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UQ’s new Deputy Chancellor - p12

Building a cohesive surgical team p7

3D avatar revolutionises the fight against skin cancer p17
CALENDAR OF EVENTS

23 JULY 2015
MBBS Class of 1948 Reunion
St Lucia Campus

23 to 26 JULY 2015
International Association of Student Surgical Societies Symposium
St Lucia Campus

26 JULY
Queensland Medical Orchestra Concert
City Hall, Brisbane

2 AUGUST 2015
UQ Open Day
St Lucia Campus

28 to 30 AUGUST
MBBS Class of 1975 40 Year Reunion
Sheraton Resort & Spa, Noosa, QLD

4 SEPTEMBER 2015
Inaugural Alan Cooper Epiderm Lecture
Customs House, Brisbane

10 OCTOBER 2015
MBBS Class of 1965 50 Year Reunion
Stamford Plaza Hotel, Brisbane

1 OCTOBER
Courting the Greats, UQ Alumni Awards Event
Customs House, Brisbane

7 NOVEMBER 2015
MBBS Class of 1995 20 Year Reunion
Herston, Brisbane

21 NOVEMBER 2015
MBBS Class of 1970 45 Year Reunion
St Lucia Campus

28 NOVEMBER 2015
MBBS Class of 2005 10 Year Reunion
Victoria Park Golf & Function Centre, Brisbane

25 NOVEMBER 2015
MBBS Year 4 Student Farewell Event
St Lucia Campus

8 DECEMBER 2015
MBBS Class of 1955 60 Year Reunion
Hillstone Function Centre, St Lucia

13 DECEMBER
Queensland Medical Orchestra Concert
The Old Museum, Bowen Hills, Brisbane

DECEMBER TBC
Graduation
St Lucia Campus

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We are always looking for interesting stories to feature in the UQ Medicine Magazine.

Published twice a year, July and December, this magazine is a key device for communicating with our alumni, staff, students and stakeholders of the UQ School of Medicine. Circulated to about 8700 alumni, 2550 staff (paid and volunteer) and 1800 students, it is the largest publication of its type in Queensland. It is distributed to alumni living in Queensland, and more than 15 countries world-wide. UQ’s School of Medicine network has many extraordinary individuals and we would love to tell your story.

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CALENDAR OF EVENTS

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Consideration is being given to the most significant changes in the medical school since the introduction of the postgraduate course. In my opinion, these changes are necessary and deserve the support of the School and Faculty, the University and the profession. The changes under consideration have but one purpose - to ensure our pre-eminence in the global theatre of medical education and biomedical research.

There seems little debate around the need for change. The size of the School - independent of any other reason - is sufficient reason to examine the existing governance structure. Our academic workforce is small in comparison to our size - it is dispersed, built upon cocktails of different conjoint arrangements, and characterised by the same people assuming multiple roles across the School. Those in existing leadership roles have performed at extraordinary levels to deliver a medical program of international quality, drive research in an extremely competitive environment, and maintain engagement with our colleagues and administrators in Queensland Health, the private hospital sector and our international hospital partners. To put this into perspective, we have responsibility for the professional and educational development of almost 2000 medical students. Our School has core facilities in three continents, we interface with 13 different health authorities, our Rural Clinical School has four major teaching hubs and we teach in 15 hospitals in South East Queensland. One can but imagine the enormous scale of the operation when it is coupled with research infrastructure in many of these locations. Indeed, our research budget is almost $25 million, we have over 400 research higher degree scholars and have amongst the highest publication metrics of any research entity in the University. I doubt that current governance arrangements, and characterised by the same people assuming multiple roles across the School. Those in existing leadership arrangements, and characterised by the same people assuming multiple roles across the School. Those in existing leadership roles have performed at extraordinary levels to deliver a medical program of international quality, drive research in an extremely competitive environment, and maintain engagement with our colleagues and administrators in Queensland Health, the private hospital sector and our international hospital partners. To put this into perspective, we have responsibility for the professional and educational development of almost 2000 medical students. Our School has core facilities in three continents, we interface with 13 different health authorities, our Rural Clinical School has four major teaching hubs and we teach in 15 hospitals in South East Queensland. One can but imagine the enormous scale of the operation when it is coupled with research infrastructure in many of these locations. Indeed, our research budget is almost $25 million, we have over 400 research higher degree scholars and have amongst the highest publication metrics of any research entity in the University. I doubt that we can maintain this proud record of achievement with the current governance arrangements of the School. The external environment is changing rapidly and we need to respond. The quality of our medical teaching program and its capacity to produce high calibre graduates capable of differentiating into any of the multiple roles that can unfold with a medical degree is under intense scrutiny. With or without deregulation, those considering a medical career are evaluating the relative strengths of programs as never before. We have until now been able to rely on our reputation to attract the very best of scholars. But the incisive decision making of the younger generation means that we can no longer rely on our previous standing. We must be able to show that we deliver the highest quality medical graduates in this State and that we produce graduates capable of becoming global leaders in their chosen field. Establishing a new Dean of Medicine’s role that is entirely devoted to medical education and working in concert with a revitalised team experienced in the design and delivery of medical education is a core element of the proposed governance structure and an essential requirement if our medical program is to move forward. Improving the student experience is a key goal of the University and this review will provide an opportunity for us to put new governance structures into place that will allow us to achieve this objective. Placing the medical degree as a faculty level program gives a unique prominence to our program commensurate with one of the University’s flagship degrees.

The research environment has also changed dramatically in recent years. Barely 12% of NHMRC funding applications are successful. Those applications which gain financial support are characterised by collaborations between highly successful teams addressing fundamental research questions that are highly likely to shift existing paradigms of care. In my belief, this can only be achieved by collaborations between basic scientists and clinicians. Therefore, we must establish structures that facilitate such collaboration and that bridge the valley between the bench and the bedside. I have learnt that there are many very talented basic researchers within UQ who are craving for clinical linkages, and vice versa. The proposed structure facilitates such collaborations and establishes the best possible governance structure to enhance biomedical research and optimise outcomes that ultimately enhance patients care. I encourage those readers with interest in this matter to read the initial issues Paper relevant to this discussion. It provides a very erudite outline of the problem and convincingly argues for the need for a structural shift in medical education and biomedical research in this Institution. More than 50 responses have been made to the initial issues paper and the final proposal for consideration will be created in response to the consultation feedback received.

I have devoted much of this column to the proposed changes, but there are three other matters that need to be brought to the attention of the readership, each of which is covered in this wonderful magazine. The first is news of the very sad passing of Professor Phil Walker. Phil made an outstanding contribution and brought the surgical community back into the School. His generosity of spirit had no peer. Phil would be proud to see that we have re-established the Mayne Chair of Surgery and my only disappointment is that it was not recreated during his time as head of discipline as he would have been a most worthy appointment into that role. The second issue is the successful introduction of the MD. The 2015 year 1 intake will graduate in 2018 with the MD degree. The course has been altered to comply with requirements for this degree and the early feedback from students has been most encouraging. The final issue is to make our alumni aware that next year will be the 80th anniversary of medical teaching at UQ. We are beginning to plan an exciting and unique number of events that we hope will engage past and present students and help us celebrate this important milestone.

In conclusion, this is a really critical time for medical education and biomedical research. The external environment is changing rapidly and the strength of the forces that bring the need for change is substantial and unlikely to disappear. I seek your support for the proposed changes. They provide the best way forward that I can see to ensure the continued success of academic medicine at UQ.
UQ’S DOCTOR OF MEDICINE UPDATE
“introduce, inspire, imagine”

It was with tremendous anticipation and excitement from students and staff that the new MD program was launched with the whole first-year student cohort Welcome Event at the UQ Centre in February, 2015.

Designed to “introduce, inspire, imagine” the program included a “Welcome to Country” ceremony followed by a series of speeches and acknowledgements by the Deputy Vice-Chancellor (Academic), Professor Joanne Wright; Head of School of Medicine, Professor Darrell Crawford; Director of the MD program, Dr Jennifer Schafer; President of the UQMS, Mr Zachary Tan; and guest speaker and UQ alumnus, Dr Alex Markwell. The event ended with the newly introduced “Stethoscope Ceremony” and the recitation of the Declaration of Geneva, led by Emeritus Professor John Pearn. A series of orientation events for students at the St Lucia and Ipswich campuses followed, leading in to the first week of the MD program.

Year 1 MD students have now completed Semester 1 of the program, which included the four core Phase 1 courses - Clinical Science 1 (MEDI7111), Clinical Practice 1 (MEDI7121), Ethics and Professional Practice 1 (MEDI7131) and Health, Society and Research 1 (MEDI7141).

Throughout the semester, students have been enthusiastic and engaged, willingly providing valuable and constructive feedback to staff via regular ‘MD Pulse’ surveys. Overall student satisfaction with the program is high.

UQMS ANZAC CENTENARY MEMORIAL SERVICE

The School of Medicine has a rich and proud connection with the countrymen and women who serve and defend our nation.

Each year, on the last working day prior to ANZAC day, the School and the University of Queensland Medical Society gather at the Mayne Medical Building to remember our brave medical colleagues, countrymen and women who sacrificed their lives to defend our freedom. In particular, we remember 14 past alumni who died on duty in the defence of our nation in its hour of need.

