPORT TO DISASTER ZONES

Leonard Brennan's (BMed (Hons) 1988) career has gone from one crisis to the next.

Currently Director of Health for the Australian Defence Force (ADF) Joint Operations Command, Dr Brennan has led teams providing surgical service in several international crisis situations.

He helped set up an aero-medical evacuation service in Port Moresby in 1993, a first in Papua New Guinea. In 1998 he was back in PNG, 24 hours after the tsunami hit, to set up the only emergency hospital. "We had hundreds of patients to care for," Leonard says. "It was one of the busiest and most rewarding jobs I've done in the military."

Later that year he was in Bougainville to run its hospital after years of civil war. In 1999 he established an emergency hospital in East Timor within hours of the first Australian troops arriving. The conflict in the Solomon Islands saw him deploy again in 2004 to run the hospital supporting the stabilisation mission.

Dr Brennan was sponsored to study medicine at the University of Newcastle by the Army. Afterwards he began work with Army's 3rd Battalion, Royal Australian Regiment (para), in Sydney and he is still fulfilling his dream of service in the Army.



GRADUATE FINDS FERTILE GROUND

Three years after graduating the BMed in 1987 Andrew Hedges began working in in vitro fertilisation (IVF) at Royal North Shore Hospital in Sydney. He is now using his knowledge and experience both at home and abroad.

Andrew worked with the scientific director at Monash IVF, Victoria to establish an IVF clinic in Colombo, Sri Lanka in 2005.

"Children are a very important social status in Sri Lanka and infertility is a problem for many couples as it is here in Australia. It was very rewarding to be able to offer these people the services we have here to help them start a family," said Dr Hedges.

The initial cycles performed achieved a high success rate of 30 percent and the clinic is continuing to grow providing services to around 300 people each year.

In 1992 he was awarded the RACOG College F J Browne Medal for the membership exam and has recently completed a Masters of Reproductive Medicine.

He has been a founding Director of Hunter IVF in Newcastle since 2002. "After 20 years experience in the field I've learned it is vital to consider the individual or the couple as a whole and tailor treatment to the individual rather than the individual to the treatment," said Dr Hedges.



HIGH FLYING FOR HIGH ACHIEVER

A walk across the Harbour Bridge for the 2000 Reconciliation Corroboree and a trip to Bourke in rural NSW led Dr Anne (Elizabeth) Wakatama (BMed 1983) to move to Broken Hill to improve the health of Indigenous Australians.

In 2001 she became the Chief Medical Officer of the Royal Flying Doctor Service (RFDS) in Broken Hill. Whilst in this position she had the responsibility for overseeing the emergency retrieval work of the RFDS and remote primary health care clinics in the towns of Far West NSW. This work led to a belief that improving Aboriginal health and closing the gap depends on recruiting and retaining experienced practitioners able to relate in a supportive and empowering way to Indigenous Australians.

"If we can develop multidisciplinary teams made up of Indigenous and white Australian health professionals, we can build better relationships and trust to resolve Indigenous health issues more effectively. Everything depends on a positive therapeutic partnership" says Dr Wakatama.

After relinquishing her role as CMO in 2005, Dr Wakatama is now putting this into practice as the RFDS Senior Medical Officer seconded to Maari Ma Aboriginal Primary Health Care Service in Broken Hill.

Starting at Newcastle in 1978, she was in the first intake of students of the Newcastle Medical Program.



EXPERIENCING THE BEST OF BOTH WORLDS

Most people want to combine work with doing something they love and for Dr Robert North, expedition medicine is the ultimate opportunity to mix work with pleasure.

Since graduating the BMed in 1998, Dr North has worked as medical officer in Antarctica numerous times – once at a base camp, once as a ship's physician and once as part of an expedition.

The pinnacle of his Antarctic adventures came in 2007, when he was among the first group of climbers to scale Mount Vinson Massif, the continent's highest mountain from "sea to summit". The 400-kilometre trek through the world's most inhospitable landscapes began at the coast of Antarctica and took one month to complete. Dr North participated as the team's doctor, on hand to deal with anything from a minor fracture to a major air evacuation to the nearest hospital, over 5,000km away.

"To be able to trek and work at the same time is a great opportunity," says Dr North. "I get to see parts of the world that most people never see."

Trekking didn't stop there. Later in 2007, he climbed Mount Everest and made it 200 metres from its summit before turning around.

Taking a break from his adventures, Dr North is completing his training as a GP obstetrician in the regional Victorian town of Bendigo.



NO BORDERS TO IMPROVING RURAL HEALTH

After growing up in rural New South Wales, Dr Ian Cameron (BMed 1984) has dedicated much of his career to medical service in rural areas.

After he completed his medical education, he worked for 10 years as a general practitioner, including anaesthetics and obstetrics, in his hometown of Bourke.

He is now the CEO of the NSW Rural Doctors Network, the peak body for rural medical workforce issues that works to get more health professionals into rural areas. It is based in Newcastle. "The Network aims to remove many administrative responsibilities from doctors so they can focus more on medicine," Cameron says.

Dr Cameron's interest in rural health improvement extends further than the borders of New South Wales. With his involvement in national councils and international organisations he is helping to find ways to improve the health of Indigenous Australians and to build partnerships in communities around the world.

His appointment to the recently established National Indigenous Health Equality Council is helping to increase his involvement with the health of Australian Aboriginal and Torres Strait Islander peoples.



QUIETLY ACHIEVING AN AUSTRALIAN FIRST

Dr Jacqui Hughes (BMed 2000) doesn't like to promote herself, but her educational achievements are something worth talking about.

Dr Hughes is the first Indigenous medical graduate in Australia to become a physician. An achievement demanding arduous study and gruelling exams, the title of physician is difficult to earn in any circumstance, but even more so for an Indigenous student faced with the pressures of family and community responsibilities.

Her specialty is nephrology – the diagnosis and treatment of kidney disease. "Nephrology is an interest I developed during my studies at the University of Newcastle where I was inspired by the compassion of the nephrologists who taught us," Dr Hughes says.

She now investigates kidney disease with the Menzies School of Health Research, the leading Australian research school for Indigenous health.

