

UQmedicine

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Athletes given green and gold treatment



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Bringing the battlefield to the lecture hall

Reviving 'dead hearts'

Climate change a challenge for health



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COVER IMAGE

Medicine alumnus Dr Anita Green, Chief Medical Officer for the 21st Commonwealth Games

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It's been a touch over two years since I joined the Faculty of Medicine in the combined role of Deputy Vice-Chancellor (Research) and acting Executive Dean, and in mid-June, I'll hand the baton for the latter role to our new Executive Dean, Professor Geoff McColl.

Like any role, there's been plenty of ups and downs. But there are a few key moments I'll remember long after I've boarded my plane southwards to take up a new role at the University of Sydney.

Memories of my first few weeks at the Faculty will certainly stay with me. I spent around 60 hours in face-to-face discussions with staff, students, alumni and health partners. This frenetic beginning was just the baptism of fire I needed. Those conversations helped me understand the Faculty, what had happened in the past and what we could do to position ourselves for future success.

The recruitment of some excellent people and the re-engagement and return of others to join a wonderful group of emerging leaders in education and research was another gratifying highlight. This diverse, very talented and widely dispersed group are well positioned to continue the journey we've been on for the last two years.

In education, establishing the new St Lucia Clinical Unit finally provided a home base for our Phase 1 medical students. This space will shortly be complemented by the newly renovated space in the School of Biomedical Sciences – providing students from across our Faculty with a place to meet, study and directly access our student administration team.

But if I had to identify the most satisfying project of the last couple of years, it would have to be the way we've come together to formulate a strategic plan for the Faculty.

We brought together a group of people who weren't used to working together and, at least initially, were quite hesitant in the way they shared information. Over 12 months, this group transformed into a unified collective, comfortable with each other once they realised they shared similar goals. The outcome has been a comprehensive but achievable ten-year strategic plan.

Overall, the plan strives to see the various parts of the Faculty focused and working together to make a lasting, material difference to the health of people in Australia and abroad. As important as our ambition, was a unified view of our values and attributes – a recommitment to each other and the way we conduct

ourselves as a faculty. Underpinning this commitment is the recognition that equal value must be placed on our education and research enterprises, along with the disciplines that support them. This will ensure UQ's Faculty of Medicine is well positioned to serve our community in a balanced and powerful manner.

With any leadership change, there is speculation that the incoming leader might change direction. Undoubtedly there will be new initiatives and ideas introduced. But for the first time in a long time, we have a strategy born from Faculty-wide input, and leaders across our schools and centres understand what is needed to realise it. Having known the incoming Executive Dean for a long time, I know the future is in great hands.

I first met Geoff about 14 years ago when we were both on the Commonwealth's Pharmaceutical Benefits Advisory Committee (PABC). We instantly hit it off. We had a lot of thinking in common and he's been a great colleague and friend over the years, although we were banned from sitting together at PABC meetings because we talked too much. It's probably a good thing we're not both here at UQ at the same time!

Geoff is well-known to the medical community for his experience and dedication to the health services, and for the successful development and implementation of the Melbourne MD. The Faculty will benefit greatly from a leader with rich educational experience, and I know Geoff is going to be a great asset for UQ. He will be moving in at Herston in mid-June and, speaking from experience (moving from Sydney to Brisbane during January), I think he's made a wise decision to relocate to Queensland in winter.

I'd like to finish by thanking the Faculty of Medicine community for your honest conversations, hard work and friendship over the last couple of years. It's been a challenging and rewarding period that I've thoroughly enjoyed, and I look forward to watching the Faculty go from strength to strength over the coming years.

Cheers,
Robyn



Professor Robyn Ward AM
Acting Executive Dean
Faculty of Medicine

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TO THE LECTURE HALL**
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Athletes given green and gold treatment

When the Gold Coast 2018 Commonwealth Games concluded on 15 April, Australia swaggered away with an impressive haul of medals.



Dr Anita Green outside the Gold Coast Commonwealth Games Village.

Our nation celebrated the prowess and performance of our athletes, but the 'team behind the team' are just as worthy of our praise – people like UQ Medicine alumnus Dr Anita Green.

As the Chief Medical Officer for the 21st Commonwealth Games, Dr Green worked with the Commonwealth Games Federation Medical Commission and local and regional health services to develop and coordinate medical and anti-doping programs.

Having spent more than 20 years working with elite, aspiring and recreational athletes, Dr Green has held sports medicine roles with a number of national and international competitions, including the Melbourne 2006 Commonwealth Games, National A League Soccer, and the Brisbane and Gold Coast Marathons.

"While all of these experiences were rewarding, working at a home Games is really special," Dr Green explains. "Welcoming athletes from 71 countries to Queensland was such a unique experience.

"I love the international feel of the Games Village, meeting athletes from different cultures and then watching them competing at such an elite level. The drive and incredible focus of the athletes is something to behold – they can teach us a lot about goal-setting, discipline and teamwork."

Working with key staff and highly-skilled volunteer clinicians, Dr Green was charged with keeping 6000 elite athletes, team officials, technical officials, visiting dignitaries and spectators healthy.

"Providing athletes with medical care to ensure a safe and successful event was a daunting task and a wonderful challenge.

"Australia has some of the best trained and most experienced sports medicine professionals, with more than 1400 medical volunteers taking part in GC2018 – including doctors with sports medicine, emergency medicine and general practice experience, sports physiotherapists and podiatrists, registered nurses, pharmacists and optometrists.

"I loved being part of a huge multidisciplinary team and that's also what I love about sports medicine – the team approach to medicine."

Dr Green and her team dispensed healthcare to athletes from smaller nations who had little to no medical support, in addition to caring for athletes from very well-resourced countries who travel with their own medical teams.

"Well-resourced teams bring their own sports physicians and sports physiotherapists," she explains. "While they provide medical care to their athletes, they need access to high-level imaging like ultrasound and MRI scans, some additional physiotherapy services and access to specialist medical advice.

"For less well-resourced countries, we become their medical team. It's amazing to see what athletes with so little access to a sports physiotherapist or doctor can achieve. I believe that's what the spirit of the Commonwealth Games is all about – bringing together a group of wonderful athletes regardless of the wealth and resources of their country."

Medical services at the Games were predominantly administered through the Polyclinic, a multidisciplinary clinic set up in the Games Village.

While musculoskeletal injuries constituted around 70 per cent of treatments in the Polyclinic, Dr Green said it was critical that Games Organisers ensured illness and acute infections were properly managed and contained.

"At any large sporting event, there's a risk of infectious diseases like influenza, respiratory infections, gastrointestinal diseases and some illnesses that are vaccine-preventable, as not all competitors may have adequate vaccination or immunity.

"We had a responsibility to protect athletes and the public. We communicated with teams about infectious disease and infection control, and undertook extensive planning with our public health colleagues to ensure there were rapid testing procedures available and coordinated infection control, quarantine and treatment responses in place when illness occurred in the village."