The ANZAC Centenary Memorial Service was hosted by UQMS and Major General Emeritus Professor John Pearn AO RFD with a keynote address by WGCDR Kylie Hall, RAAF.

New MD program launched with the whole first-year student cohort Welcome Event at the UQ Centre in February, 2015.

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POCHE INDIGENOUS HEALTH CENTRE OPENS IN QUEENSLAND

Improving health outcomes for urban Indigenous people will be the focus of the new UQ Poche Centre for Indigenous Health. Sydney couple Greg Poche AO and Kay van Norton Poche donated $10 million to establish the centre after funding sister organisations at the University of Melbourne, the University of Sydney, the University of Western Australia and Flinders University in Adelaide and Alice Springs.

Mr Poche, the founder and former owner of logistics company Star Track Express, said the 11-year health and life expectancy gap between Indigenous and non-Indigenous Australians was unacceptable.

“Improving the health and wellbeing of Indigenous Australians is one of our nation’s biggest challenges. It is vital that we do more to address this by taking practical action that delivers outcomes for Indigenous Australians,” he said.

UQ Vice-Chancellor and President Professor Peter Høj said the centre would build on UQ’s strengths.

“It will concentrate the Indigenous and health expertise that UQ has across the University and work collaboratively with Indigenous community organisations and health providers. It will train and grow a stronger workforce in Indigenous health, increase the number of Indigenous Australian health discipline graduates and translate research into improved health promotion and service delivery models,” he said.

UQ Pro-Vice-Chancellor (Indigenous Education) Professor Cindy Shannon said about 80 per cent of the life expectancy gap was attributed to chronic disease.

“The UQ centre will be well located, given that the south-east has 38 per cent of Queensland’s Indigenous Aboriginal and Torres Strait Islander population and the largest population of Aboriginal and Torres Strait Islander people in the country. An Australian Institute of Health and Welfare report last year confirmed that 79 per cent of Australia’s Indigenous population now lives in non-remote areas. The visibility of Indigenous peoples and understanding of their needs in urban settings is often very poor,” she said.

“As well as its focus on workforce development, the UQ Poche centre will meet the critical need for translational research into improving urban Indigenous health outcomes across the life course, from maternal and child health, through adolescence to the challenges of chronic disease and ageing, with a significant focus on prevention and education.”

UQ Faculty of Medicine and Biomedical Sciences Executive Dean Professor Nicholas Fisk said UQ had long-established national strengths in Aboriginal and Torres Strait Islander health workforce development.

“UQ provided Australia’s first professional degree program for Indigenous health workers in the 1990s and graduated Queensland’s first Indigenous doctor in 1991."

The new centre will work with key collaborators such as primary health care and hospital providers, to grow placement and training opportunities for UQ students in Indigenous health care,” he said.

UQ Faculty of Health and Behavioural Sciences Executive Dean Professor Bruce Abernethy said the Poche centre’s outreach and engagement programs would make a significant contribution in attracting and supporting more Aboriginal and Torres Strait Islander people into careers in health.

“The UQ Poche Centre programs will provide outreach and engagement with secondary school students, pathways into university health courses, professional mentoring and support opportunities, and pathways for Indigenous students into research and higher degrees,” he said.

2014 InspireU Health Sciences camp
Third-year UQ medical student Mr Charles Bligh has been inspired by the embrace of the Thursday Island community and given a fresh outlook on remote and indigenous medicine.

He admits the time he spent on this small island in the Torres Strait as part of his six-week rural clinical rotation was often challenging but it was also deeply rewarding.

Working-out of the Thursday Island Hospital and GP clinic that serve the greater Torres Strait region of 274 islands, 17 of which are permanently inhabited, he found himself in a busy and very different new environment.

“I was very green to everything and quite overwhelmed during the first week as I learnt the ropes in the hospital,” he said.

The region has a population of about 10,000 with about 90 per cent of people identifying themselves as Indigenous Australians.

Mr Bligh said he was impressed by the Torres Strait Islander people he met and was given a warm welcome wherever he went.

“One of my fondest memories was after a day at the hospital I would go down and sit with all the locals on the wharf and fish, chat, laugh and watch the sun go down,” he said.

As a medical student, Mr Bligh helped out on ward rounds, scrubbed in for surgery, admitted patients into the emergency department and saw his own patients in the GP clinic.

“The most memorable experience of the rotation was getting in a helicopter and flying out to one of the outer islands for four days and setting up an outreach clinic where we provided health checks and primary health care for local people,” he said.

“Being thrown in the deep end was a great learning experience and I’ve come away with confidence and an understanding of what it is like to work in remote indigenous communities. It was an extraordinary time and I feel very lucky and humbled to have been able to learn and experience such an amazing place,” he said.
THE HOLY GRAIL OF ELECTRICAL INJURIES

BY DR CHRIS ANDREWS

Many people are surprised to be told that an electrical injury may manifest various ongoing psychological problems. The common conception is of severe burns with muscle loss and weakness and dramatic loss of limb function. These are important but the long-term effect is much broader. Indeed, it may well be that the psychological component of electrical injury is far more disabling than the physical, both in personal as well as employment terms.

The enigma is that profound psychological effects occur regardless of where current travels within the body. The current does not have to transit the brain.

The psychological syndrome includes organic depression and anxiety with social withdrawal and phobic avoidance of electrical apparatus. There is also a PTSD element that includes cognitive decline with mental dulling and inability to use higher mental functions. As might be expected, this can have a significant effect on employability and business function. Deficits, in particular subsets of memory function, are seen along with sleep disorder and loss of concentration, stamina and motivation. Social function is lost and very often relationship disturbance is seen with unfortunate outcomes. Coupled with the physical losses of weakness and easy fatiguing, the victim’s employment and thus their support of their families, is at extreme risk.

Just what causes these features that are termed “remote” because they occur in areas away from the current pathways? We are working on developing and testing theories about the underlying mechanisms so that they can be better understood and treated. Cortisol, BDNF and Hippocampal neuron loss are likely. These are not only seen in psychiatric illness but have been demonstrated in electrical injury. Other circulating hormones have also been implicated and demonstrated.

The aim of elucidating the mechanism is to find ways of treating the injury and alleviating not only much suffering and disability but economic loss.

QUEEN’S BIRTHDAY HONOURS

UQ Professor of Surgery Stephen Lynch (AC) was appointed as a Companion of the Order of Australia for his contribution to advancements in liver transplant surgery.

Professor Lynch was part of the first team that successfully transplanted liver tissue from a living adult into a child and his breakthrough technique, developed in 1989, revolutionised the way transplants were performed across the world.

Professor Ian Gough (AM) became a member in the general division of the Order of Australia, as did Dr Clifford Pollard.

Dr Pollard received his gong for significant service to medicine as a plastic and reconstructive surgeon, and for his work with charitable and professional organisations.
Male domination in surgery is a global issue that has long sparked debate in countries like the UK, the US and Australia. Orthopaedics is often singled out as having the fewest female surgeons. Yet here in Brisbane, the Princess Alexandra Hospital orthopaedic surgery department has been quietly building a work environment that ensures no barriers for female trainees. It now has the highest female to male ratio of orthopaedic surgeons in Queensland and is a workplace of choice for both sexes.

Dr Nicola Ward chose orthopaedics as a career as a fourth-year medical student. Now, she is one of only three dozen or so female orthopaedic surgeons in Australia and Deputy Director of one of the nation’s busiest metropolitan orthopaedic departments. She admits it has taken years of dedication and hard work and she can see why many people, male or female, would opt for an easier career path – working long hours while studying for exams is a tough road by any measure. But what has made the difference has been the workplace environment at Princess Alexandra Hospital where she was fortunate to find herself.

“I spent a year at PAH as a non-training registrar and I enjoyed working here so much I came back as a senior registrar in 2010,” she said. “Another year later, I became the first female orthopaedic consultant. As a female surgeon early in a career that can be both stressful and challenging, it was terribly important to be in a workplace where I felt comfortable.”

Dr Ward attributes the highly supportive environment to the personalities of those at the top and the management style they have pursued for over a decade. Director, Dr Cameron Cooke and Dr Mark Dekkers as a Deputy Director, consciously set out to establish a very supportive culture with an emphasis on collaboration, good communications and mutual respect – it worked.

This year, the orthopaedic department has two female consultant staff specialists, a female training registrar and two female principal house officers – not a bad record in a traditionally male-dominated specialty.

Drs Alison McGill and Marina Chernih are both at the start of their orthopaedic careers. Dr Libby Anderson is a fourth year trainee. Spinal surgeon, Dr Kate Campbell returned from a fellowship in Canada last year to take up a full time post at PAH, which has one of Australia’s foremost spinal centres.

“PAH orthopaedics has been revolutionised by Cameron and Mark – they have put a lot of effort into changing what was previously a very tough environment,” Dr Ward said. “They have achieved this in every aspect of the department from the overarching management style down to small things like ensuring that the morning trauma handover meeting environment is group friendly and cohesive.