"Indigenous Australians are eight to 10 times more likely to develop kidney disease," said Dr Hughes. "Studying the body composition of Aboriginal and Torres Strait Islanders is helping to find ways to reduce its frequency."

Her work, along with her PhD studies with Charles Darwin University, are helping her to give back to the Indigenous community through research and are an inspiration to her contemporaries.

(Photo by Garth Oriander)



JUGGLING BIOPHYSICS AND THREE TODDLERS

How did Lucy Morgan (BMed 1992) manage to have three babies in three years, work as a doctor, complete a PhD in biophysics, and stay married?

"You get someone to remind you to breathe in and then breathe out, said Dr Morgan. "You don't think about how difficult things might be, just get on and do it and try to enjoy little things along the way."

Originally from Sydney, Dr Morgan was attracted to the school by the fact that it included an interview component in its applications process and had a problem-based learning program. The University also had a great hockey team.

She went on to train as a Respiratory Physician and then did a PhD through the University of Sydney. The research involved the development of a method for measuring and investigating the effects of tobacco smoke on mucociliary clearance. She is now a staff specialist at Concord Hospital in Sydney.

"I feel very proud to be a University of Newcastle graduate and enjoy camaraderie with other Newcastle graduates whenever our paths cross."



HEALING THE HEARTS OF INDIGENOUS AUSTRALIANS

Based in the heart of Australia, Dr Alex Brown (BMed 1996) is investigating why the hearts of Indigenous Australians are so affected by vascular diseases.

As Head of the Centre for Indigenous Vascular Research at the Baker IDI Heart Research Institute in Alice Springs, Dr Brown investigates why Indigenous Australians are 2.6 times as likely to die from vascular disease compared to other Australians. His studies surround how stress and depression cause the disease – which includes heart disease, kidney disease and diabetes.

"To build a better system of care we need to understand why the disease occurs at a high rate in Indigenous Australians," said Dr Brown. "If we can identify people in the early stages of the disease we can help prevent it."

He completed a Masters of Public Health at the Hebrew University – Hadassah's Braun School of Public Health and Community Medicine in Israel in 1999.



QUESTIONS THAT TOUCH THE CORE

Ian Kerridge (BMed 1988) thinks that medicine is not all about science.

Combining the study of philosophy with his medical knowledge Dr Kerridge's interest in bioethics has led him to become the Director and Associate Professor in Bioethics at the Centre for Values, Ethics and the Law in Medicine at the University of Sydney.

"Ethics is at the core of medicine. We need to consider what role medicine should play in our lives and in society as a whole," Dr Kerridge said.

In 2005 his expertise in science and ethics was recognised when he and four others formed the Lockhart Review Committee, which recommended that the government legalise stem cell research and cloning.

Less controversial, but equally specialised, he trained in bone marrow transplant at the Royal Free University College Hospital in London. In 2003 he took up his current position at the University of Sydney as well as becoming a bone marrow transplant physician and haematologist at Sydney's Westmead Hospital.



MAKING A DIFFERENCE FROM DILI TO LISMORE

"You can successfully operate on someone with a stabbing or gun wound," says Dr Susan Velovski (BMed 1996). "But it makes you think about human nature and why are we doing this to each other?"

It's a thought that often crossed Dr Velovski's mind while working in Darwin as a fellow general surgeon for a short but intense time during the East Timor crisis in Dili in 2006. Straight after finishing her fellowship exams at the Royal Australasian College of Surgeons in 2005, she treated patients that were flown over from Dili, East Timor, on the Australian Government's aeromedical evacuation service.

After graduating Dr Velovski trained in Sydney at Royal North Shore Hospital, Hornsby Ku-ring-gai Hospital and at Lismore Base Hospital.

During her surgical exams, she worked as a senior resident at the Children's Hospital in Westmead. Dr Velovski finished her surgical training at the Royal Melbourne and Austin Hospitals and was a lecturer in anatomy at the University of Melbourne.

Today, she is back as a general surgeon at Lismore Base Hospital but hoping to participate in further humanitarian work in the future.

MEDICAL GRADUATES
1983 - 2008

1983

Antonio	Aguado	Louis	Fenelon	Margaret	Pentony
Douglas	Andrews	Robert	Florida	Craig	Presgrave
Kaye	Atkinson	Elizabeth	Fraser	Morton	Rawlin
Leslie	Barnsley	Stella	Fraser	Catherine	Regan
Sarah-Jane	Barrand	Michael	Gliksman	Virginia	Reid
Paul	Bertolino	Fiona	Haines	Timothy	Rolfe
Peter	Bissaker	Dennis	Harvey	Douglas	Routley
Colin	Cook	Christopher	Hayes	Erica	Rowley
Peter	Davoren	Suzanne	Hill	David	Taylor
Timothy	Devlin	Brian	Kelly	Geoffrey	Tyler
Clare	Donnelly	Marion	Magee	Elizabeth (Anne)	Wakatama
Lex	Doornbos	Catherine	Miller	Gregory	Wilkins
Benjamin	Ewald	Rhiannon	Pallas	Christopher	Wilkinson

1984

Annabel	Abrahams	Sally-Anne	Greenaway	Nerida	Paterson
Anil	Aggarwala	Edward	Grieve	Sharron	Phillipson
Josephine	Anderson	Richard	Hallinan	Bronwyn	Powell
Belinda	Bailey	Kevin	Helme	Bruce	Proctor
Timothy	Bailey	Mary	Hingerty	Elizabeth	Robertson-Cuninghame
Rosemary	Beckett	Neil	Janes	Isobel	Rolfe
Vladimir	Belan	Elizabeth	Kaiko	Adrian	Russell
David	Bollinger	Raphael	Kwa	Michael	Sandner
Nicholas	Brittain	Wendy	Lee	Michael	Sinclair
David	Burke	Alan	McCaffery	Tracie	Taylor
Penelope	Burns	Ian	McHue	Paul	Thomas
Ian	Cheng	John	McQualter	Lise	Thompson
David	Cooper	Helena	Merrell	Dorothy	Tinker
Maria	Crotty	Owen	Miller	Clare	Visagie
Lea	Davies	Angela	Mujic	Anne	Watts
Stephanie	Fellowes	Jennifer	Noakes	Brian	Witt
Ann	Foster	Melanie	Nugara	Margot	Woods
Daniela	Gerber	Kathleen	O'Grady	Paul	Woodward