With the Games finished, Dr Green is looking forward to returning to clinical work, and channelling her post-GC2018 high to inspire the next generation of sports doctors – in her role as a part-time Senior Lecturer at UQ's School of Human Movement and Nutrition Sciences. ●

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We had a responsibility to protect athletes and the public.

Diabetes care goes mobile

Endocrinologist, Dr Anish Menon, is rethinking diabetes care.

Currently pursuing a PhD through UQ's Centre for Online Health, Dr Menon is part of a team exploring how digital health can be used to improve patient care for people with type 2 diabetes.

The team – comprising Dr Menon, Professor Len Gray, Associate Professor Anthony Russell, Dr Farhad Fatehi, Dr Dominique Bird and Dr Mohan Karunanithi – is trialling a 'mobile health' platform developed in conjunction with CSIRO to improve patient care.

Branded 'REMODEL' (REthinking Model of Outpatient Diabetes care utilising Ehealth), the study employs a mobile app linked to a Bluetooth glucose meter, periodic patient surveys and a web portal for remote monitoring by clinicians.

Patients can check their blood glucose levels, which are then uploaded to the web portal where specialists can view the results in real time. Patients receive automated feedback via text messages based on uploaded data.

"This shows patients the trends and patterns of their diabetes, allowing them to better manage their condition," Dr Menon explains. "It also ensures more timely and accurate data recording for clinicians, enabling them to provide clinical feedback and more easily prioritise patient care."

As Dr Menon points out, people with complex diabetes who are having difficulty managing their condition can receive care when they need it. "Consequently, health providers can more accurately channel resources to provide person-centred care to complex patients and run more efficient clinics."

Dr Menon sees mobile digital health technology such as REMODEL as the future of diabetes care. "Ideally, in the future we'd like to see REMODEL integrated into a patient's medical records to link primary care and specialist team clinicians, facilitating better patient management and safer, more holistic care for patients."

The current REMODEL trial at Princess Alexandra Hospital, Brisbane, is expected to conclude in February 2019. The suitability of the platform for patients living in remote areas will also be trialled, with recruitment of regional and rural patients commencing shortly.

In the meantime, Dr Menon remains positive that a mobile digital future for diabetes management is well within reach. ●



Riding towards a better quality of life



As a keen cycling commuter in the Sunshine State, Professor Monika Janda from UQ's Centre for Health Services Research has more than a passing interest in melanoma research.

The Faculty of Medicine NHMRC Translational Research Fellow is assisting with a clinical trial of the updated VECTRA WB360 whole body imaging system at the Princess Alexandra Hospital. Using 92 in-built cameras, the system creates a 3D avatar of a patient's body, tracking skin changes and informing future treatment.

Professor Janda is investigating patient quality of life and wellness, as well as their willingness to try new technologies, through patient-reported outcome questionnaires. She became interested in cancer's impact on quality of life while working as a clinical psychologist with cancer patients in her hometown of Vienna, Austria.

"At the time, patient reported outcome data was rarely assessed," Professor Janda explains. "So I translated one of the pioneer questionnaires into German to make this information available for the first time."

For the psychologist, improving quality of life is as important as a treatment.

"A treatment that may cure a person but leave them with a terrible quality of life is not a good treatment. We want to develop treatments that are at least as good as the current gold standard for survival, but better for quality of life. Good quality of life means patients can return to work, family and leisure activities sooner."

Professor Janda, who is also undertaking quality of life research at UQ's Queensland Centre for Gynaecological Cancer Research, says knowing the wider impact of treatment is important.

"If we can tell patients that while quality of life will fall a little just after treatment, but that most patients recover within three or six months, it makes the problem more predictable and thus bearable."

Professor Janda is particularly interested in melanoma research because of the strong link between patient behaviour, occurrence, detection and treatment.

"Most melanomas and other skin cancers occur on the surface of the skin, meaning they can be spotted by the person themselves. So the patient's role in early detection is much greater than in other cancers.

"Cancer has a major impact on many people's lives. I enjoy doing work that helps people stay healthier for longer – or get better sooner." ●



Bringing the battlefield to the lecture hall and laboratory



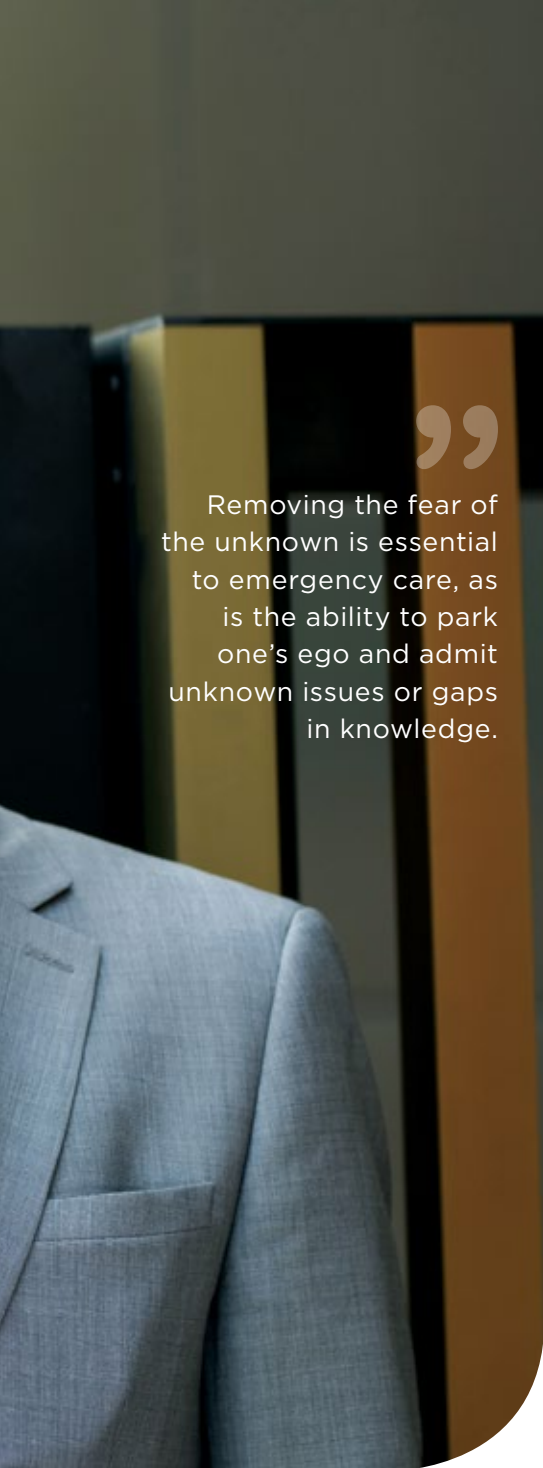
The postings on Professor Mark Midwinter's service record read like a list of least desirable holiday destinations: Bosnia, Lebanon, Iraq and Afghanistan.