“I hope we’re seen as an all-inclusive friendly place to work. Obviously, you’re rewarded if you work hard and you’re a good person to get along with. We certainly wouldn’t appoint someone because they are a woman, but the professional culture we have here means that females feel comfortable applying for jobs and coming to work with us. What we want to achieve is a very supportive department that’s a pleasure to come and work in each day.”
OUTSTANDING STAFF HONOURED AT UQ AWARDS FOR EXCELLENCE 2015

The School of Medicine staff were well represented at the UQ Awards for Excellence held on the 3 June. Associate Professor Diann Eley, MD/MBBS Program Research Coordinator, won an Excellence in Leadership award for her exceptional leadership in developing a rich research culture in our medical program.

Matthew Lamb, Publications Officer, received a Highly Commended certificate for Excellence in Innovation for his work on the School’s research publication collection.

The School’s Clinical School Team Leaders were also Highly Commended for Excellence in Service for their delivery of our medical program across our clinical schools.

UQ Vice-Chancellor and President Professor Peter Høj said the awards recognised and rewarded the achievements and successes of UQ’s outstanding people.

“At UQ, we take pride in our reputation for excellence in higher education, a tradition of outstanding graduates and high-quality research,” Professor Høj said.

“The awards acknowledge staff accomplishments and leadership across all levels of the organisation, regardless of position. “By recognising our colleagues, we are making a statement about the culture we value and aspire to achieve at UQ,” he said.

Professor Sunil Lakhani

PATHOLOGIST TAKES OUT EMINENT AWARD

Senior UQ researcher and Director in Anatomical Pathology, Pathology Queensland, Professor Sunil Lakhani, has been recognised for his significant contribution to the field of pathology. Professor Lakhani, from the School of Medicine and the UQ Centre for Clinical Research, received the Distinguished Pathologist Award at the Asia Pacific International Academy of Pathology Congress (APIAP) in Brisbane.

He said he was honoured to receive the award. “This is the highest award given for surgical pathology in this country and in New Zealand,” Professor Lakhani said.

“It’s such a huge honour as it recognises the work done clinically as a surgical pathologist as well as teaching and research.” Professor Lakhani is the third Queenslander to receive the award. APIAP brought together a global gathering of world-renowned pathologists and scientists who are acknowledged leaders in their fields.

It provided attendees with updates, recent research results and knowledge to enable them to tackle challenges ahead.
BrizBrain & Spine neurosurgery and spinal surgery clinic celebrates a milestone this year achieving ten years of excellence in patient care.

The clinic was established in 2005 when three neurosurgeons and UQ alumni Dr Francis Tomlinson (MBBS ’77), Dr Terry Coyne (MBBS ‘83) and Dr Richard Kahler (MBBS ‘89) decided to start a full-time private practice after working together for several years at the Royal Brisbane and Women’s Hospital.

The practice merged three pre-existing single practices across three hospitals – St Andrew's, the Wesley and Holy Spirit Northside. Originally headquartered at St Andrew’s Place, the practice moved to the new Evan Thomson Building at the Wesley Hospital in 2009 to accommodate two new surgeons, Dr David Walker (MBBS ‘90) and Dr Michael Bryant (MBBS ‘97).

Managing Director Dr Richard Kahler said the growth of the practice required an upgrade in facilities and technology to allow them to continue to improve the services required for their patients.

“In ten short years the group has grown by over 300 per cent but instead of growing pains, BrizBrain & Spine has used its growth to improve systems and protocols, regularly adapting to the ever changing medical landscape and continues to be a leader in neurosurgery and spine-surgery in Australia,” Mr Higginbotham said.

With growth one of the main objectives of the practice, in 2013 BrizBrain & Spine sought two more surgeons to compliment the group. These were Neurosurgeon Dr Janusz Bonkowski who heads up the first regional stand-alone clinic on the Sunshine Coast and orthopaedic spinal surgeon Dr Steven Yang, the first non-neurosurgeon to join the clinic. The following year, Dr Yang was joined by another esteemed orthopaedic spinal surgeon, Dr Geoff Askin (MBBS ‘79) and neurosurgeon Dr Lindy Jeffree.

Today, BrizBrain & Spine is the largest private neurosurgery and spinal surgery clinic in Queensland and has seen over 50,000 patients and operated on over 13,000 patients the past decade.

Dr Kahler believes the key to the clinic’s success is the focus on providing the best patient care for surgical and non-surgical conditions of brain, spine and peripheral nerves.

“"We are all investing our expertise, time and money to advance this cause and are actively involved in supporting and training each other to improve our service and skills,” he said.

From here, BrizBrain & Spine aims to build on the foundations that have been created. It will do this by extending services across the specialty, becoming more active in clinical and basic research and continuing to establish, support and confirm best practices.

""We would also like to provide more opportunities for those interested in pursuing a career in neurosurgery and spinal surgery to help create the next generation of surgeons,” Dr Kahler said. "However, our ultimate aim is to provide the most advanced and effective care available for our patients now and into the future."

Milestones:

- Participated in clinical trials in the advancement of treatment for brain tumours
- Working with Professor Peter Silburn, Dr Terry Coyne has performed over 750 deep brain stimulation surgeries and together they are one of the world's most experienced teams
- Established Australia’s first private neuro-oncology nurse practitioner service
- Developed and implemented software for the analysis of Patient Related Outcome Measures (PROMs) for degenerative spinal conditions
- Established a not-for-profit entity, the Newro Foundation, for fundraising and research in neurological conditions of the brain and spine
- Produced seminars and conferences to educate and update general practitioners on the management and treatment brain and spine conditions
- Created Neurosurgical Research Fellowships within the practice
- Introduced junior doctor training roles within the practice
Professor Philip (Phil) Walker, renowned surgeon, academic, researcher, family member, friend and colleague, passed away quietly on New Year’s Eve. He was 57.

In 1975, Professor Walker was dux of Sydney’s St Joseph’s College in Hunter’s Hill. He was also awarded the college’s prestigious prize for all-round excellence. The Headmaster, Brother Alman, identified him as an outstanding student of exceptional talent, someone bound for great things. These were observations of great prescience and in the years to come these expectations and more were realised.

Professor Walker made a tremendous contribution to the School of Medicine at The University of Queensland (UQ) and leaves behind a great legacy. He was intensely proud of his surgical profession and his role as Head of the Academic Discipline of Surgery.

Professor Walker joined UQ’s Department of Surgery and the Department of Vascular Surgery at Royal Brisbane Hospital in 1992 and was appointed the Head of Discipline in 2011. He was a passionate advocate for academic surgery, widely regarded as an exceptional clinician and surgeon, an excellent teacher, mentor and an outstanding researcher.

Professor Walker graduated from The University of Sydney Medical School. He completed his Fellowship of the Royal Australasian College of Surgeons (FRACS) training in General Surgery at Sydney’s Royal Prince Alfred Hospital. He did his vascular surgery training at The Royal Prince Alfred Hospital and a Fellowship at Stanford University Hospital, California. While at Stanford he was involved in the early development and clinical application of aortic stent-graft technology, endovascular techniques for the management of complicated aortic dissection and spiral CT angiography.

Professor Walker was responsible for the introduction of aortic stent grafting technology at Royal Brisbane Hospital and founded its non-invasive Vascular Ultrasound Diagnostic Laboratory in 1995.

Professor Walker was a pre-eminent specialist with Queensland Health, and a consultant vascular surgeon and the Director of the Vascular Laboratory at the Royal Brisbane and Women’s and

FAREWELLING A REMARKABLE UQ SURGEON

The School of Medicine hosted a tribute and memorial service to honour the late Professor Philip Walker in January 2015 at UQ Customs House.

More than 300 colleagues, friends, students and family came together to pay their respects and farewell this remarkable man. UQ Chancellor Mr John Story, UQ Vice-Chancellor and President Professor Peter Høj, UQ Faculty of Medicine and Biomedical Sciences Executive Dean Professor Nick Fisk attended.

The service was led by Professor Darrell Crawford with tributes from the School of Medicine’s Professor Leonie Callaway, Professor Frank Gardiner from the Discipline of Surgery, UQ Medical Society President Mr Zachary Tan, Dr Barry O’Loughlin from the Royal Brisbane and Women’s Hospital, Dr Doug Cavaye from the Royal Australasian College of Surgeons and Professor Walker’s sister Ms Laurie Walker.

The common thread of the tributes was Professor Walker’s love of his profession, his exceptional reputation as a clinician and surgeon and the respect he bestowed on others.

Most prominent, however, were the acknowledgements of his personal qualities.

It was also announced that Professor Walker made a bequest to UQ.
The Prince Charles hospitals. He served as the Chair of the Department of Vascular Surgery at Royal Brisbane and Women’s Hospital, was a founding director of Queensland Vascular Diagnostics, an incoming senior examiner in Vascular Surgery for the Royal Australasian College of Surgeons, a past secretary-treasurer of the Australian and New Zealand Society for Vascular Surgery and chairman of the Vascular Ultrasound Committee at the Australian and New Zealand Society of Vascular Surgeons.

Professor Walker’s research and clinical interests were centred on the aetiology and management of aortic aneurysmal disease, pharmacotherapy for claudication and exercise physiology in peripheral arterial disease, vascular imaging, medical therapy for the vascular patient and the management of venous thromboembolic disease. His research was done collaboratively with vascular clinicians and scientists. He held grants from the Queensland Government Smart Futures Fund, National Health and Medical Research Council (NHMRC), and The Prince Charles Hospital and RBWH Foundations. He was a Chief Investigator and member of the Executive Committee of the NHMRC to improve the management of Peripheral Arterial Disease.