1985

Julie	Adamson	Pauline	Hector	Petra	Muir
Louise	Alexander	Simon	Holliday	Michael	Notley
Rachelle	Andgel	Catherine	Hull	Edward	O'Brien
Sandra	Bayley	Naomi	Hunter	Gregory	Pallas
John-Pierre	Best	Scott	Jenkins	Robert	Parsons
Megan	Best	Michael	Jonker	Mark	Peterson
Jane	Brew	Sheree	Kable	Rajeev	Ramakrishna
Julie	Byles	Toni	Kesby	Caitlin	Raschke
Patrina	Caldwell	Andrew	Keyworth	David	Riley
William	Cameron	Mathew	Klein	Leslee	Roberts
Wesley	Cormick	Kenneth	Lambert	Gary	Rooke
Julie	Fisher	Vicki	Langendyk	Evelyn	Thompson
Peter	Gallagher	Jennifer	May	Ruth	Todd
Christopher	Geraghty	Peter	May	Ian	Traise
Rod	Gibbs	Paul	McConkey	Paul	Watterston
Michael	Golding	Mark	McLean	Trevor	Woodage
Randall	Greenberg	Harrison	Mellows	Shane	Woods
Nerida	Harrison	Helena	Miksevicius		
Catherine	Hayes	Michelle	Mitten		

1986

Amanda	Barnard	Robyn	Fried	Christopher	Mitchell
Geoffrey	Bent	Catherine	George	Andrew	Morris
Brian	Bickerton	Bernadette	Geraghty	Catherine	O'Doherty
Julie	Blaze	Ralph	Gourlay	Susan	Page
Michael	Bowden	Adrian	Graham	Kerri	Parnell
Nicholas	Buckley	Janeil	Hall	Mark	Playford
Therese	Chaston	Wayne	Halpin	Victoria	Power
Ian	Chaussivert	Douglas	Howarth	Julianne	Schwenke
Colin	Chilvers	Stephen	Jacobe	David	Scott
Ratna	Cirulis	Colin	Kable	Natalie	Simanowsky
Bruce	Coppa	David	Kardachi	Mark	Slatyer
Susan	Crosdale	Janet	Kencian	Wayne	Smith
Anne	Crotty	Lesley	Kilpatrick	Claire	Southan
Jeffrey	Dahms	Alison	Kitchin	Tracey	Tay
Nick	De Vitis	Ming	Kong	Christine	Wade
Calee	Eastham	Karen	Lickiss	Avery	Walker
Gillian	Evans	Nigel	Lyons	Jennifer	Weekes
Joanne	Ferguson	Charles	McClymont	Pamela	Whalan
Paul	Fitzgerald	Clare	McGuinness	Linda	Wilson
John	Flood	Anne	McMahon		
Ruth	Foster	Odile	McPhie		

1987

Sergey	Agafonoff	Andrew	Hedges	Leonard	Notaras
Suzanne	Anderson	Joanna	Hely	George	Ostapowicz
Michelle	Atkinson	Karl	Hromek	James	Parker
Peter	Beiers	Mohamed	Khadra	Megan	Passey
Jennifer	Briggs	Keith	Liyanagama	Janice	Ray
Garry	Buckland	Judith	Longfoot	Lynette	Reid
Colin	Butler	David	Lunnay	Frank	Simonson
Marion	Christie	Ross	Macpherson	Andrew	Sindone
Kym	Collins	Kenneth	McConnell	Jeffrey	Stanborough
Paul	Cullen	Robert	McDonald	David	Steele
William	Davies	Catherine	McLelland	Lynette	Sweeney
Anne	Duggan	Rodney	McNeil	Surinder	Wadhwa
Daniel	Ewald	John	Mison	Andrew	Walker
Mark	Harden	Amanda	Moore	Suzanne	Ward
Isabella	Hawke	Debbie	Mortimer	Susan	Wood
David	Healey	Vernon	Munnings	Jonathan	Young

1988

Ruth	Armstrong	James	Hughes	Lynette	Reece
Yvonne	Bailey	Anna	Kelly	Alasdhair	Reid
Michael	Bartram	Yvonne	Kenyon	Lynette	Rheinberger
Jacqueline	Baxter	Ian	Kerridge	Karen	Richardson
Matthew	Beckhouse	Anthony	Kull	Suzane	Ryan
Peter	Blackford	Lee	Laycock	Christine	Shearman
Shirley	Bowen	Jane	Lewin	Richard	Sherbon
Ian	Boyd	Guy	Lewis	Kathleen	Smith
Glenn	Browning	Catherine	Liston	Jonathan	Smithson
Margaret	Bryce	Praveen	Manku	Elizabeth	Spencer
Sandra	Chapman	Jane	Matthew	Barbara	Steele
Francis	Clark	Virginia	McAndrew	Michael	Summers
Barry	Cosgrove	Janelle	McDonald	Stuart	Thomas
David	Currow	Matthew	McDonald	Philip	Tynan
Craig	Dalton	Phillip	Mondy	Suresh	Viswanathan
Christopher	Dullard	Michelle	Mulligan	Andrew	Watt
Linda	Fenton	Christella	Mylordi	Judith	Watt
Mary-Louise	Freckmann	Kostantinos	Nikoletatos	Bruce	White
Judith	Goldstone	Dianne	Pacey	Helen	Willoughby
Graham	Hadfield	Robert	Parker	Peter	Wong
Graeme	Halliday	Robert	Pickles	John	Woods
Monica	Hince	Maree	Puxty	Gregory	Zajac
David	Hughes	Philip	Rayson		