What started with a chance posting aboard the Royal Navy's *HMS Endurance*, while working with the British Antarctic Survey in the late 1980s, grew into a 23-year career as a naval medical officer, with postings to conflict hotspots around the globe.

Professor Midwinter developed a passion for teaching and research while posted to Iraq and then southern Afghanistan. Today, he's passing on his unique skills and insights to the next generation of doctors as Professor in Clinical Anatomy at UQ.

Professor Midwinter aspires to minimise surgical morbidity. His grounded experience from the battlefield helps inform holistic team approaches to emergency critical care and ongoing patient healthcare throughout the recovery process.

"Diverse skills and attitudes, developed during a number of deployments posing a variety of threats, are vital not only for emergency care, but also to optimise the future medical condition of patients," says Professor Midwinter. "Emergency care should not be treated in isolation from future rehabilitation prospects, but as a continuous process."



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Removing the fear of the unknown is essential to emergency care, as is the ability to park one's ego and admit unknown issues or gaps in knowledge.

For Professor Midwinter, this holistic approach must transcend individual team roles when treating patients in emergency situations.

“Learning to compensate for the different nature of individualised roles within a team is crucial to complete patient care. Compartmentalised treatment rarely provides the best patient outcome.”

On the battlefield or in any emergency situation, Professor Midwinter says discovering the critical unknowns is as important as keeping one's cool.

“Removing the fear of the unknown is essential to emergency care, as is the ability to park one's ego and admit unknown issues or gaps in knowledge. This is particularly challenging when treating colleagues, friends and children on the battlefield.”

For his impressive record of military service, Professor Midwinter was awarded a Commander of the Most Excellent Order of the British Empire (CBE).

In his private life, the doctor describes himself as a thinker, debunker of accepted dogma, husband, dad and dreamer.

When invited to become part of the Jamieson Trauma Institute, Professor Midwinter discovered he wasn't the only one to have worn a military uniform.

Royal Brisbane and Women's Hospital Executive Director Dr Amanda Dines also counts Iraq among her postings. During her 24 years with the Royal Australian Air Force, she was also deployed to Timor, and commanded the Health Services Wing at Amberley, and the Canberra Area Medical Unit.

“I know my background in defence has left me with a strong appreciation for the skills and training the Australian Defence Force instils in us,” Dr Dines explains. “I have no doubt that this continues to serve me today as I lead RBWH and the next generation of clinicians.”

Such skills are invaluable given how quickly medicine and the healthcare environment change. Dr Dines equally values partnerships with Queensland tertiary education facilities, and sees their role in shaping the future of medicine as pivotal.

“RBWH is home to more than 6000 staff, many of whom learned their trade from tertiary education institutes around Queensland. I am proud of our partnerships with education providers like The University of Queensland, and I know both our hospital and our staff are stronger for that collaboration.”

Dr Dines says RBWH and UQ share a long history and a bright future.

“We embrace our partnerships with The University of Queensland because education is the key to progress. RBWH recently celebrated its 150th year of caring for Queenslanders, and we look forward to what new discoveries, innovations and knowledge the next century will bring.”

While continuing her physician responsibilities at RBWH, Dr Dines also maintains ties with her military life. Having transferred to the RAAF Specialist Reserve in 2007, she currently serves as an Honorary Aide-de-Camp to the Governor General. She holds fellowships of the Royal Australasian Colleges of Medical Administrators and General Practice, and has worked at the RBWH as Deputy Executive Director Medical Services and Executive Director Cancer Care. ●



Royal Brisbane and Women's Hospital Executive Director Dr Amanda Dines

Q&A with Sandra Creamer



Sandra Creamer is the newly appointed Adjunct Professor for Public Health. A lawyer and proud Waanyi/Kalkadoon woman from Mt Isa, Sandra has been part of Australia's delegation to the United Nations Forum for Indigenous Issues for over a decade. She is currently the interim CEO of the National Aboriginal and Torres Strait Islander Women's Alliance (NATSUWA) and a Board Director for both Amnesty International Australia and the International Indigenous Women's Forum. Her role as Adjunct Professor will see UQ and NATSUWA working together to improve health outcomes among Indigenous women.

Having started out in legal aid helping victims of crime, and continuing your advocacy work through attending UN forums, why did you transition to championing Indigenous health issues?

I choose to advocate for Indigenous health because of the disconnect between our rights, voices and traditional knowledge. I have witnessed the impact on victims and Indigenous peoples whose hearts, bodies, minds and spirits

are broken. There is no quick fix to these problems. It is vital that we develop culturally sensitive ways to help the healing process and give recognition that we are all different – one way of dealing with our health is not the only way. Our journey towards change can be hard – something I've witnessed in my own work and at the United Nations Permanent Forum for Indigenous Peoples in New York.

You've been helping UQ's Nina Hall improve menstrual health access for women in remote indigenous communities. What do you see as the most pressing health-related issue for Indigenous communities?

A lack of good health care in communities as well as losing access to traditional foods are major concerns. Sadly, elders are having to move away from some of their communities because of land leases, medical and social issues.

Left image: Sandra (middle row, third from left) and participants at the UQ and NATSIWA jointly-run Yarning Circle on Indigenous Women's Health and Hygiene.

Right below image: Sandra Creamer (second from right) pictured in New York.

Once they leave, their traditional knowledge and language goes with them. Indigenous peoples need to have support, through education and workshops, to handle the changes they need to make when it comes to managing their health and wellbeing in a Western world. Not having access to traditional food, and potentially not having the right kind of food due to high cost, means diets change and health issues like diabetes rise. It's important Indigenous people have guidance and support through those changes to give them an understanding of the right food and hygiene now required in their everyday life.

What do you hope to achieve for Indigenous communities through your appointment as Adjunct Professor of Public Health?

I hope to raise the voices of Aboriginal and Torres Strait Islander peoples and ensure that they are consulted when it comes to their health concerns. In order to make change, there needs to be a collective voice so partnerships can be formed and issues addressed. With the menstrual health access project, the Board of NATSIWA, other Aboriginal and Torres Strait Islander women, NGOs and other universities joined with The University of Queensland to address how hygiene products could be accessed and used in remote communities. It's during projects like these that traditional culture must be included in change. When grassroots guidance and information are provided directly by Indigenous people, changes can be made in a culturally appropriate way. Through my appointment as Adjunct Professor, I can add to the voices and traditional knowledge of Aboriginal and Torres Strait Islander peoples to research directly, instead of having our voices simply written about by academics.

Where does your inspiration to keep fighting for positive change come from?

There are many people who have inspired my pursuit of positive change: my children, my family and women

whom I have met on my journey. My late father was a huge inspiration. He raised 10 children after my mother passed away when I was just seven months old. Working long, hard hours on a station, he was paid very little, while my older sisters looked after the rest of us in town. Yet despite his struggle to keep us together and put a roof over our heads, my father never complained. It was only later in my life when I learnt about the 'stolen wages' and how laws did not include us, that the magnitude of his struggle really hit home. It's these kinds of inequalities that inspire me to keep fighting for positive change because equality for all is a basic human right.