Professor Walker’s phenomenal career was characterised by a rare gift for relating to the most junior student or world-renowned academic surgeon with the same calm, considered and personal touch. He had a rare capacity to cut to the chase and foresee all the implications of decisions under consideration. When approached by a keen but inexperienced student attempting their first research, Professor Walker listened intently, thought deeply, and replied quickly with a detailed, invaluable plan. He always followed through, and never let anyone down – ever. These traits were equally mirrored in his family and social life.

Professor Walker comes from a well-known Newcastle medical pedigree and his father was also a surgeon. He was one of eight children and although geographically separated from them, his siblings were always at the forefront of his mind. His office was decorated liberally with pictures of his family, nieces, nephews and godchildren, which he would show off with pride.

Professor Walker’s personal qualities were extraordinary. He was a wonderful friend to so many people, he naturally cultivated strong friendships. Warmth and generosity; intelligence and understanding; wise counsel; loyalty and courage; and, of course, remarkable humility and self-deprecating humour were his hallmarks. As a close friend noted on his passing in the words of the poet Kahlil Gibran:

“... and in the sweetness of friendship let there be laughter and sharing of pleasures. For in the dew of little things the heart finds its morning and is refreshed”.

Professor Walker was an engaging conversationalist and a gracious and generous host who loved to entertain friends with his own cooking and always with a glass of champagne at the ready.

He travelled extensively, often with family or to visit family overseas, to contribute at conferences and, notably, to Africa, where he developed strong ties after pursuing an elective in medical school. Through this he explored his love of photography and was intensely proud of the many albums he produced for his fellow travellers. He loved indigenous and Australian art and had an eclectic taste in music with a playlist collection that ran into the thousands. He was a sports fanatic following cricket and rugby around the world. Of course, he never mentioned his own sporting brilliance as opening batsman for his beloved St Joseph’s College First XI or half back for the First XV.

Above all, Professor Walker’s incredible kindness, fairness and ability to connect with those who crossed his path was his essence. He had a willingness to give of himself, enjoyed deep friendships and left those who knew him feeling privileged to have done so. Professor Walker enriched the world through the way he embraced and lived his life. It was inspiring to witness the positive mindset and resilience with which he took on the challenge of his prostate cancer disease. He developed a plan. He remained interested and focused on others to the end. He is sorely missed.

Professor Darrell Crawford
Head, School of Medicine

Dr Jason Jenkins
Executive Director Surgery, Metro North Hospital and Health Services
Meet Dr Jane Wilson

When Dr Jane Wilson was appointed UQ Deputy Chancellor last year, it was in many ways the logical step in a career that has spanned medicine, banking, board directorships and the important business of turning research to reality.

The University has under its wing some of the world’s leading research institutions and throughout a decade-long association, Dr Wilson has played a key role in translating biomedical research into practical outcomes with the potential to transform lives, boost economies and create jobs. It’s something she feels passionate about.

“We’re living in incredibly exciting times and even though I didn’t know it 30 years ago, I took the right journey to this point in time and I’ve ended up doing something I feel deeply committed to and excited about, I feel very lucky.”
Dr. Jane Wilson had a natural inclination towards science, but she discovered a deeper satisfaction in medicine, particularly human biology. She chose to pursue a clinical specialty, knowing she didn’t want something narrow. At UQ Medical School, she felt right at home. She loved the classes, the lectures, and the teachers. She recognized immediately she’d made the right choice, she said. "We were learning from people who were at the cutting edge of medicine – people of great professional stature who were doing amazing things – people like pathologist Professor John Kerr, who first described apoptosis, the process of programmed cell death."

After a residency at Greenslopes Repatriation Hospital, Dr. Wilson set out for the UK to test herself in a bigger world. On the way she stopped in the US where she ran into a couple of fellow Australians taking MBAs at Harvard Business School. This opened up a whole new world of ideas.

"At that stage in my life I wanted to expand my knowledge across all areas of medicine rather than be confined to something narrow. I knew I didn’t want to pursue a clinical specialty, I’d always been interested in the delivery of medicine – something about fixing systems, making them more efficient, looking at better ways to do things – appealed.

"You can have an impact on someone’s life by treating the individual patient but you can make a difference to a great many people’s lives by delivering a better treatment or model of healthcare. In those days, it wasn’t so much talked about in Australia but in the US different models of healthcare were being discussed." During a year in London working as a locum and then as the clinical manager of a private Harley Street diagnostic and imaging centre, she applied to the elite trio of American business schools, Harvard, Columbia and Wharton, and was accepted by all three. She chose Harvard because it had the only course with a significant healthcare component.

"I hadn’t expected to become involved in business or commerce but I could see that I could build on my medical and clinical background and with knowledge of finance, the health economy and health policy I could make a contribution – somehow.”

Returning to Brisbane in 1987, she married Brisbane-based financier Steve Wilson, who she’d met through mutual friends years earlier and they settled into family life. However, she found that career opportunities in health were limited compared with those she’d encountered overseas.

"I ended up moving into banking and finance and with hindsight that was the best thing I could have done. It taught me how to understand the businesses world. I learnt how to value a business and how the market assesses a business. I learnt about credit risk.”

"Over time, I started getting offers to sit on boards and some of these were for medical technology companies. This gave me a fantastic opportunity to become involved in the research side of medicine and an understanding of the commercialisation of medical research – what makes something successful and what makes it fail to get there, too. I was able to marry my medical and clinical skills with my experience as company director in medical technology and that’s how my career developed.”

Dr. Wilson first became associated with UQ in 2001 when she was invited to join the board of IMBcom Pty Ltd, the University company dedicated to commercialising research from the Institute for Molecular Bioscience (IMB) Established in 2000, IMB has a formidable international research record. She was asked to chair the company and became more directly involved in the commercialisation of university research through the UQ Holdings board that oversees Uniquist. In 2005, Dr Wilson joined the University Senate.

Among her many directorships she lists Sonic Healthcare, the largest international pathology practice in the world, Australian-owned and the parent company of Sullivan Nicolaides Pathology – her godfather’s old practice. It is something that gives her great satisfaction.

"Australia has an excellent international reputation in health and medical science. We have some of the best minds in the world. Our healthcare system can claim some of the best outcomes in the world.

"Here at UQ we rank among the world’s best. We’re the leading Australian university for research income – a direct reflection of the quality of our research. Our researchers are published in the most prestigious journals with UQ rated first in Australia for Nature’s index of research publications. Our track record of research commercialisation is also significant with examples like the development of the Gardasil vaccine that protects against cervical cancer in women based on technology developed and patented by UQ’s Professor Ian Frazer.”

Dr. Wilson has also been recently appointed as a Guardian of the Future Fund Board, which has the responsibility for investing the assets of the newly-established Medical Research Fund. "As a student I was so excited by the research going on around me and the calibre of the people involved," she said. "These days, a new generation of researchers is making their mark on the world. I’m delighted to be part of a university whose research delivers benefits to the global community. This is both personally and professionally rewarding. I’m so proud of my university and its global reputation. We should all be proud.”
Five UQ scientists lauded among 21 of the nation’s best

UQ has confirmed its place as a leading institution for science and innovation with the Australian Academy of Science welcoming five new Fellows from UQ. The prestigious fellowships are given to a select group of scientists each year, recognising leading and innovative research.

Among them is Professor Wendy Hoy AO who is known internationally for her multidisciplinary research on kidney and related chronic disease in mainstream and high-risk populations.

Her work has transformed Aboriginal health services in Australia, saved lives, reduced dialysis needs and supported development of intervention programs globally.

UQ Vice-Chancellor and President Professor Peter Høj said UQ had more 2015 Fellows than any other institution and more new women Fellows than in any other year.

“UQ’s latest addition of Fellows to the learned academies reflects our broad range of skills and research talent in the science fields. I am particularly pleased to see a diverse selection of outstanding researchers recognised this year, and delighted to see three women among our new Fellows. The academy deserves credit for this pleasing and necessary development,” Professor Høj said.

The Australian Academy of Science is a fellowship of Australia’s leading research scientists including several Nobel Prize winners. Fellows are elected by academy members.

Researchers from across UQ feature prominently in the newly formed Australian Academy of Health and Medical Sciences.

School of Medicine’s Professor Ian Fazer is President, and UQ Deputy Vice-Chancellor (Research) Professor Robyn Ward is an executive member. Nine other UQ researchers have joined them as new Fellows.

Professor Fazer, who recently won a 2015 European Inventor Award, said the academy brought together the nation’s leading minds in health and medicine.

“It would provide independent advice to government, industry and the community on issues relating to evidence-based medical practice and research in Australia. The Academy will assist in mentoring the next generation of researchers to ensure we remain at the forefront of evidence-based medical practice,” he said.

“Academy Fellows have mapped the genetic basis of epilepsy, provided a treatment that has the potential to stop rheumatoid arthritis in its tracks, developed a vaccine to prevent cervical cancer, made significant advances in the management of obesity in children, and ensured better outcomes for patients in intensive care units.

“The Academy looks forward to working with the other Australian learned academies, government and industry to guide the optimal development of our health care system for future generations,” Professor Fazer said.