1989

Nicholas	Aalders	Jennifer	Green	Alexis	Miller
Jane	Adcock	Jill	Griffith	Ashley	Mills
Rosemary	Aldrich	Miriam	Grotowski	Sharmila	Nanra
Allysan	Armstrong-Brown	Mark	Groves	Susan	Newton
Craig	Bond	Janet	Hall	Padmini	Prasad
Richard	Boughton	Megan	Halliday	Anoop	Rastogi
Maureen	Boyd	Elizabeth	Hawkins	Robert	Read
Diana	Bradbury	Louise	Hudson	Gerrit	Reimers
Pauline	Branley	Duncan	Jackson	Anthony	Sams
Leonard	Brennan	Stewart	Jackson	Michelle	Scurr
Jennifer	Brown	Michael	Jamieson	Garett	Smith
Heather	Brownlee	Susan	Kafer	Mark	Smith
Jamie	Calder	Michael	Keating	Jane	Strong
Janet	Coleman	Sean	Kelly	Anne-Marie	Swan
Richard	Cracknell	Mark	Levick	Michael	Thomas
Silvio	Demilio	Catriona	Lonie	Robin	Van Giels
Maree	Doherty	Mark	Lynn	Irmgard	Wilkins
Danielle	Florida	Alastair	McInnes		
Bradley	Frankum	Catherine	McIntyre		

1990

Pek	Ang	Brian	Draganic	Michael	Lowe
Joanna	Bakas	Scott	Dunkley	Peter	McGoldrick
Robert	Bell	Sandra	Eades	Graham	McSwan
Stephen	Brady	Margret	Ehmann	Zelko	Oreb
Phillip	Braslins	Lesley	Everard	Michael	O'Shea
Diane	Bridger	Anthony	Gallagher	Louis	Peachey
Linda	Brown	Debra	Hamilton	Peter	Power
Tuan	Bui	Maurice	Harden	John	Procter
Penelope	Caldicott	Jodi	Hilton	Vikram	Puttaswamy
Steven	Chadban	Gary	Holmes	Penelope	Roe
Kathryn	Cristofani	Jennifer	Hunter	Gary	Russell
Mark	Daley	Georgina	Huxtable	Peter	Shannon
Rhys	Dallimore	Allan	Kirkpatrick	John	Shephard
Jan	Davis	John	Lawson	Jan	Vaile
Heinrich-Gerhard	Deiter	Edward	Lilley	Marney	Wilson

1991

Katrina	Anderson	Tracy	Dudding	Allison	Miller
David	Arnold	Anthony	Edwards	Jennifer	Mowbray
Jennifer	Asquith	Elizabeth	Gallagher	Stephanie	Oak
Lynda	Bates	Alaric	Giles	Patrick	Oakley
Thomas	Bennett	Helen	Goodwin	Alison	Palmer
Scott	Beuzeville	Matthew	Greenwood	Colin	Pearce
Natascha	Bohm	John	Gullotta	Dean	Pepper
Caroline	Booth	Douglas	Hardcastle	Andrew	Pratt
Meagan	Brennan	Peter	Harrigan	Hannah	Rose
Angela	Brown	John	Harvey	Paul	Roth
Sally	Browne	Siobhan	Henry	Jacqueline	Rowley
Vicki	Browning	Jennifer	Hillman	Cecilia	Sheng
Victoria	Buntine	Carolyn	Hullick	Yvette	Slezacek
Paul	Burrows	Penelope	Hutchinson	Howard	Smyth
Karda	Cavanagh	Anne	Kean	Mark	Tybell
Susan	Cawley	Lynne	Kiely	Peter	Wark
Paul	Chee	Vincent	Lamaro	Douglas	Warne
Jonathan	Corbett-Jones	Coran	Lang	Murray	Webber
Terri	Denny	David	Leaf	Hester	Wilce
Charles	Douglas	Susan	Lord	Rodney	Wilson
Richard	Draper	Simon	Marlton	Linda	Wrightson

1992

Christian	Abel	Irene	Friedmann	Helen	Nicol
Louise	Acland	Emma	Halliday	Richard	Oak
William	Anseline	Adam	Hodgkins	Kim	Oakley
Paul	Beiboer	Leesa	Hoy	Mark	Parsons
Bruce	Belford	Paul	Janz	Kristen	Rees-Gallimore
Abigail	Bingham	Nicholas	Kalokerinos	Marion	Reeves
Matthew	Bragg	Melody	Karamians	Jillian	Spilsbury
Stephen	Brindley	Peta	Kelly	Timothy	Strong
Ngiare	Brown	Julia	Lane	David	Thompson
Tonia-Kim	Bultitude	Siobhan	Lee	Anne	Thomson
John	Carmody	Elaine	Liew	Michelle	Thornton
Peter	Cook	Ginni	Mansberg	Volker	Weil
Susan	Crawford	Jeanette	McCrow	Damian	Welbourne
Donna	Curnow	John	McDonald	Jessica	Wharton
Stephen	Davis	Mark	Miller	Simon	Wharkins
Anne	Drinkwater	Lucy	Morgan	Bruce	Wilson
Houssam	El-Sayed	Michelle	Moyle	Louise	Wong
Sean	Ferencz	Stephen	Myers		

1993

Jason	Abbott	Helen	Gorgievski	Lindsay	Rowe
Vivienne	Ainsworth	Andrew	Kaill	Rebecca	Russell
Peter	Allsop	Roger	Lee	Alan	Sacco
Katrina	Armstrong	Bernadette	Le-Mesurier	Adam	Sandry
Lyal	Ashton	Karen	Lewis	Salvatore	Sanzone
Hanish	Bagga	David	Lund	John	Sheng
Paul	Bird	Elizabeth	Marles	Jonathan	St Clair
Penelope	Black	Melissa	McCarney	Elizabeth	Tooth
Philippa	Brown	Naomi	McIntyre	Stuart	Turner
Mary	Callanan	Fiona	Middleton	Glen	Valaire
June	Chung	Rosalind	Montague	Demetrius	Voutnis
Megan	Cox	Mark	Newcombe	Alison	Ward
Mark	Danta	Kim	Newnham	Tamsin	Waterhouse
Kathryn	Doherty	Cheryn	Palmer	Rory	Webb
Sarah	Ferguson	Diane	Pennington	Jennifer	Whiteley
Cherelle	Fitzclarence	Craig	Rodgers	Senani	Wijesena
Lisa	Gemmell	Heather	Rogers		
Catherine	Girdler	Jonathon	Rothwell		