I also draw inspiration from knowing my culture and the understanding of Indigenous peoples' histories – stories that have been laid down since time began. There are so many different cultures and peoples in the world that it's important we accept that one way (namely the Western one) is not the only way in the world. We should not lose sight of the value of all cultures.

What are the advantages of having someone with an Indigenous perspective being directly involved in tackling health issues?

Direct involvement helps to overcome the disadvantages that we have faced. The system has been institutionalised and the service delivery has not been culturally appropriate, meaning Indigenous peoples' needs were not

met. Working with UQ's Dr Nina Hall to provide better access to feminine hygiene products and working to eliminate blindness through the trachoma project have been great examples of this. These projects have included the National Aboriginal and Torres Strait Islander Women's Alliance and other women from remote areas. The first step in the menstrual hygiene project was a workshop – hearing the voices and concerns from the women, and how to address these concerns for research and service delivery. The women spoke of the importance of cultural practices and identified how to work with Indigenous communities in a culturally appropriate way. Their voices and wisdom were respected and included when developing workshops and academic literature.

As a Waanyi/Kalkadoon woman from Mt Isa, what does the role of Adjunct Professor for Public Health with UQ mean to you?

This appointment means a lot to me, mainly because two of my sisters were never able to receive the same education as me. They stayed home and raised us, to make sure we had a good life and a good education. The opportunity to help Indigenous peoples in my new role is also incredibly important to me. Indigenous people need to be at the table to help make change because we have walked the walk, and we can identify how to overcome inequalities through our personal connection to our issues. ●



Reviving 'dead hearts'

Australia's three largest cardiac hospitals are collaborating to improve the quality and quantity of donor hearts, bringing hope to Australians desperate for a second chance.





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By improving the quality and viability of donor hearts, it is hoped the project will not only add more years to the life of the recipient, but perhaps more importantly, more life to their years – with a heart that allows them to return to work, play and exercise.

Chronic heart failure kills 10 Australians every day. The gold standard treatment is a heart transplant. However, 80 per cent of donor hearts are damaged and not suitable for transplant.

A major collaborative project from renowned national and international hospitals, research units and universities – including Australia’s three major cardiac transplant centres – is aiming to expand the pool of donor hearts available for transplant. By investigating alternative donor heart sources and preservation methods, the project team hopes to address the shortage of available hearts.

Professor John Fraser is heading up UQ’s Critical Care Research Group based at the Prince Charles Hospital.

“Our project – we call it ‘the Dead Heart Project’ – is trying to create ‘Gatorade for hearts,’” says Professor Fraser. “We are aiming to create the optimal environment and fluid that will rejuvenate donor hearts with the right balance of minerals and nutrients.”

The three major cardiac transplant centres include Brisbane’s Prince Charles Hospital (Professor John Fraser), Melbourne’s Alfred Hospital (Professor David McGiffin) and Sydney’s St Vincent’s Hospital (Professor Peter Macdonald).

“In a country as large as Australia,” Professor Fraser explains, “the tyranny of distance means that donor hearts can be irreversibly harmed in transport. Our study aims to not only halt injury while the heart is being transported, but also to reverse any injury.”

The Dead Heart Project will investigate the biology of brain death and then seek to reverse the cardiac injury that it causes – using a prototype mechanical pump, mixed with a number of enzymes, oxygen, nutrients and potentially stem cells. This will ultimately enable more donated hearts to remain suitable for transplant, and these hearts will function better when transplanted.

The project is estimated to span four years and cost more than \$5 million. Last year, the project was awarded \$1.67 million from the NHMRC, \$1.3 million from UQ and \$900,000 from the Prince Charles Hospital Foundation.

By improving the quality and viability of donor hearts, it is hoped the project will not only add more years to the life of the recipient, but perhaps more importantly, more life to their years – with a heart that allows them to return to work, play and exercise.

The Dead Heart Project is a logical addition to the global research projects being undertaken by UQ’s Critical Care Research Group. The group also comprises the first NHMRC Centre for Research Excellence in bionic hearts and lungs.

It was in back in 2007 that Professor Fraser first kicked off the engineering component of the group, in collaboration with Brisbane engineer Dr Daniel Timms, through their work on the world’s first artificial heart – the BiVACOR device. Professor Fraser continues to have a good eye for picking exceptional talent in acute care research.

The Dead Heart Project is helping to build a translational research group composed of leaders in their respective fields, which aims to mould the landscape of heart transplantation and improve the quality of life for heart failure patients worldwide.

The Dead Heart Project was first supported through public donations via the Common Good – an initiative of the Prince Charles Hospital Foundation – and the Alfred Hospital Foundation.

“We were working on a hunch,” says Professor Fraser. “These two foundations took a chance on us to provide the proof of concept. Now, with the NHMRC and UQ funding, we can rapidly advance our investigations across Australia’s largest heart hospitals.” ●

Inspired by family history and a quest for equity





Faculty of Medicine 2017 Valedictorian Bethany Holt attributes a long family history of community service for inspiring her decision to become a doctor.

“I come from a line of strong women who were passionate about social justice and serving disadvantaged communities,” Bethany explains. “My family’s values instilled in me a sense of responsibility to improve the wellbeing of those less fortunate, which drove my desire to study medicine.”

Medicine runs in Bethany’s family. Her father is an orthopaedic surgeon. Her mother is a physiotherapist. An aunt is a paediatrician. Two uncles work in psychiatry and cardiology. And two of her brothers also study medicine.

“The voice of doctors can be extremely powerful, and it is incredibly important that, as a profession, we advocate for vulnerable populations and promote public and planetary health.”

Bethany had an unconventional pathway to medicine, first studying an arts degree majoring in international relations.

She enjoyed the program so much that she began to question whether medicine was the right fit.

“I loved my international diplomacy, development and human rights subjects and wanted to explore them further. Fortunately I was introduced to the idea of public health and saw the opportunity to work across both worlds. So I came full circle – back to medicine.”

Despite earning prizes for the top marks in the medical program and highest performance in the objective structured clinical examination, Bethany didn’t always find studying medicine easy.

“The first few months of my medical degree were challenging. I felt really lost because I hadn’t studied biology – I had to pore over textbooks to catch up on basic science. It was hard work, but I had great friends and mentors supporting me.”

Throughout her studies, Bethany was involved in the student group Towards International Medical Equality (TIME), which enabled her to incorporate global health advocacy and volunteering into her studies – an opportunity she relished.

“I think it is vital that we are producing doctors with a social conscience and a desire to make a difference to health equity. My involvement with TIME, reinforced my belief that as doctors we are in a privileged position to advocate for improving healthcare for our most vulnerable communities, both in Australia and overseas.”