Federal Health Minister Sussan Ley said the academy’s establishment would build on Australia’s world-leading medical research sector.

“The Australian Academy of Health and Medical Sciences will draw on a significant breadth of knowledge to provide government with advice on health priorities where medical research can and should make a difference,” Ms Ley said.

The UQ Fellows are: Professor Matt Brown (Director, UQ Diamantina Institute), Professor Nick Fisk (Executive Dean, Faculty of Medicine and Biomedical Sciences), Professor Wayne Hall (Director, Centre for Youth Substance Abuse), Professor Annette Dobson (Deputy Head, School of Public Health), Professor John McGrath (Faculty of Medicine and Biomedical Sciences), Professor Michael Roberts (Faculty of Medicine and Biomedical Sciences), Professor Peter Sly (Deputy Director, Queensland Children’s Medical Research Institute) and Professor Ranjeny Thomas (UQ Diamantina Institute).
More than $100,000 worth of funding was awarded to two UQ PhD students for asthma research at the Asthma Foundation Queensland’s 50th anniversary event on the 27 April.

The Charles Mitchell PhD Scholarship for asthma researchers honours Dr Mitchell’s contribution to the Asthma Foundation Queensland.

Dr Mitchell, who has recently retired from the Foundation’s board after 30 years of service, said a better understanding of asthma enabled better treatment, which would improve lives now and in the future.

School of Medicine scholarship recipients are Ms Lisa Murray and Ms Johanna Schagen.

Ms Murray is looking at specific immune deficiencies that affect some people with asthma and hopes to help health professionals identify susceptible individuals and inform treatment guidelines and vaccination schedules.

"I'm interested in finding out why people with asthma sometimes become very unwell after picking up a simple cold. What starts as a sore throat and a sniffle can lead on to a serious flare-up of asthma. This may be due to malfunction of the immune system," Ms Murray said.

"My research will look at the genetic differences people with and without asthma, including people of different ages, genders and types of asthma. Having the support of Asthma Foundation Queensland gives real meaning to my work – it shows my research is valued," she said.

Ms Schagen’s research will measure immune responses to bacteria and viruses in children identified with respiratory symptoms during the first two years of life.

"Lower respiratory illnesses in the first year or two of life are major risk factors for poor respiratory health and asthma in later life," she said.

UQ research into establishing Australia’s first national standardised pollen monitoring program has been boosted by funding from the Allergy and Immunology Foundation of Australasia.

The new foundation, an initiative of the Australian Pollen Allergen Partnership, aims to fill the gap of underinvestment in allergy and immunology research in Australia and New Zealand and has announced its first two grants.

One of the grants will establish a standardised national pollen monitoring network. Lung and Allergy Research Centre Deputy Director Dr Janet Davies said the $30,000 grant would help establish a standardised national pollen monitoring network to accurately forecast exposure to grass pollens that cause allergies across Australia.

"Pollens in the air are what trigger attacks of hay fever and - in many pollen-allergic people - so being able to avoid pollen exposure is important. However, while pollen forecasts are seemingly available on a number of websites, they’re not based on real data and are inaccurate in comparison to actual pollen counts produced by our team in Melbourne, Canberra and Sydney," Dr Davies said.

“Our monitoring network will offer readily accessible and reliable local and current pollen count information to patients and doctors through its website. It will also provide patient education material and evidence-based guidelines on pollen allergen exposure risks in different locations. Reliable pollen measurements and short-term forecasts of allergenic grass pollen counts will also be sent to the public via websites, apps and media outlets,” she said.

Dr Davies and her team publish pollen forecasts via melbournepollen.com.au and canberrapollen.com.au, and an app for Melbourne has generated more than 20,000 downloads since 2013.

POLLEN MAP GRANT NOTHING TO SNEEZE AT
UQ REvITALIsEs AncIenT ART oF TAI cHI To HELP PeoPLe sMILe

A UQ study has revitalised an ancient martial art into a world-first Tai Chi-based exercise program that targets obese people suffering depression, anxiety and stress.

Research scientist and mind-body therapy expert Dr Xin Liu said the program was the first to establish scientifically-significant benefits for the three common mental health conditions in people with fat around the waist.

The research was funded by beyondblue and the National Heart Foundation and published in the journal, Evidence-based Complementary and Alternative Medicine.

“Depression, anxiety and stress often co-exist, all are contributing factors to cardiovascular diseases and other health issues, including stroke, diabetes, cancer, arthritis, osteoporosis and obesity,” Dr Liu said.

The study of the Sustainable Mastery of Innovative Lifelong Exercise (SMILE) program involved more than 200 participants aged between 19 and 77, suffering depression and obesity, with 65 per cent having a range of other chronic illnesses.

Dr Liu said the program was effective for this group because it had been tailored as an enjoyable, therapeutic regime that was easily learned and targeted specific internal organs.

The group’s level of severity of depression decreased by 32 per cent after three months of the program and by nearly 40 per cent after six months. The study also showed significant improvements in anxiety (by 23 per cent) and stress levels (by 24 per cent) after a six-month intervention.

The results also showed improvement in the participants’ leg strength, essential to increasing physical activity, adding to mental and heart health benefits.

“The program can be easily implemented in the workplace where there is high pressure causing stress and anxiety, thereby benefiting the wellness of staff and improving productivity,” he said.

PROJECT TO PROVIDE BETTER CARE FOR OLDER PATIENTS

Vulnerable older hospital patients will benefit from an early warning-and-response system that has attracted more than $777,000 in Federal funding.

The Centre for Research in Geriatric Medicine has received $777,296 from the Commonwealth Department of Social Services for a three-year project to develop and test a new assessment system for acute hospital care.

Centre Director Professor Len Gray said the system would be designed for use on all adult inpatients, and would be most valuable for older patients.

“Older patients admitted to hospital have a greater risk of developing geriatric syndromes such as functional decline, falls, delirium, pressure ulcers, loss of autonomy and morale, which may ultimately lead to placement in long-term residential care,” Professor Gray said.

“Our proposal is to create an early warning and response system for all patients who are admitted to acute care, integrating case findings and good aged-care practice into the program of general care.”

Researchers will develop and refine a nurse-administered assessment system comprising a suite of diagnostic and risk-assessment tools.

“This will fill a gap in cognitive, functional and psychosocial screening and assessment, ensuring appropriate treatment and action at the time of admission,” Professor Gray said.

The funding is for Australian testing across four hospitals in Queensland and Victoria, and the project involves Canada’s Mt Sinai Hospital and the Christchurch Hospital in New Zealand.

It is led by Professor Gray, Associate Professor Ruth Hubbard and Dr Nancye Peel.
3D AVATAR REVOLUTIONISES THE FIGHT AGAINST SKIN CANCER

UQ researchers now have access to technology that makes a 3D avatar of a patient – a game changer in the fight against skin cancer.

The Director of the Dermatology Research Centre Professor H. Peter Soyer said the VECTRA Whole Body 360 would revolutionise the way we map, monitor and diagnose skin conditions and skin cancers.

"The primary use of the total body photography system is tracking changes in skin lesions which are a tell-tale sign of a developing melanoma," Professor Soyer said.

"It can also be used to measure body dimensions and track these over time."

The prototype, funded by the Private Practice Trust Fund, is the first of its kind outside Manhattan where two others are located in the Memorial Sloan Kettering Cancer Centre.

To make a 3D avatar, a patient stands within a scaffold supporting 46 cameras, each of which takes an image at the same time.

A computer program stitches the images together to produce a 3D model that replicates the skin surface in fine detail.

A separate camera can be used to make dermoscopic images of individual lesions, linked to their location on the model.

Research Assistant Mr Glen Wimberley said the response from study participants had been positive.

"Patients seem very positive and really like the system. They are fascinated by the technology and can see the potential benefits," he said.

The VECTRA Whole Body 360 is in the Clinical Research Facility of the Translational Research Institute at the Princess Alexandra Hospital.
Doctors trained rurally, stay rural

A UQ study has found that medical students with a rural background who train in a rural setting are more likely to practice in regional and remote areas.

Led by Professor Geoff Nicholson (former Head of the Rural Clinical School) and Research Director Associate Professor Srinivas Kondalsamy-Chennakesavan, the study looked at the background of UQ medical graduates. It followed their careers to determine the reasons that led to their final practice location.

Professor Nicholson said the study showed that students from regional and rural backgrounds who did at least a year of their medical training at a rural clinical school were more likely to practice outside urban areas.

“The exposure to high-quality rural training at a rural clinical school enhanced the probability of that graduate practicing rurally,” he said.

Professor Nicholson said almost a third (31.3 per cent) of the 754 doctors who responded to the research questionnaire had a rural background, while 36.6 per cent had attended UORCS. Overall, 27.2 per cent were now working in a rural area.

Of those who had attended one of UQ’s metropolitan clinical schools, 18.8 per cent were practicing rurally and that percentage rose to 41.7 for those students who spent time at UQ’s Rural Clinical School.

“The findings reinforce the need for medical schools to have a strong rural presence. Without it we run the risk of losing medical graduates to metropolitan areas,” Professor Nicholson said.

The UQ Rural Clinical School is one of the largest in Australia, and has campuses in Rockhampton, Bundaberg, Hervey Bay and Toowoomba.