1994

Susan	Abbott	Lyndal	Harborne	Joanna	Mesure
Faramarz	Abdollahian	Jorgen	Hellman	Gavin	Nichols
Clea	Anagnostopoulou	Jason	Hollard	Anna	Paizs
Catherine	Boorer	Phillip	Holz	Murray	Princehorn
Carol	Booth	Lyndal	Hudson	Wendy	Robinson
Tracy	Brown	Robert	Ilbery	Sukeerat	Ruba
Debra	Chandler	Ross	Ingram	Graeme	Scheman
Stephen	Davies	Hala	Katf	Lucy	Sheng
Andrew	Denovan	Ricki	Kimbell	Angelo	Sklavos
Ruth	Edwards	Gillian	Lamoury	Catherine	Stanton
Katrina	Ellem	Tracy	Larkman	David	Steenbergen
Kamala	Emanuel	Mark	Lee	Catherine	Stewart
Thomas	Faunce	Anthony	Lynham	Katherine	Taylor
James	Fergusson	Janet	Macintosh	Katie	Tinning
Alison	Garvin	Myvanwy	McIlveen	Alexander	Tonkin
Petra	Gotthardt	Nicole	Melidonis	Catherine	Vindigni
Rachael	Gray	Sandra	Mendel	Anthony	Wall
Janine	Haran	Anthony	Mercer	Joanne	Walsh

1995

Simone	Allman	John	Hollott	Andrew	Phillips
Craig	Barnett	Nicola	Holmes	Adrian	Plaskitt
Jillian	Body	Donald	Innes	Kirsten	Pratt
Josephine	Burnand	Marianne	Jauncey	Carol	Reindler
Chung	Chen	Melissa	Jennings	Trina	Rowland
Beth	Churchill-Bateman	Michelle	Johnston	Jyotica	Ruba
Adam	Cooper	Denise	Ladwig	Alison	Rutherford
Duane	Crabtree	Cathie	Lane	Ivan	Safranko
Karyn	Cuthbert	Leanne	Laut	Andrea	Selby
Jennifer	Dan	Naomi	Lee	Vicki	Shephard
William	Egerton	Kerrie	Lewis	Susanna	Smart
Jodie	Ellis-Clark	Martin	Liedvogel	Ann	Smith
Martin	Fahy	Aileen	Liu	Neil	Spratt
Stephen	Fairy	Christine	Mackintosh	Lila	Stephens
Rosemarie	Fenn	Kalpna	Mathur	Juliet	Tait
Kaylene	Ferguson	Naomi	McCullum	Lisa-Maree	Tooby
Patricia	Ferguson	James	McGirr	Terese	Tubman
Fiona	Fleming	Louise	McKinnon	Melissa	Van Der Kooi
Mark	Gibbs	Zinaida	McTackett	Janette	Vardy
Duncan	Grant	Joanne	Morris	Vivien	Walsh
Karen	Greenlees	Michael	Murphy	Janindra	Warusavitarne
Susan	Hamilton	Sheevalee	Patel	Eva	Wegner
Brenda	Heyworth	Victoria	Pennington	Mark	Wenitong
Penelope	Hodges	Elizabeth	Pepper	Lankangani	Wijesena

1996

Louise	Allport	Matthew	Gray	Bronwyn	Robinson
Yoland	Antill	Lucinda	Grinham	Philip	Rodionoff
Kirsten	Atkins	Katerina	Jancevski	Craig	Russell
Marina	Baita	Emma	Johnston	Mary	Samaan
Shaun	Bond	Carolyn	Jones	Tanya	Schramm
Andrew	Booker	Elizabeth	Jordan	John	Sestan
Julia	Brotherton	Sophie	Kavanagh	Peter	Siefken
Jennifer	Broughton	Lupco	Langov	Marisa	Smith
Alexander	Brown	Taggart	Lidbury	Rupert	Stirling
Anna	Burger	Sharon	Loh	Merryn	Thomae
Jacqueline	Canessa	Andrew	Lojszczyk	Megan	Thomas
Janis	Chamberlain	Ruth	Lopert	Susan	Velovski
Anthony	Cook	Mark	Mackinnon	Michael	Ward
Natalie	Cordowiner	Sarah	Martin	Raymond	Warner
Melinda	Davis	Fiona	McCormick	Dawson	Warren
Jonathan	Dowling	Justine	Minshull	Anita	Watts
Katrina	Doyle	Kirsty	Morris	Michael	Wines
Blake	Eddington	Louise	North	Sharon	Wood
Melissa	Finch	Fleur	Occhilupo	Anastasia	Zissis
Elizabeth	Freihaut	Bronwyn	Orr		
Jane	Gray	Stephen	Pickering		

1997

Stuart	Allaburton	Vicki	Chase	Harvey-Smith	Leone Sandra
Cassandra	Arnold	Wei	Chua	Thiam	Lim
Marina	Aroney	Stephen	Cousins	Michael	Loneragan
Gillian	Arthur	Kate	Cross	Cathy	Love
Katherine	Baer	Sarah	Dalton	John	Makeham
Kirsten	Bailey	Robert	Disney	David	Manning
Lucie	Ball	Asiye	Doxanakis	Darrin	Marshall
Tony	Barham	John	Ella	William	Mulley
Stephen	Barnett	Michelle	Ellem	Celia	Nethery
Rebecca	Beiers	Andrew	Ellis	Okay	Okay
Leigh	Bennie	Catherine	Errey	Raymond	Pauley
Sarah	Bentley	Jane	Gordon	Kate	Pennington
Karin	Berlot	Anusha	Guruge	Marianne	Piggin
Katharine	Bessey	Ann	Hall	Tobias	Pincock
Stewart	Birt	Angela	Hatfield	Fiona	Pringle
Alison	Blatt	Fiona	Hatton	Fernando	Roncolato
Meredith	Blatt	Catherine	Hellier	Samantha	Rothwell
Jacqueline	Bongers	Deborah	Heron	Natalie	Rutherford
Joceline	Branson	Jane	Ho	Ong	Tan
David	Brockman	Caroline	Hogan	Scott	Twaddell
Melanie	Brown	Victoria	Howell	Fiona	Van Leeuwen
Kathryn	Browning	Rachel	Hughes	Christine	Watson
David	Burgess	Darshini	Jeyaratnam	Meredith	Webb
Sally	Butchers	Mark	Johnson	Claudia	Whyte
Michelle	Butler	Michael	King	Paul	Wilson
Ronald	Campbell	Kristen	Klimpsch		
Margaret	Carmody	Sharon	Laura		