Bethany is now completing her internship with St Vincent’s Hospital, Melbourne. ●



Spearheading a new approach to kidney disease treatment

The goal of delivering better outcomes for kidney disease patients is driving UQ alumnus and former academic Dr Anthony Johnson to champion therapeutic innovation in what he considers a severely underfunded sector.

Dr Johnson is the new CEO of biotech startup Goldfinch Bio in Cambridge, Massachusetts, which is developing new precision treatments for kidney disease through genetic research.

Despite the prevalence of kidney disease, research into effective treatments has not met patient need in America or Australia.

“Fifteen per cent of American adults – more than the entire Australian population – have chronic kidney disease,” Dr Johnson explains. “Dialysis and kidney transplants are end-stage options. The relative lack of funding has constrained therapeutic innovation and, consequently, no novel therapeutic classes have emerged for more than twenty years.”

Dr Johnson was interested in Goldfinch Bio’s unique approach to developing new treatments. The company seeks to understand the biological pathways that drive kidney disease, so that highly tailored treatments may be developed to target the molecular causes.

“I realised that with my background, I could have tremendous impact on an early-stage company that actually makes a difference to patients by discovering and developing new drugs. Goldfinch Bio was particularly appealing because it focused on diseases of the kidney – an area of major unmet need compared with other therapeutic areas.”



Goldfinch Bio is expanding the genetic understanding of kidney disease by building the Goldfinch Kidney Genome Atlas, the world's largest genomic registry of patients with kidney disease. The initiative utilises de-identified clinical data and patient samples from multiple US academic medical centres and consortia, including Mount Sinai Hospital's BioMe BioBank, Vanderbilt University's BioVU BioBank, Duke University, and the Nephrotic Syndrome Study Network (NEPTUNE) coordinated out of the University of Michigan.

Goldfinch Bio hopes to identify sequence variants or mutations that drive kidney disease and translate these findings into actionable targets for pharmacological intervention.

The company is currently focusing on treatment options for focal segmental glomerulosclerosis and polycystic kidney disease, and hopes to expand to include other kidney diseases over time.

Dr Johnson is confident Goldfinch Bio will make rapid progress in coming years, with their first drug to commence regulatory review later this year, and clinical trials in early 2019.

"In the next five years, I anticipate that the company will be in the commercial stage with our first drug under review or approved, and multiple drugs in clinical development."

Dr Johnson's interest in kidney disease was sparked while working with the Kidney Unit at Prince of Wales Hospital in Sydney as Director of the James Lance GlaxoWellcome Medicines Unit. He has previously worked within the pharmaceutical industry at GlaxoSmithKline and also in biotech investing at OrbiMed in New York. In his first appointment as a CEO, Dr Johnson believes he will draw on multiple past experiences.

"Being an academic at UQ taught me scientific rigour; being an executive in large pharma taught me how to balance and manage risk against opportunity; and being an investor taught me how to evaluate the probability of success with untested concepts in a startup environment."

But Dr Johnson, a keen runner and duplicate bridge player, concedes that not all his skills come from his work life.

"Coming from a large family taught me the value of team work!" ●

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IN PHOTOS

Alumni Reunion

The School of Public Health hosted its inaugural all-class reunion in May.

Alumni reminisced about their time at UQ, heard from Head of School Professor Charles Gilks and participated in a panel discussion about the global impact of public health.

Image left: School of Public Health alumni Imogen Page, Lt Col David Bullock and Dr Shalomie Shadrach served on the organising committee for the School's first all-class reunion.

Image below: Dr Celia Webby, School Manager; Prof Charles Gilks, Head of School; alumna Mrs Vinu Verghis; Associate Professor Marina Reeves, guest panellist.



Giving to the next generation

School of Clinical Medicine and School of Public Health students and donors celebrated together at the annual prize and scholarship celebration in April. Sixty-three prizes and scholarships were awarded thanks to the generosity of donors.



Brain injury hope

UQ medicine student Patrick Biggins received the 2018 Brain Injury Foundation Scholarship to fund his research into clinical care guidelines for severely brain-injured patients. The Faculty is incredibly grateful for philanthropic scholarships and donations to assist students.

Image left: Patrick (centre) is pictured with Terry McCormick (left), Director, Brain Injury Foundation, and Lucy Reid, Advancement Officer, UQ Faculty of Medicine.

Professor Alan Cooper OAM and *Not if, when* campaign Chairs Caroline and Professor Ian Frazer paused for a photo at the Campaign launch in Sydney in May (pictured right). Professor Cooper serves as Head of Dermatology at the Royal North Shore Hospital and is working to raise funds to create an endowed Chair in Dermatology at UQ.



Health Matters

Representatives from Lions Medical Research Foundation enjoyed *Nature vs. Nurture – How the first 1000 days affect lifelong health*. The foundation generously funds the fellowship position for Dr Tracey Bjorkman (second from right) and her research into newborn health.



Going global

UQ Vice-Chancellor and President Professor Peter Høj and Dr Kerrie Mitchener-Nissen helped launch the *Not if, when* campaign at a cocktail reception for UQ alumni in London in April (pictured left). All donors who make gifts this year will be recognised as campaign supporters.



Sports Day

UQ medicine students blew off some steam in a scrub-clad adventure across Brisbane city.

BR

Buzzing with the 'science bug'

A maze of scientific mysteries waiting to be investigated is the basis of Channel Nine's new children's show, *BrainBuzz*. UQ School of Biomedical Sciences alumnus Clare Van Dorssen is the resident scientist charged with investigating these mysteries, alongside host Kellyn Morris.

AINB



Since childhood, Clare's inquisitive mind has helped her develop a dynamic career as a science ambassador.

"I've always been driven by a penchant for preaching about science," Clare enthuses. "I've continually bombarded family and friends into caring about science."

BrainBuzz is the perfect platform for Clare's preaching, with children across Australia joining in to investigate the mysteries of science on the show.

"Our motto is science by stealth. So we're getting STEAM (Science, Technology, Engineering, Arts and Maths) across to kids in an engaging way."

Clare stresses that good grades at school aren't everything when becoming a scientist. "I was always an average student, but extremely enthusiastic. I think there's a misconception that scientists must be top of the class. I want to advocate for more enquiring minds to pursue STEAM careers."

Clare is relentless in her quest to communicate science and sees continued resilience as key to her success.

"Throughout my honours project on *Schistosomiasis japonica*, a parasitic worm, I was never deterred by failure. Rather, I was driven by an intense need to understand what an apparent failure might uncover. This mindset fuelled my passion for communicating methods of scientific discovery to lay audiences, particularly to enquiring young minds."

Being resident scientist on *BrainBuzz* is just the latest of Clare's forays into fostering young minds. She has also been a presenter with Questacon, the National Science and Technology Centre, travelling around Australia presenting school science shows and leading teacher development workshops.