The study is published in the Medical Journal of Australia.

Brisbane Boys College Student Scientist Partnership

Associate Professor Glenda Gobe and Dr Chris Morais at the Centre for Kidney Disease Research (CKDR) last year hosted two BBC students, Vincent and Harry. The students were able to gain valuable state-of-the-art research experience thanks to the generosity of CKDR in mentoring them at their labs at the Translational Research Institute.

Vincent and Harry worked on projects where they used digital pathology to analyse molecular signatures in subtypes of kidney cancer. They kept a journal of their experiences and learned about kidney anatomy and kidney cancer biology and contributed to CKDR research outcomes by analysing a particular gene. They wrote a small thesis on the project and presented it at a BBC School Symposium. Both students received OP1’s and were admitted into UQ’s MD provisional entry program.

Another two students have joined Professor Globe this year. A further 12 students are working with other researchers, including Dr Dimitry Dornan (Hear & Say), Dr Robyne Le Broque (CONROD), Professor Peter Soyer (Dermatology Research Centre) and Dr Michelle Wykes and Dr Steven Lane (QIMR Berghofer).

The School and BBC wish to thank all researchers and their colleagues who devote time to mentoring future medical students and clinician scientists.
Study aims to improve sleep for children with ADHD

Sleep is vital to a child’s health as it promotes healthy body and brain development, but children with attention deficit hyperactivity disorder (ADHD) often have trouble drifting off. Researchers are recruiting trial participants for a study investigating the effectiveness of the natural hormone melatonin on children with ADHD who are struggling at bedtime.

Dr Nikles said they were seeking participants aged between six and 17 years with a diagnosis of ADHD, who are being treated with stimulant medication and are experiencing sleep difficulties, particularly getting to sleep.

Those interested in participating in this trial can contact Dr Nikles to discuss the study, jn@uq.edu.au or +61 408 599 033.

Nutrient ‘add-ons’ for depression

Researchers at UQ and The University of Melbourne are testing a combination nutrient supplement to assist in the treatment of depression. Several key nutrients that have previously been studied individually are being assessed to identify whether a combination of nutrients can be more effective at alleviating symptoms. Nutrients such as Omega-3 fatty acids, zinc and folic acid are being taken together with antidepressant medications as ‘add-ons’ by people experiencing symptoms.

Antidepressant medication provides relief for many who suffer from depression. However, some people remain resistant to treatment or have ongoing symptoms despite receiving adequate antidepressant treatment. A large multicentre study in America, involving 4,000 people with Major Depressive Disorder, found that two thirds of participants did not have complete resolution of symptoms after trialling two antidepressants.

Lead researcher Dr Jerome Sarris said it was known that there was a range of underlying factors in depression and that several brain-chemical pathways are involved. However, most depression medications worked by targeting only one or two particular pathways. “The potential benefit of adding a nutrient combination with antidepressant properties to existing medication, is that multiple pathways can be targeted and this may improve the efficacy of antidepressant treatment to fully relieve the symptoms of depression,” he said. The research teams are seeking a further 100 people to participate in the study. They must be between 18 and 75 and taking antidepressant medication but still experiencing moderate symptoms of depression.

Those interested in participating in this trial should register their interest at www.nutrientsdepressionstudy.com or phone the study office on +61 7 3365 5572.
I’m delighted to report again on more outstanding research achievements by our medical students. Thanks to all of you who may be working with one of our students as a mentor in research. Your dedication and generosity provides our students with many opportunities to enhance their medical program through a quality research experience. Please keep me informed of all your research achievements; publications, presentations, grants or awards. I have set up a simple repository that anyone can access and provide all your latest work.

**Ms Elizabeth Forbes**

**2015 MBBS - Concurrent MPhil**

Ms Forbes is first author on a paper from research undertaken prior to her MPhil which won this year’s award from the Australian Neuroscience Society as the most significant publication by a member of the society. Ms Forbes is supervised by Dr Barbara Lingwood from UQCCR.


**Dr Daniel Lemor**

**2013 MBBS - MPhil**

Dr Lemor was the first ever Ochsner MPhil awarded. He received his MPhil in February 2015 for his project; *The effects of an elevation of intraocular pressure on retinal structure and function*. This research project is unique in that it is the first project to come about as a result of the UQ-Ochsner Clinician-Scientist Pathway. A major benefit of the Clinician-Scientist Pathway is the development of working relationships between researchers at UQ and their counterparts at Ochsner with the goal of facilitating the exchange of information between researchers across the globe. The early planning for this project was driven by Daniel as a Year 2 MBBS student with the guidance of Dr Nigel Barnett then at the UQCCR and Dr Jonathan Nussdorf, Chairman of the Department of Ophthalmology, Ochsner Health System. Both researchers were working independently on measuring ERGs, therefore the goal was to integrate their separate lines of research into a single study. After finishing his second MBBS year in Brisbane, Daniel continued this research in New Orleans at the Ochsner Clinical School whilst undertaking his clinical rotations in Years 3 and 4 of the MBBS. Professor Glen Gole in the Clinical School joined as co-advisor. As a result of this unique collaboration the project was able to incorporate both basic and clinical research, allowing for a multipronged investigation of a disease whose incidence is increasing and is associated with significant morbidity.

**Dr Henry Tsao**

**2014 MBBS - MPhil**

Dr Tsao won a 2014 Dean’s Award for Outstanding Research Higher Degree Theses. His thesis title is, *Unravelling the organisation and microstructure of sensorimotor brain networks in children with congenital hemiparesis*. He was supervised in his MPhil thesis by A/Professor Stephen Rose and Professor Ros Boyd.

Cerebral palsy is one of the commonest physical disabilities in childhood and manifests as muscle weakness, altered sensation, poor motor coordination, reduced balance and unsteady gait.

Dr Tsao said his research project examined whether these sensorimotor deficits were associated with changes in the integrity of white matter projections in the brain. Using advanced brain imaging techniques including diffusion-weighted MRI and tractography, he examined the projections that traversed through the thalamus (thalamocortical projections) and posterior limb of the internal capsule (PLIC) in healthy children and children with congenital hemiparesis. The results showed reduced quantity and integrity of thalamocortical and PLIC projections on the affected hemisphere in children with congenital hemiparesis. Notably, reduced integrity of these projections were associated with poorer sensorimotor function.

“These novel findings help us unravel the neuroanatomical correlates that underpin sensorimotor deficits in children with cerebral palsy,” he said. “This improved understanding may help to optimise neurorehabilitation strategies that promote sensorimotor function which may enhance the quality of life and reduce the burden associated with this debilitating condition.”
Ms Casey Linton
2017 MBBS – Intercalated PhD

Ms Casey Linton had a paper published in Nature earlier this year. Ms Linton is doing an intercalated PhD with her Principal Advisor Dr Massimo Hilliard at the Queensland Brain Institute (QBI). This is a marvelous achievement but perhaps even more exciting is that one of her microscopy images was used on the cover of the issue.

http://www.nature.com/nature/journal/v517/n7533/index.html


What is your PhD about?
I study nerve regeneration in the laboratory of Associate Professor Massimo Hilliard at the Queensland Brain Institute. Using the nematode C. elegans as a model, we characterise the molecular mechanisms that enable damaged nerves to undergo repair following injury. Given the present clinical environment in which treatment for nerve and spinal cord injuries remains limited, understanding these mechanisms is crucial for developing new therapies.

Did you ever think your microscopy image would be on the cover of Nature?
I never expected that my image would be chosen. Seeing it on the cover was a pleasant surprise, and very surreal! I was so happy to see our work highlighted in the issue.

What have you learnt about the publishing process?
It was an incredible experience to be part of a team publishing in such a prestigious journal. It required an immense volume of work and a high level of commitment and focus from everyone involved. I believe we were successful because we kept our work to the highest standard and worked consistently as a team. I have learnt that publishing can be a rigorous and testing process, but also very rewarding.

Why did you decide to do an intercalated MBBS/PhD?
In high school I was involved in a neuroscience competition called the Australian Brain Bee Challenge. This piqued my interest in neuroscience and gave me exposure to the fascinating research undertaken at QBI. The MBBS/PhD seemed to be the perfect avenue to pursue my passion for research while completing my medical degree. The Clinician Scientist track also gives me the opportunity to undertake research alongside clinical practice in the future.

What next?
I am enjoying my last year of full-time research before returning to Medicine to complete clinical Years 3 and 4. It is my dream to have a career involving both research and clinical practice. There is currently a clear shortage of Clinician Scientists, but they have a critical role in the ‘bench to bedside’ translation of scientific discoveries to the clinic.
80 YEARS OF MEDICINE AT UQ

2016 marks a milestone for the School of Medicine as we celebrate 80 years of medicine at The University of Queensland.

To mark the attainment of octogenarian status a number of projects are being planned including a family tree project designed to recognise those with an inter-generational presence in the School.

There will be a number of events to celebrate the 80-year anniversary including a gala reunion event for all UQ medical alumni in the mid to latter-half of the year in which the largest family trees will be recognised.

In early 2016, the family tree project will be launched on the UQ School of Medicine web site www.som.uq.edu.au. In the meantime, if you would like to advise us of your UQ medical alumni family connections, please email: alumnienquiries@som.uq.edu.au

We look forward to celebrating 80 years of medicine with you.