1998

Rod	Allen	Nikhil	Kumar	Davor	Saravanja
Nicole	Avard	James	Lannigan	Alison	Semmonds
Glenn	Bastian	Nicola	Leung	Natalie	Snyman
Helen	Boland	Chee	Liow	Elaine	Stafford
Lisa	Carroll	Jennifer	Loneragan	Kate	Stewart
Jennifer	Catelan	Usman	Malik	Stephen	Stewart
Jimmy	Chien	Trevor	Mallard	Susan	Tomlinson
Timothy	Cocks	Kim	Manias	Lisa	Vallender
Colin	Cole	Kelly	McCann	Linda	Walker
Nicholas	Collins	Jacqueline	McMaster	Tove	Warren
Heather	Connors	Lori-Ann	Miller	Robert	Way
Andrew	Croaker	Adrienne	Moline	Anna	Welbourne
Nalaka	De Silva	Anand	Murugasu	Alexandra	Williams
Martin	Devitt	Sharon	Ngan	Meredith	Williams
Therese	Duffy	Jennifer	Nosworthy	Robert	Witherspoon
Robert	Gibson	Michael	Payne	Jennifer	Wong
Elizabeth	Goodchild	James	Powers	Rebecca	Wood
Kate	Hardie	Ross	Rathborne	Meredith	Wyatt
Meiling	Hoffman	Dianne	Reeves		
David	Kellett	Sharon	Ryan		

1999

Louise	Adamson-Drinkwater	Nichelle	Geary	Sean	O'Neill
Trevor	Arnold	David	Goldberg	Darren	Pereira
Cheri	Aubertine	Danielle	Green	Esther	Robinson
Jonathon	Ball	Andrew	Hart	Andrew	Roxburgh
Julie	Bartlett	Caroline	Hodge	Jonathan	Samaan
Sarah	Bayley	Kiernan	Hughes	Linda	Shean
Vincent	Caristo	Melinda	Jamieson	Kylie	Snook
Stirling	Carlsen	David	Kadrian	Brett	Squires
Josephine	Carpenter	Steven	Kelly	Simone	Steel
Catherine	Casey	Mun	Kwok	Alice	Summons
Nadya	Chami	Edward	Lassau-Wray	Richard	Sweatman
Rebecca	Concannon	Laurena	Law	I-Hsiung	Tang
Joanne	Cowan	Nadia	Lusis	Monique	Taylor
Jo	Crookes	Thanh-Thu	Luu	Wendy	Terry
John	Curnow	Matthew	Magarey	Donna	Wetherspoon
Elizabeth	Dally	Joseph	Matthews	Paul	Whiting
Attila	Danko	Anna	McDonald	Gary	Willis
Gordon	Elliott	Karen	Nicholls	Cathryn	Wilson
Louise	Fisher	Mary	Norris	Craig	Wilson
Nicholas	Fletcher	Robert	North	Ray	Worley
Nicholas	Ford	Barbara	Oldmeadow	Jennifer	Wu Sweatman
Robert	Forsyth	Peter	O'Mara		

2000

Christopher	Allen	Rochelle	Gay	Elizabeth	Paige
Dale	Allen	Hany	Gayed	Timothy	Pollitt
Bronwyn	Avard	Rochelle	Grainger	Timothy	Radvan
Angela	Baker	Paul	Griffs	Simone	Raye
Sally	Barrett	Tanya	Hall	Michael	Rose
Amanda	Brooks	Amanda	Henry	Robert	Rothwell
Alison	Burke	Megan	Hobson	David	Rutherford
Leila	Byrne	Kirsty	Hogan	Andrea	Santoro
Miriam	Castrikum	Anthony	Hutton	Narelle	Savage
Sean	Chan	Anthony	Isaac	Liu-Ming	Schmidt
Virgil	Chan	Kanthaley	Kailainathan	Jane	Schouten
Yolanda	Coleman	Jane	Kruk	Sonya	Shah
Carla	Croaker	Harvey	Lander	Amanda	Shaw
Graeme	Cumming	Namson	Lau	Belinda	Sheary
Briony	Cutts	Naomi	Luck	Penelope	Smith
Nada	Dickinson	Joanna	Mackinnon	Marcus	Soo
Michael	Dobbie	Alison	Martin	Jaquelyne	Whap
Benjamin	Duke	Catherine	McInnes	Gavin	Williams
Emily	Durrant	Maree	Meier	Tai	Wong
Nicholas	Egerton-Warburton	David	Nicholson	Benjamin	Wood
Shane	Fernando	Emily	Nicoll	Angela	Worthington
Brendan	Flynn	Chet	Pager		

2001

Roslyn	Avery	Rebecca	Hargrave	Sonia	Nightingale
Tara	Ball	Matthew	Harvey	Siew	Ooi
David	Banfield	Christian	Heim	Latisha	Petterson
Simone	Barry	Gabrielle	Holland	Suleman	Qurashi
Simone	Bartlett	Andrew	Hooper	Amanda	Russell
Prunella	Blinman	Kristen	Hoy	Danielle	Satrapa
Amanda	Brett	Daniel	Kleiner	Samuel	Scanlan
Wendy	Bridges	Ann-Maree	Kurzydlo	Caitlin	Sheehan
Jonothon	Brock	Yael	Levy	Reuben	Slater
Erica	Cameron Taylor	Ulrich	Liedvogel	Jennifer	Spinaze
Emma	Campbell	Neil	Macpherson	Yeh	Tham
Patrick	Carney	Premraj	Makkuni	Kristoffer	Thorvaldson
Natalia	Carter	Thomas	Martin	Catherine	Toong
Chantelle	Cassar	Mark	Mather	Christopher	Topovsek
Wingkee	Cheung	Sonya	McClure	Helena	Van Hooren
Jason	Cooke	Gary	McKay	Stephanie	Ward
Emma	Cormick	Caroline	Medi	Andrew	Weatherall
Narelle	Flanigan	Gavin	Miller	Katrina	Webster
Malini	Govindan	Richard	Moore	Laetitia	Wills
Richard	Haddad	Jaimie	Navalli	Martina	Zib
Andrew	Halliday	Scott	Nightingale	Simon	Zidar