Whatever the future may hold, Clare is eager to keep preaching science to the masses. ●

Critical care on the fly

Pre-hospital doctors, such as the critical care physicians with LifeFlight, bring the hospital to the patient – whether it's at a rural farmhouse, on a rugged mountain top or by the roadside.

Queensland's largest air-ambulance service, LifeFlight, has 130 critical care doctors who treat more than 5000 patients every year. Of those frontline doctors, about 30 per cent have come through The University of Queensland's Faculty of Medicine.

LifeFlight Chief Medical Officer and 1976 alumnus Dr Allan MacKillop has been in the role for 14 years. Dr MacKillop knows better than most the grit, determination and compassion it takes to be a critical care doctor. He says it takes a special type of person.

"They need to be particularly suited to the job," Dr MacKillop explains. "They need to have a full set of clinical skills and work well in a very small team operating in a confined space. They need to be physically fit and have a sense of adventure."

It was that sense of adventure and an ability to stay calm under pressure that led UQ alumnus Dr Luke Nottingham to complete a six-month role with LifeFlight.

Although the circumstances of working for LifeFlight are confronting, Dr Nottingham said the experience taught him to cope well under pressure.

"You do a lot of mental preparation and rehearse different scenarios with the paramedic team to help you remain calm and focused. You develop a treatment algorithm you can fall back on if things become too overwhelming."

Dr Nottingham says debriefing with the team afterwards also helped them cope with traumatic circumstances, such as attending road crashes.





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The opportunities to learn; the procedures; the degree of suffering we saw – it was 10 times the experience I would have otherwise gained in Australia.

“It’s extremely difficult to be faced with a horrific scene, but talking about the cases is vital. You have to remind yourself that you haven’t done anything to put the person in this position and you’re just there to help.”

Dr Nottingham’s interest in pre-hospital medicine was sparked during a first-year lecture given by Queensland Ambulance Service Medical Director Dr Stephen Rashford.

“I was so inspired by Dr Rashford that I contacted him immediately,” Dr Nottingham recounts. “That Saturday night I was racing to treat patients all over Brisbane with a critical care paramedic. It was then that I discovered my love of pre-hospital and resuscitation medicine.”


Dr Nottingham pursued his newfound passion through a placement in Soweto, South Africa, at the Chris Hani Baragwanath Hospital – the world’s third largest hospital, where 70 per cent of all admissions are emergencies.

“Working at Chris Hani Baragwanath Hospital was a life-changing experience,” Dr Nottingham recalls. “The opportunities to learn; the procedures; the degree of suffering we saw – it was 10 times the experience I would have otherwise gained in Australia.”

Having completed his contract with LifeFlight, Dr Nottingham is currently training to become an anaesthetist. He hopes to complete his final year fellowship with the Greater Sydney Area Helicopter Emergency Medical Service or London’s Air Ambulance – two organisations pioneering gold star standards of excellence for pre-hospital medicine. ●



Top image: UQ alumnus Dr Luke Nottingham
Right image: LifeFlight Chief Medical Officer
Dr Allan MacKillop

A young child with cerebral palsy is crawling on a mat. The child is wearing a light-colored long-sleeved shirt and blue shorts. An adult's hands are visible, supporting the child from behind. The background shows a patterned fabric, possibly a bedsheet or curtain.

Leaps and bounds for Cerebral Palsy care

Growing up as the daughter of a local GP in Blackbutt, a small town in the South Burnett, Dr Katherine Benfer was well-versed in the challenges of providing medical care in rural communities.



It's little wonder that this UQ researcher has found herself working in rural parts of India's West Bengal and its capital, Kolkata, training health workers to assess and provide intervention for babies at risk of Cerebral Palsy.

Dr Benfer is the creator of LEAP-CP: Learning through Everyday Activities with Parents – a community-based, parent-delivered early detection and intervention program for infants at high risk of Cerebral Palsy. The program uses smartphone technology to screen babies for the condition.

“If a ‘general movement’ pattern is lacking in a baby,” Dr Benfer explains, “we know there is a 98 per cent likelihood of Cerebral Palsy. What makes LEAP-CP unique is that it provides individualised family support in the home through a peer trainer – a mother from the same community.”

As Dr Benfer elaborates, in resource-poor contexts, mothers of a child with a disability face numerous barriers to access the support they need to be their baby's first and best teacher.

“LEAP-CP uses a problem-solving approach to empower these mothers to help their child using materials and resources from their own environment, and this results in better outcomes for the child and their family.”

Once a baby is diagnosed, parents are taught active learning therapies to help the child improve movement, feeding, play, vision and cognition, and to provide age-appropriate learning experiences.

The next step for the UQ researcher is to bring LEAP-CP home, and apply this unique program within the Australian context. As part of an NHMRC Early Career Fellowship, Dr Benfer is now adapting LEAP-CP from an Indian cultural context to provide culturally appropriate care for remote Indigenous Australian communities.

As Dr Benfer explains, there are considerable parallels and distinctions. “While the culture and context in remote Australian communities are distinctly different from that in rural India, in both contexts families face numerous barriers preventing access to early

diagnosis and tailored care for their child with cerebral palsy.”

With research from the National CP Register indicating that Indigenous Australian children are at increased risk of Cerebral Palsy, LEAP-CP offers an opportunity to help close the gap for both Indigenous health and CP care.

As Dr Benfer insists, children with a disability shouldn't face further disadvantage due to their location or culture.

“I believe all people deserve opportunities to thrive in their context, and that's the philosophy behind LEAP-CP. We're removing some of the barriers faced by children with disabilities, enabling them to flourish.”

LEAP-CP has the potential to provide a cost-effective, scalable and evidence-based program for families in rural communities and low- and middle-income countries around the world. ●

For the love of learning

Clinical haematologist Dr Mohamed Shanavas recently joined the Mater Hospital after working as a haematology specialist and UQ Academic Title Holder at Rockhampton Hospital.

Born in a small village in Kerala on the tropical Malabar Coast in Southern India, the young Mohamed had big dreams.

“I always wanted to be a doctor,” Dr Shanavas recalls. “In my village, there were three GPs, but no specialists. I didn’t really know about specialisations or medical research until I attended medical school.”

Like many physicians, it was at medical school – the Calicut Medical College in Kerala – that Mohamed not only found his feet, but also met his future wife, Babitha.

After completing their studies, marrying and welcoming their first child, the couple swapped the tropics of Kerala for the Adelaide Hills.

Dr Shanavas completed his physician training and a dual fellowship in clinical haematology and haematopathology at the Royal Adelaide Hospital, Flinders Medical Centre, and The Queen Elizabeth Hospital.

The couple next moved to Toronto, where Dr Shanavas undertook a clinical and research fellowship in leukaemia and bone marrow transplant at Princess Margaret Cancer Centre. Upon completion in 2015, they returned to Australia, this time to Queensland.