REUNIONS

Planning class reunions is one of the services the School of Medicine offers our medical alumni.


I look forward to seeing you at your reunion.

Hayley Smith  
Events Officer, Alumni & Engagement  
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T: +61 7 3365 5515

Class of 1985
THE MAYNE CONNECTION

1979
DR MARY THERESE PEASE - A TRIBUTE.

Mary Pease has been our friend since UQ Medical School days (Class of 1979), so that makes us longstanding, but not her most longstanding friends. Mary keeps her friends, and has added to their numbers all her life. An honours university student, petite, pretty and vivacious and funny, Mary studied, danced, bush walked, skied, and smiled her way through university, and was the supremely organised go-to person for exam times, lecture notes, past papers, holiday dates and toilet locations. She chose general practice as her career, and until last month when she retired due to worsening pain, found (and imbued) that work with soul, fulfilment and joy.

She worked first in Roma, where she met the future father of her two children, Andrew and Alison. She has long worked in general practice on the north side of Brisbane but she has retained and pursued her love of travel, including to unconventional places for conventions, and also to continue to connect with friends and other beautiful places, often with her sister Trish (also a UQ SOM graduate) riding shotgun as companion and assistant party animal.

When Mary found her own uterine sarcoma in 2009, just after our 30-year Reunion, she says she began a “spring clean” of her body, mind and spirit, but those of us who know and love her know this had been happening for a long time before then. Her faith and connection with the Catholic Church was from her school days, and it has long sustained her and informed her kind, inclusive and generous connection to her God, others and the wider world. Always a little unconventional she continues to pray and worship at St Mary’s in Exile, among more friends.

She did meditation retreats with Dr Ian Gawler, practiced yoga, and went dancing, and devised many other ways to be angry, self-pitying or resentful. She also developed and showed us all a new kind or courage and toughness: she has spoken of and lived with her progressing illness with a truly astonishing matter of factness. She does this to ease the pain and distress of her family and friends, and to help others she meets, including her patients, fearing or dealing with a similar diagnosis in themselves or loved ones.

Mary has determined to live a life of gratitude, whatever the number of days shall be.

Actually, the gratitude is all ours.

Pam van de Hoef

1985
PROFESSOR TARUN SEN GUPTA

Professor Tarun Sen Gupta graduated from the UQ School of Medicine in 1985. He is Director of Medical Education and Professor of Health Professional Education at the James Cook University College of Medicine and Dentistry in North Queensland, Australia. He has worked in undergraduate and postgraduate medical education since 1993 with interests in rural medicine, small group teaching, community-based education and assessment. He is a co-director of the Queensland Health Rural Generalist Pathway and has previously worked in solo remote practice. He is a director of the Postgraduate Medical Council of Queensland, a member of the Australian Medical Council Board of Examiners and the immediate past-President of the Rural Doctors Association of Queensland. He has been involved in the national assessment committees of the RACGP and ACRRM and chairs the ACRRM assessment committee.

He is married to Wendy; they enjoy the company of two thriving teenage children, a pair of disobedient golden retrievers and a neglected cat.

1967
DR MILEHAM HAYES

Dr Mileham Hayes graduated from the UQ School of Medicine in 1967. He is a skin cancer physician in Buranda, Queensland. He was resident Medical Officer at Australia’s first Coronary Care Unit (Sydney Hospital) and Medical and Skin Registrar at Greenslopes Hospital. He went on to undertake further studies in skin as part of his specialist training at the University of Edinburgh and London Teaching Hospitals. He has undergone advanced skin surgical training as well as the International Master Class in dermoscopy. As a Fellow of the Royal College of Physicians of both London and Edinburgh his training encompasses a broad spectrum of medicine.

As a medical student he played top class rugby, tennis and cricket as well as playing jazz. He had his own ABC Radio Program and his own national TV series where he was labeled ‘Dr Jazz’. He was Australia’s representative at the first Commonwealth Festival of Arts and toured extensively overseas. His Gold Coast Jazz and Blues Festival won the Queensland Tourism Award in 1990 sharing it with the Indy 500.

Dr Hayes has recently authored two books with the world’s largest medical publisher - (Elsevier/Churchill-Livingstone). They have received excellent international reviews and seem destined to become the standard reference texts on the subjects. They are ‘Skin Cancer, Melanoma and Mimics’ with 500pp, 320 photos and 1788 references and ‘Practical Skin Cancer Surgery’ 316 pp, 415 photos, 171 drawings, 354 references. His current project is a book on Preventive Medicine ‘Live Longest, Live Best’

Dr Hayes is married with five children.

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TROHPIQ
Towards Rural and Outback Health Professionals in Queensland

TROHPIQ is the rural health club for UQ, QUT and ACU, bringing together like-minded medical and allied health students who have the desire to help improve rural health in Australia. We’re dedicated to enabling students to experience and participate in various elements of rural health with the ultimate goal of increasing interest in what is an incredibly rewarding field. Each year we run skills days, trips to UQ’s four rural clinical schools, as well as other rural opportunities including conferences and elective placements.

trohpiq.org
facebook.com/TROHPIQ

GPSN
General Practice Students Network

GPSN is a friendly, fun-loving group aimed at getting medical students thinking about a career and life as a GP. We provide free learning resources and host a number of academic/clinical workshops and networking opportunities throughout the year. So far we have hosted a suturing workshop for our first years and our annual GP Careers Information night. We have a huge number of events coming up: including the GPSN Grand Rounds, 2nd year Clinical Workshop, Tri-Uni Symposium, Red Flags evening and many more.

gpsn.org.au
facebook.com/gpsnaustralia

TIME
Towards International Medical Equality

TIME is UQ’s premier global health group with a mission to empower and support UQ students to make a sustainable difference in the realisation of health equity at home and abroad. It is always incredible to see the passion of our members who have already made this year a year to remember. Coming up is our Fashion Show, which is definitely not to be missed. This fundraiser was voted as the best social event put on by a UQ club in 2014!

timeuq.org
instagram.com/time_uq/

SWIM
Supporting Women in Medicine

This year SWIM has held two clinical tutorial workshops for cardio and respiratory examination skills. These are well attended by students and tutors and are rated highly beneficial for increasing confidence in these essential skills. We have also hosted a cocktail night, run yoga sessions in the Great Court and organised a group to attend a Ronald McDonald House to cook dinner for the families of patients. Most recently we held the first clinician dinner of the year with inspiring female surgeons. We have many more events lined up, stay tuned.

swimuq.org.au
facebook.com/swim.uq

STUDENTS’ CORNER
Doctors for the Environment

Throughout the past year Doctors for the Environment members have been very active in the community with a number of educational and social events. Last September, ten doctor and student members of DEA travelled to Moreton Island to volunteer with the Moreton Island protection society. The group provided transport and accommodation and in exchange participants gave three hours of time each day to rehabilitate parts of the island. DEA members attended the Australian Climate Action Summit 2014 held in Brisbane. Dr David King and PhD student Karin English spoke at public forums held by Clean Air Queensland to educate people about the health effects of particulate matter and coal dust on health, Brisbane will host the national DEA conference during April next year. For more information email idea16convener@gmail.com.

de.org.au

Facebook.com/groups/492874394083353/

UQMS Ashintosh Foundation

It has been a busy 10th Anniversary year for the Ashintosh Foundation, the charitable initiative of the UQMS. At the heart of our work, the Teddy Bear Hospital has seen Big Ted’s message of healthy eating, exercise, sun safety and how not to be scared when visiting the doctor, delivered to hundred’s of school children around the state, including a new program being delivered in Townsville and Cairns.

Our cultural program has continued to grow, with the QMO ANZAC Concert, raising funds for Legacy, a sell-out, and the newly formed Queensland Medical Jazz Band proving a hit at their first cabaret night. Finally, if you’re out at the weekend, keep your eyes peeled for the Ashintosh Cycle Team and Running Club, who are hard at work training for some big endurance events.

UQMS

UQMS also helps to facilitate learning, that is not directly related to the curriculum. The past six months have been busy facilitating programs that engage students across the four years of medical studies. During this time, there have been some highlights. These include the UNMDG Pre-Elective Workshop that was held for the second year at Herston in October. This important event gives first-year students the opportunity to learn and practice a variety of procedural skills and first aid in preparation for their elective. In addition to the practical side of things, students are introduced to a variety of global health topics and have the chance to hear from an inspiring speaker.

In this academic year, one of our best attended education event was the 2015 Ethics debate, that saw Phase I and Phase II students battling head-to-head under the adjudication of Ethics Profession Mal Parker. This year, Phase II took home the prize. It was an evening of insult, fun and overall great debating from our four teams. We look forward to continuing a fantastic year of interesting lectures, workshops and ongoing programs.

It would be great to see you at some of our upcoming events, including the next QMO concert on the 26th of July at City Hall, the Jazz Gala Ball, in September. For those more physically inclined, we are also recruiting doctors to participate in our Patron’s River Regatta.

uqms.org

Facebook.com/UQMedicalSociety

Fond Regards from the 2015 UQMS Executive
Diphtheria has been described since the earliest medical records and for centuries was a leading cause of death in children. It was hoped the disease would be controlled with the introduction of a vaccine in the 1920s but outbreaks have continued to occur around the world.