2002

Maria	Andrzejewski	Rodney	James	Yasmin	Renwick
Patrick	Ao	Kathryn	Jenner	Craig	Richards
Daniel	Bates	Angela	Jillamen	Johanes	Santoso
Inga	Baumgartner	Melissa	Judd	Tobias	Schneider
Sarah-Nee	Berthelsen	Gregory	Keane	Paul	Scott
Pascal	Bou-Haidar	Reshma	Kheraj	Amy	Shorthouse
Zoltan	Bourne	Ursula	King	Susan	Smith
Stephen	Boyce	Allison	Lavelle	Tanya	Stewart
Julie	Brown	Rachel	Little	Sally	Stokes
Matthew	Carroll	Winston	Lo	Timothy	Tan
Christina	Chang	Danielle	Longmore	Benjamin	Tarsh
Ellen	Clarke	Stuart	Mackenzie	Edward	Tong
Elizabeth	Cutfield	David	Marley	Janet	Towns
Ruth	Derkenne	Ian	McCracken	Olga	Utkina
Pedro	Diaz	Robert	McDonald	Paloma	Van Zyl
Hilary	Dixon	Steven	McGloughlin	Lindy-Jane	Viviers
Christopher	Dunkley	Brendan	McMullan	Nicole	Walker
Farzin	Farhadi-Jou	Stuart	Murch	Graham	Walter
Belinda	Gould	Anil	Nair	Amy	Weber
Louise	Hails	Mark	O'Reilly	Clair	Whelan
Aimee	Halley	Anna	Parsch	Robyn	Wilkinson
Daisuke	Ikedo	Siobhan	Queenan	Simone	Williamson
Alice	Illingworth	Neeta	Rampersad	Paul	Wood
Gerald	Ip	Jeff	Regnis	Dean	Yeh

2003

Carsten	Aase	Rachael	Hatton	Masiwa	Njaway
Arne	Aasen	Karen	Hitchcock	Gregory	Nolan
David	Agolley	Joseph	Hockley	Amy	O'Connor
Martes	Alison	Peter	Hogan	Cecilie	Olsen
Luke	Baitch	Solveig	Hovland	Maria	Pizzinga
Paul	Ballantyne	Knut	Isaksen	Tina	Purdon
John	Barry	Elisabeth	James	Kristopher	Rallah-Baker
Rachel	Bartlett	Shweta	Kaushik	Luke	Regan
Erik	Bertheussen	Shawn	Kelly	Heidi	Reichler
Lene	Brekke	Kate	Kelso	Eardley	Rozario
Keith	Brennan	Katherine	King	Ramona	Salins
Mark	Byrne	Gisle	Kjoesen	Michael	Scott
Suzanne	Byrnes	Santhini	Kumaran	Sarah	Sheridan
Katherine	Cameron	Amanda	Lavis	Wendy	Simpson
Raewyn	Campbell	Mitchell	Lawlor	Belinda	Suthers
Nikki	Casey	Anthony	Levine	Matthew	Threadgate
Monique	Cebola	Terese	Lie	Aiko	Tomita
Napoleon	Chiu	Sarah	Lockley	Trifona	Tzaros
Andrew	Crossman	Belinda	Loring	Peter	Unwin
Jacob	De Looze	Nina	Loughman	Frode	Vindenes
Skye	Delaney	Stephen	Lyon	Stephanie	Weidlich
Justin	Denholm	Cameron	Martin	Kate	Williams
Debra	Dettman	Elisabeth	Mattson	Nicole	Williams
Michelle	Englund	Ndabezinhle	Mazibuko	Tian	Zhuang
Leanne	Faithfull	Nicholas	McLeod	Helen	Zois
Majid	Golshan Moghadam	Meaghan	Miller-McConochie	Khaled	Zoud
Megan	Grinter	Luisa	Ngeow		

2004

Knut	Algaard	Renee	Harkin	Thembekile	Ncube
Kamal	Ali	Mark	Henderson	Erin	Nesbitt-Hawes
Benjamin	Allen	Katherine	Holland	Justin	Osborne
Clair	Ancher	Matthew	Holland	Rebecca	Owen
Kristian	Austad	Skye	Hueneke	Elizabeth	Percival
Anna	Barrow	Katherine	Isoardi	David	Reiner
Sean	Burnet	Julian	Jackel	Alyssia	Rey
Patricia	Collie	Bridget	Johnson	Joshua	Ryan
Emily	Coxon	Benjamin	Jones	Alanna	Sandell
Kathryn	De Ambrosis	Michael	Kerr	George	Seifert
Cecelia	de Gzell	Tammy	Kimpton	Kapil	Sethi
Rachel	Dilernia	Hilde	Kleiven	Hanne	Skoglund
Andrew	Donohue	Marianne	Larssen	Clayton	Smith
Erin	Dunkley	Clara	Lee	Elizabeth	Sturgiss
Sudarsheni	Duraisamy	Alexander	Lim	Melissa	Tanner
Christopher	Elliot	Nina	Low	Katherine	Tindall
Meghan	Evans	Anthony	Marren	Ben	Walker
Robert	Feltrin	Nancy	Matisha	Alasdair	Watson
Anita	Fryszak	Stephen	McIlveen	Christopher	Whitney
Raymond	Gadd	Jennifer	McMeniman	Robyn	Wilkin
Daniel	Ghaly	Mark	Mills	Marcha	William
Sara	Ghaly	Ragna	Molsaeter	Charles	Wintle
Megan	Hamilton	Thapelo	Namanyane		
Amandeep	Hansra	Alan	Nazha		