“When we returned to Australia, we made Rockhampton our home. Beyond becoming a staff specialist in haematology, I also became a Senior Lecturer at UQ’s Rural Clinical School – enjoying the opportunity to be involved in teaching and research support groups.”

Despite working full-time as a specialist, along with his parenting and mentoring duties, Dr Shanavas was looking for an extra challenge.

“I’ve always had that mindset for asking questions and a willingness to spend the time and effort to get answers – that’s why looking into the biology of disease excites me most.

“I began a part-time MPhil program under Professor Maher Gandhi and Dr Colm Keane from UQ’s Diamantina Institute – regularly travelling to Brisbane to undertake my lab work.

“I’ll admit it was a bit of a juggle to do lab research while working full-time in a regional centre, but Professor Gandhi was immensely supportive.”

Now permanently based in Brisbane, Dr Shanavas is researching immune-biomarkers in lymphoma and how they may offer the potential for personalised lymphoma medicine and improved lymphoma management. ●



Virtual reality frees the mind

Being diagnosed with a progressive and incurable brain disease like dementia or Parkinson's disease is life-changing. More than 50 per cent of sufferers experience anxiety and depression. And, as Dr Nadeeka Dissanayaka of UQ's Centre for Clinical Research explains, this impacts not just those with the condition, but also their families and society.



"Anxiety and depression in dementia and Parkinson's disease are predominantly associated with lowering patients' quality of life, high caregiver burden, premature entry to residential aged care facilities and higher risk of mortality," says the researcher.

Dr Dissanayaka and her team's research is titled *Virtual reality assisted psychological interventions to combat behavioural and psychological symptoms in dementia and Parkinson's disease*.

The study is trialling home-based biofeedback systems utilising smartphone apps and smart watches to increase the efficacy and effectiveness of psychological interventions for people with dementia and Parkinson's disease.

"The artificial environment, delivered through wireless mobile headsets, immerses the patient in their surroundings and mimics how they would feel in reality," Dr Dissanayaka explains. "Living in Australia, it's no surprise that the most popular environment is the beach. Because the program creates the image for the user, the patient doesn't exert any mental energy and can more easily relax and enjoy the experience without having to leave home.

"This research aims to assist patients living in the community and in residential aged care facilities to meet the practical demands of dealing with depression and anxiety. It seeks to reduce the burden on our healthcare system and the aged care service sector, while achieving long term outcomes for patients."

PhD candidate Rachel Brimelow says aged care residents who have cognitive impairment are embracing the virtual reality technology.

"Even though they may not be able to verbalise, they light up," Rachel recounts. "They go from staring into space to being engaged. Seeing the difference is wonderful - they often don't want to give up the virtual reality headset."

The social and economic impacts of degenerative brain disease are substantial. Dementia, including Alzheimer's disease, is the second highest cause of death in Australia, estimated to cost the nation some \$14.6 billion per annum. Parkinson's disease is the second most common neurodegenerative disorder, after dementia, costing an estimated \$9.9 billion annually.

Dr Dissanayaka is an NHMRC Boosting Dementia Research Leadership Fellow and a Lions Medical Research Foundation Fellow. She was also supported by the Royal Brisbane and Women's Hospital Foundation grants. In 2018, Dr Dissanayaka was awarded a prestigious NARSAD Young Investigator international grant from the US-based Brain and Behaviour Research Foundation. ●



Love leads to regional adventure

Libby White and Mitch Krosch met and fell in love while studying medicine at UQ, before completing their third-year placement together at Nambour Hospital.





Today, the junior doctors are based in Bundaberg. And they're loving the rural career experience and lifestyle opportunity of the Wide Bay Region – one of three UQ Regional Training Hubs, alongside Southern Queensland and Central Queensland.

The Regional Training Hubs aim to retain medical graduates to continue their work in rural and regional areas. If Libby and Mitch are anything to go by, the hubs are proving very effective.

Although they originally applied to undertake their fourth year in Toowoomba, when Mitch was posted to Bundaberg, Libby decided to give the town a go too.

Stepping off the Tilt Train, they found their fourth year as students at the UQRCS Bundaberg remarkably positive.

"We encountered great support and professionalism, and had opportunities to be involved in aspects of medicine you wouldn't usually get the chance to in cities," says Mitch. "There were smaller group sizes, greater diversity of cases and we had the opportunity to assist with surgeries."

Their study experience and the friendships they formed motivated them to request to stay in Bundaberg. Both Libby and Mitch are currently Resident Junior Doctors at Bundaberg Hospital.

Libby is pursuing paediatric training while Mitch undertakes a six-month Diploma in Obstetrics and Gynaecology. Mitch plans to start his General Practice education and training in 2019.

The couple say Bundaberg now feels like home. They've set up house within walking distance of Bargara Beach, regularly enjoying sunrise beach walks with their adored puppy, Penny.

When asked where the future may lead, Libby momentarily ponders. "Close to a regional hospital for me to pursue paediatrics," she says. "And somewhere I can undertake general practice," adds Mitch.

As they continue to pursue their dreams, Libby and Mitch are walking and talking testaments to what rural, regional and remote medical education can offer both the doctor and the community. ●

To support student scholarships in Bundaberg, Hervey Bay, Rockhampton and Toowoomba, contact Advancement on +61 7 3365 5075 or email med.advancement@uq.edu.au.



Climate change a challenge for health

It seems unlikely that living far from the hustle and bustle on an island surrounded by turquoise waters could put your health at serious risk. But those alluring waters are causing concern among remote island communities of the Torres Strait who are waging war against threats to their health posed by climate change.





Adaptation is the idea that climate change is happening, and we need to change our systems to work with that.

Faculty of Medicine researcher Dr Nina Hall says maintaining good health in communities affected by climate change comes down to managing water and energy security.

“Sustainably balancing both water security and energy security is a huge problem,” Dr Hall explains. “On some sand islands in the Torres Strait, seawater is coming into community’s freshwater wells. In addition, when a community is waiting for diesel to be shipped in to power a desalination unit, they are extremely vulnerable in terms of energy in order to create that water security.”

Dr Hall says achieving water security involves communities establishing how much water they rely on for all their needs, from drinking through to food security.

“Communities need to think about what their sources of drinking water are and how these sources are going to be affected by changing conditions. Water security is very important in terms of how health is impacted when drinking water isn’t safe. Rising temperatures mean water can be more readily polluted, through increased pathogen growth and reduced sources of water due to less rainfall or rising sea levels.”

It’s this human element of complex environmental questions that’s at the heart of Dr Hall’s research.

“Applied research at UQ’s School of Public Health is all about real questions for real people and real systems. That is why I’m here.”

Dr Hall says the impacts of climate change are multidimensional and extend beyond water and energy.

“The best way to think of it is that there are direct impacts and indirect impacts. Direct impacts include extreme weather events, damaged infrastructure and personal health impacts from trauma. Indirect impacts may include infectious disease outbreaks and mental health challenges.”