The bacteria causing diphtheria was identified in 1883 by Edwin Klebs but that was only the beginning of the story that finally led to diphtheria immunisation being hailed as one of the most effective and safe.

When the diphtheria bacterium was first discovered, the only treatment to prevent suffocation was tracheotomy but the procedure carried a 70 per cent risk of death.

Many attempts were made to establish a method to maintain the airway without the need for tracheotomy, including catheterisation of the larynx. The problem occupied some of the best medical minds across Europe for more than 30 years but it was an American Dr Joseph O’Dwyer who developed a successful instrument and technique.

Dr O’Dwyer (1841-1898) a surgeon and paediatrician from Cleveland, Ohio, was working at the Foundling Asylum in New York when in 1885 he presented his successful laryngeal intubation method to colleagues.

The O’Dwyer intubation set was a series of small tubes with rounded edges and small holes in the upper part. Threads were used to keep it in place when it was introduced into the glottic space. A lever was pressed to release the inserted tube.

Within a very short time the method was accepted worldwide and Dr O’Dwyer found fame and prestige. His tragic death in 1898 due to diphtheria-associated myocardial pathy further added to his celebrity. He had been infected by one of the small patients he was treating with intubation.

As it turned out, Dr O’Dwyer’s instrument was short lived – it was eclipsed by an antitoxin introduced in 1891 that provided a cure for the disease until the use of a vaccine in 1924. Discovered by Emil von Behring who received the very first Nobel Prize for Medicine in 1901 for his work on diphtheria, the antitoxin led to a decrease in the death rate and morbidity from diphtheria and gradually to less need for surgical intervention.

The successful application of this therapy was reported by Dr Alfred Jeffries Turner at the Brisbane Children’s Hospital in a paper to the Medical Congress of 1899. He reported that the diminution in the hospital mortality from diphtheria in the five preceding years of use of the antitoxin was nothing short of marvelous.

Deaths had dropped from an average of 42.2 per cent pre antitoxin to 12.6 per cent post antitoxin.
Two UQ senior academics were recently thanked for their work on the eminent Victorian neurologist Sir William Richard Gowers (1845-1945).

On 4 May, UQ’s very own Emeritus Professor Mervyn John Eadie and Adjunct Professor Ann Scott (School of Historical and Philosophical Inquiry) were formally complimented in a quiet ceremony marking the centenary of the passing of Professor Scott’s great-grandfather, Sir William Richard Gowers (1845-1915).

The get-together took place in Ann’s home at St Lucia and was marked by the presentation of a specially prepared centenary portrait of Sir William (picture) courtesy of twin-brother junior doctors and medical history enthusiasts, Dr’s Nadeem and Zaheer Toodayan.

Both Dr Nadeem Toodayan and Professor Scott presented papers on Sir William at the 14th biennial conference of the Australian and New Zealand Society of the History of Medicine in Sydney. Dr Nadeem Toodayan’s presentation was on Gowers’ life and ongoing legacy and Professor Scott discussed researching and writing medical history.


Based on what were then newly found primary resources and Professor Scott’s important translation of Sir William’s own shorthand diary, this biography gives precious insight into the life and mind of one of modern neurology’s most outstanding pioneers.

The book is a sequel to Professor Scott’s 2009 biography of her grandfather Sir Ernest Arthur Gowers (1880-1966) – a British civil servant and himself an author of considerable renown – and is recognised as the definitive life of this great Victorian neurologist.

Dr Nadeem Toodayan said it was difficult to convey the influence of a man as distinguished as Sir William Gowers in a short article.

“Today, his name is regularly recalled through Gowers’ sign and Gowers, fasciculus and many know him for introducing widely used medical terms like knee-jerk and vasovagal,” he said.

“Modern neurology still reaps clinical gems from his self-illustrated two volume Manual of Diseases of the Nervous System (1886, 1888) which inspired generations of practitioners and became known as ‘The Bible of Neurology’.

“In Professor Eadie’s opinion, the Manual remains Gowers’ most important contribution to modern neurology – he still remembers bagging a second edition copy of volume one for the bargain price of $20 at a UQ alumni book sale some decades ago.

“We may not be so lucky in making such nominal purchases but it certainly can be our pleasure, again and again, to congratulate our fellow academics for contributing in such important ways to historical medical literature,” he said.
New Appointments

**Dr Helen Benham**  
(Acting) Head, PA-Southside Clinical School  
Dr Benham is Acting Head of the PA-Southside Clinical School. Dr Benham divides her time between clinical practice as a rheumatologist at PA hospital and basic science and clinical research into rheumatic diseases. She is a current director on the Arthritis Queensland board. The focus of her continuing research is the study of pre-clinical Rheumatoid Arthritis.

**Ms Danielle Clarke**  
Manager, School of Medicine  
Ms Clarke is the School Manager. She has 22 years of experience in the tertiary education sector and management experience across a number of portfolio areas including student administration, marketing, alumni and engagement, quality assurance, finance and facilities. In addition, she has spent 14 years in the QUT Business School at senior management levels and a further five years in the School of Health Sciences which provided her with an in-depth understanding of matters related to biomedical sciences and research administration.

**Professor Nicholas Hawkins**  
Professor of Innovative Technology in Medical Education  
Professor Hawkins will provide leadership in innovation in medical education with specific reference to the discipline of pathology as well as building and maintaining a vibrant research program.

**Professor Sailesh Kumar**  
Head, Academic Discipline of Obstetrics and Gynaecology  
Professor Kumar is the Head of Discipline for Obstetrics and Gynaecology. He trained in Obstetrics and Gynaecology in Singapore, the United Kingdom and Australia and gained a Doctor of Philosophy from the University of Oxford. Professor Kumar joined the Mater Mothers’ Hospital and Mater Research Institute in 2013 as Professor of Obstetrics and Gynaecology and Senior Staff Specialist in Maternal & Fetal Medicine/Obstetrics and Gynaecology.

**A/Professor Riitta Partanen**  
(Acting) Head, Rural Clinical School  
A/Professor Partanen is the Acting Head of the Rural Clinical School. She has been the Director of the Hervey Bay Rural Clinical School (RCS) since 2006 and in 2013 took on the Co-Director of Learning role for the whole RCS. In addition to her role as Co-Director, A/Professor Partanen has been the Clinical Lead for the General Practice Rotation since 2005 when the Hervey Bay RCS first formed.

**A/Professor Lata Vadlamudi**  
(Acting) Head, Royal Brisbane Clinical School  
A/Professor Vadlamudi is the Acting Head of the Royal Brisbane Clinical School. She is a Senior Staff Specialist in Neurology at the Royal Brisbane and Women’s Hospital. Visiting Scientist at QIMR Berghofer and has an Affiliate Appointment at the Queensland Brain Institute.

Departures

**Professor Geoff Nicholson**  
Professor Nicholson was the Head and Director of Research of the Rural Clinical School. Before joining UQ, he was with The University of Melbourne at The Geelong Hospital where he established a productive multidisciplinary academic department and a regional endocrinology service. He is replaced by A/Professor Riitta Partanen.

**Professor Soo Keat Khoo**  
Professor Khoo was the Head of the Academic Discipline of Obstetrics and Gynaecology. He has become a world leader in the field through his extensive research work and commitment to a range of services focused on women’s health across the Asia-Pacific region. In 2000, Professor Khoo’s efforts were acknowledged when he was awarded the Order of Australia. He is replaced by Professor Sailesh Kumar.

**Professor Pamela McCombe**  
Professor Pamela McCombe was the Head of the Royal Brisbane Clinical School. She is a Professor of Medicine at UQ and a Visiting Medical Officer (Neurologist) at the RBWH. She is replaced by A/Professor Lata Vadlamudi.
STAFF LIST

The University of Queensland, School of Medicine

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Professor Darrell Crawford

DEPUTY AND CLUSTER HEADS
Professor Leonie Callaway
Professor Peter Soyer
Northern Clinical School Cluster and Deputy Head (Acting) Southwestern Clinical School Cluster and Deputy Head

DEPUTY HEAD (ACADEMIC PROGRAMS)
Professor Mieke van Driel
Deputy Head of School (Academic Programs)

HEADS OF DISCIPLINES
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Anaesthesiology and Critical Care
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Medical Ethics, Law and Professional Practice
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Professor Salesh Kumar
Obstetrics & Gynaecology
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Professor Michael Whitby
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Professor David McIntyre
Mater Clinical School
Professor Ian Yang
Northside Clinical School
Professor William Pinsky
Ochsner Clinical School
Dr Helen Benham
(Acting) PA Southside Clinical School
Associate Professor Lata Vadlamudi
(Acting) Royal Brisbane Clinical School
Associate Professor Riitta Partanen
(Acting) Rural Clinical School
Associate Professor Steven Coverdale
Sunshine Coast Clinical School
Associate Professor John Allan
UniingCare Health Clinical School

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Dr. Phil Towers
MBBS/MD Program Research Coordinator
Associate Professor Diann Eley
Senior Research Fellow (Indigenous Health)
Dr. Maree Toombs
Professor Nicholas Hawkins
Professor of Innovative Technology in Medical Education

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