2005

Craig	Barry	Tom	Halliday	Sally	Que Hee
Catherine	Berry	Narada	Hapangama	Kellie	Rutter
Jeanette	Bjorke	Amy	Hollingworth	Jessica	Ryan
Espen	Boe	Lachlan	Host	Antony	Sheringham
Amanda	Bracey	Sean	Howlett	Krista	Sims
Stephen	Bradford	Joshua	Ihle	Ivar	Slstad
Gabrielle	Bullock	Ante	Kalstad	Jessica	Smith
Kylie	Burns	Tanya	Keane	Joseph	Somers
Joshua	Butt	Margrete	Larsen	Barbro	Stadheim
Beth	Campbell	Gregory	Lawford	Christopher	Starling
Catherine	Cartwright	Tracy	Liang	Rebecca	Stevens
Clare	Cerchez	Jocelyn	Lippey	Carolyn	Stoney
Rebecca	Clough	Caitlyn	Lovett	William	Tan
Nicola	Collins	Kirryn	Lowe	Sarah	Tobin
Felicity	Crowe	Suddhasattva	Majumdar	Virginia	Turner
Jane	Davidson	Belinda	Martin	Anousha	Victoire
Timothy	Dickson	Mbakise	Matebele	Adrian	Watts
Emily	DiGiantomaso	Owen	Mattern	Lina	Wee
Tristram	Duncan	Brett	McClelland	Torgeir	Westerlund
Dilani	Fernando	Larissa	Miles	Eline	Whist
Lachlan	Fieldhouse	Soniah	Moloi	Paula	Williams
Katrine	Finsnes	Sarah	Moore	David	Worsley
Diane	Ford	Francis	Motswenyane	Meng-Meng	Xi
Amanda	Gardner	David	Murray	Julie	Yeadon
Sarah-Jane	Gibbons	Eva	Nyboe	Susan	Yeung
Matthew	Giusti	Luke	O'Regan	Kai	Yu
Dan	Gordon	Andrew	Pennington		

2006

Jo-Anne	Adendorff	Solange	Green	Martina	Mende
Jason	Agostino	Sami	Haddad	Elizabeth	Milla
Kemal	Akbiyik	Rohan	Hall	Amy	Nall
Josephine	Atalifo	Magnus	Halland	Katherine	Neville
Ingrid	Berling	Paul	Healey	Claudia	Ng
Christie	Beveridge	Visti	Hedegart	Joanne	Noble
Gaurav	Bhardwaj	Frode	Hellum	Tone	Nordvik
Robert	Bishop	Andrew	Hunt	Kim	Noremark
Alison	Blight	Yvette	Ius	Chelsie	O'Connor
Lilja	Boe	Adam	Jackel	Amy-Lea	Perrin
Denisa	Brezeanu	Damien	Jackel	Jacqueline	Pinson
Kara	Britz	Angela	Jacob	Kim	Rackemann
Matthew	Burstow	Dhishni	Jayasekera	Juanita	Rayner
Conan	Chan	Rathnini	Jayasuriya	Anjeannette	Reece
Hui	Chow	Simon	Jiang	Dionne	Rourke
Christopher	Cocks	Marte	Johansen	Lara	Rybak
Omprakash	Damodaran	Collette	Johnson	Agata	Sandmo
Roxane	Daniels	Stuart	Kostaslas	Bruce	Seidel
Michael	Davoren	Elin	Kvannli	Amy	Stokoe
Vannida	Douangboupha	Edwina	Lamrock	Krishna	Sura
Anna	Eastman	Alice	Lee	Billy	Tsima
Damien	Elsworth	Andrea	Lee	Alan	Turner
Anders	Faber-Swensson	Karena	Leung	Penelope	Uther
Mark	Fernandez	Joanne	Lobb	Sverre	Vasli
Anton	Fick	Patricia	Mabua	Zena	Watts
Renee	Finnigan	Lorato	Mangadi	Anthony	Weller
Tony	Floyd	Rosemary	Marley	Edward	Wellings
Margit	Fremmerlid	Sethunya	Matenge	Felicity	Williams
Gjermund	Galleberg	Elizabeth	McKensey	Adam	Wisely
Keith	Gleeson	Kylie	McNamara	Julian	Yu
				Nicholas	Zdenkowski

2007

Neha	Aggarwala	Calista	Harcourt-Rigg	Narayani	Nair
Garrett	Andersen	Margaret	Harpham	Priscilla	Parmar
Renate	Berget	Sim	How	Gregory	Peck
Melanie	Berry	Sonja	Janson	Michael	Ratray
Cameron	Boaden	Bianca	Jodeikin	Abhiramee	Raviraj
Mark	Boccola	Philip	Keightley	Shivaharen	Rayar
Hilary	Brown	Mantho	Kgosiemang	Sven	Richter
Andrew	Brunton	Sanaz	Khanlari	Timothy	Robertson
Michael	Bull	Grace	Kiiru	Shraddhanjili	Sahai
Michelle	Bullmore	Ruth	Larkin	Jocelyn	Seccombe
Stacey	Campbell	Mark	Lee	Tanya	Singh
Deborah	Carrigan	Anna	Leschke	Torgrim	Soeyland
Hera	Chan	Paul	Leschke	Kathleen	Soyland
Hock	Cheah	Peita	Lidster	Camilla	Stadheim
Susan	Clark	Kathryn	Loon	Kristine	Stoe
Alexandra	Cotton	Mary-Helen	Lunde	Felicity	Stone
Robert	Crocket	Jennifer	Macks	Jacinda	Stork
Alison	Deuis	Yu-Hao	Mah	Johanne	Summers
Angela	Dunford	Carol	McCabe	Sarah	Taylor
Prudence	Evans	Mark	McCoid	Piraneetha	Thiruthaneeswaran
Fionnuala	Fagan	Andrew	McKensey	Frida	Tradefelt
Kate	FitzSimons	Donald	McLachlan	Lakshmi	Vootakuru
Kathrine	Gjermundsen	Sarah	McLain	Megan	Walmsley
Kristin	Gotaas	Lewis	McLean	Emma	Whiteley
Meredith	Gray	Helen	McPhee	Della	Yarnold
Robert	Hamilton	Thabo	Mokwena		

2008

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