Such impacts, Dr Hall reminds us, Queenslanders have experienced firsthand.

“During the long 11-year drought in Queensland, there was a tragic rise in farmer suicide. While there are many possible causes for this, there is an increasing link between how climatic stress, such as drought, has flow-on consequences for vulnerable businesses and families.”

Whether the impacts are direct or indirect, Dr Hall says the approach to solving these problems needs to be the same.

“It all comes back to the people, and how you usher them through behaviours and attitudes that are supportive of climate-friendly solutions in the long term – all backed up by policy.”

Dr Hall sees both mitigation and adaptation as vital to combating the threats climate change pose to human health.

“Adaptation is the idea that climate change is happening, and we need to change our systems to work with that. It needs to happen now because the impacts that we’re already experiencing are shown to have upward trajectories.”

Dr Hall will spend the next three years as a lead author for the Australasian chapter of the Intergovernmental Panel on Climate Change (IPCC) as one of two UQ representatives. IPCC creates the working assessments that inform agreements such as the United Nations Framework Convention on Climate Change Paris Agreement. ●



Message in a bottle

Clinical trials have commenced on an innovative, personalised rheumatoid arthritis therapy developed at UQ's Diamantina Institute. Could this be the breakthrough millions of sufferers have long awaited?

Rheumatoid arthritis (RA) is a debilitating autoimmune disease that causes joint pain and cardiovascular complications. Simple daily tasks can become major obstacles.

The disease affects more than 450,000 Australians, and millions around the world.

The combination of drugs used to manage symptoms is not personalised, so some drugs may either fail or cause side-effects.

UQ Professor of Rheumatology Ranjeny Thomas made it a career goal to target the underlying cause of the disease. In the process, she came up with a personalised treatment strategy.

Professor Thomas's team at UQ's Diamantina Institute took cells from patients, exposed them to joint-specific antigens and an anti-inflammatory drug, then reinjected the cells to 're-educate' the immune system to suppress responses to joint antigens driving RA. Importantly, this clinical trial was individualised to patients with particular high-risk RA genes.

Professor Thomas says while the approach was safe and modified the immune response, it was not practical on a large scale. "Our next step was to develop a drug product that could be used in many patients."

Professor Thomas's team has now designed a liposome, DEN-181, that is 'loaded' with an anti-inflammatory drug and a joint self-antigen. This is injected into the skin of patients with specific high-risk RA genes, and the liposomes are taken up by immune cells. This achieves the same re-education in the body as occurred in cells outside the body, but with a therapy that can be produced in a bottle.

As Professor Thomas is pleased to report, human trials of DEN-181 have now commenced at the Princess Alexandra Hospital. "This is the first time it has been used in patients, so it is tremendously exciting. Commercialisation through to a clinical trial is the bridge to translating scientific data into clinical practice."

DEN-181 is being commercialised by Dendright, an offshoot of UniQuest – UQ's technology transfer company. Professor Thomas is also Chief Technology Officer of Dendright.

Further details of the study, including patient eligibility criteria, are available at anzctr.org.au using search term 'Dendright'.

Changes to the medical program

Over the past 18 months, we have reviewed how we admit students into the medical program, as well as how our courses are structured to graduate internship-ready doctors.

Two main changes have been recommended and approved by the Academic Board:

1. Admissions changes

Multiple Mini Interviews (MMIs) will be introduced from 2019. The MMIs aim to ensure we select applicants who demonstrate the attributes and abilities most suited to the profession of medicine, and who are most likely to succeed in the MD program. We will also introduce prerequisite subjects from 2022 to ensure students are well prepared for the first two years of the program.

2. Integration of clinical courses

We want to ensure the program continues to prepare students to be safe and effective from the first day of their internship, as well as adaptable to changing healthcare needs throughout their careers.

At the start of 2019, we will introduce changes to Phase 2 (Years 3 and 4) to better integrate teaching and improve the student experience. These changes include restructuring the existing 10 rotations in Phase 2 within four discrete semesters, the addition of an elective term for Year 4 students, and the use of a learning portfolio to track the development of core clinical competencies across the phase.

Professor Stuart Carney
Deputy Executive Dean and
Medical Dean Faculty of Medicine



Bringing doctors into the boardroom

The health and medical industry has been earmarked as one of Australia's top growth industries over the next five years. As such, it's a major contributor to the economy and plays a vital role in contemporary society, at both individual and population levels. But to what extent are health and medical professionals represented on the boards of the organisations that serve us?

UQ Medicine alumnus and Associate Professor of Cellular and Molecular Pathology Dr Bev Rowbotham wants to see more doctors represented on boards in Australia. And with more than 20 years of experience in the boardrooms of a variety of organisations, Dr Rowbotham believes doctors need formal training in business skills to be effective contributors.

"Boards are where the decisions are made," Dr Rowbotham insists, "and doctors need to be there to be part of that process. I have been on many boards – in healthcare, medical indemnity insurance, other businesses and the non-profit sector."

But, as Dr Rowbotham points out, the presence of doctors on boards is not as common as one might think.

"Traditionally, boards favour appointing business people. Even if there is a chief medical officer, they answer to the CEO, not the medical community."

In 2017, Professor Rowbotham sponsored two students enrolled in the Medical Leadership Program to participate in an intensive training course by the Australian Institute of Company Directors.

"By the time I did the AICD Company Directors Course, I had lived through some tough experiences on boards. So I decided to support a scholarship that will help the next generation of doctors to have some of those skills from the start, and find an easier pathway to the boardroom."

Dr Rowbotham believes that giving doctors a 'seat at the table' can utilise a great untapped potential.

"Boards are about the future. They set a strategy and take you to the next place. Doctors need those strategic thinking, communication and negotiation skills to be part of this process. Being part of a board is about harnessing the skills of all board members. By bringing together a group of people, you get a better vision and plan for the future."

Dr Rowbotham's current board positions include Avant Mutual Group, the Doctors' Health Fund (a private health insurer), Genome.One (a startup genomics company), and AEIOU Foundation for Children with Autism. She is also the current Chair of the Federal Council of the Australian Medical Association.

"In healthcare, you learn what your responsibilities are and find out where the roadblocks are to doing a better job. No one is better placed to give that perspective to boards than doctors themselves." ●

To fund a prize or scholarship, contact Advancement on +61 7 3365 5077 or email med.advancement@uq.edu.au.



Dr Bev Rowbotham

Together, our greatest days lie ahead.



Scholarship recipient
Theresa Tran and
Dr John Bashford

Growing opportunities and improving health through generosity.

Medicine alumnus Dr John Bashford and his wife, Deborah Sinnott, believe in the power of education to change lives. To further student opportunity, they give through UQ to provide scholarships for medical students like Theresa Tran. The generosity of donors like John and Deborah creates positive change for students and for us all. We thank them for their vision and generosity.

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