The start and finish of an era

In a history-making ceremony, the last cohort of students to graduate with a Bachelor of Medicine, Bachelor of Surgery (MBBS) degree from The University of WA passed through the doors of Winthrop Hall in November.

The Chancellor, Dr Michael Chaney, conferred the prestigious degree on the new doctors. The six-year undergraduate MBBS has now been superseded by the four-year post-graduate Doctor of Medicine (MD) degree.

It was a stand-out occasion for other reasons. For the first time since the first intake of medical students 59 years ago, the University Graduation and Faculty Dedication ceremonies were combined - an initiative driven by Faculty Dean Professor Wendy Eber and Dr Chaney.

Before the event, Professor Eber said the aim was to get the students all together on the one occasion while they were still in Perth. “Once the graduation season comes around in March/April, many are unable to attend due to work commitments,” she said.

The sixth year students had taken their final exam on 7 November. “We were able to mark the papers and get everything in place for graduation 12 days later,” Professor Eber said. “It was a huge effort by many to achieve this.”

Notably also, each graduand was presented with a message stick, designed by Noongar elder and Adjunct Professor Richard Walley. In return, the students presented Professor Eber with a framed picture incorporating all their fingerprints as leaves on a hand-drawn tree, to be hung in the new educational hub that will be built next year.

Role playing for medicine

Alumni and others who fancy a bit of play-acting or who have a chronic physical condition are helping out as “patients” for medical students.

The aim of the simulated patient program is to enable the students to practice their history taking, examination and diagnosis skills.

The program is run throughout the four years of the Doctor of Medicine (MD) course and covers all the body systems. Dr Helen Wilcox, Senior Lecturer in General Practice, is a teacher in the program.

Some of the participants are healthy volunteers who are prepared to put their acting skills into play. They are given a role and a character and a history of a specific illness and the student then has to practice interview techniques on them and hopefully come to a diagnosis, based on that script,” Dr Wilcox explained.

“Sometimes they are there in their own right, with their arthritic knee or asthma or heart murmur and so the students are learning to examine and detect clinical signs.”

Dr Wilcox said each simulated patient offered some good teaching and feedback to the students - but not too much.

The “patients” interact with the students in two different types of scenario. One is a teaching session in which the students are overseen by a clinical tutor who is a doctor or senior student, talking the students through the consultation.

The other scenario is an assessment in which the student, under timed exam conditions, takes a history and conducts an examination. The student then discusses the diagnosis and management plan with the patient.

Some patients also help out during multi-disciplinary seminars such as...
Appetite for a global health vision

An important addition to the name of the School of Population Health flowing from the UWA Renewal Project reflects its emphasis on looking beyond WA’s borders.

The new name from next year is the School of Population and Global Health.

"It is really exciting and gets us to think about where do we want to go and what is our global footprint currently and how can we work to enhance that," said School Head Professor Colleen Fisher. "There seems to be a real appetite among a lot of students for doing things globally and having that outwardly-focused world view."

From January the Faculty will be known as the Faculty of Health and Medical Sciences and will have five Schools - School of Medicine, School of Dentistry, School of Allied Health, School of Biomedical Science, and School of Population and Global Health.

Professor Fisher said the latter School would aim to be even more international than at present in its research, collaborations, countries from which students can hail, and destinations for students going on placements and field trips.

"With the field trips we run for students, we currently go to India, we’ve been to Nepal, and we’re involved with ACICIS (the Australian Consortium for ‘In-Country’ Indonesian Studies) in Indonesia," she said.

"In terms of our placements, we’ve had students all round the world, in Chile, India, the UK, Indonesia, New York." In the Master of Public Health program, there is a semester-long practicum placement for which two students chose to go to the Mid-West of WA this year while one went to rural Victoria last year.

With regard to attracting students from around the globe, Professor Fisher said the School had a very high international student intake of about 49% into the Master of Public Health.

"If the university is trying to get to 24%, then we are ahead of the pack," she said.

Looking ahead, the WA Centre for Rural Health is to join the revamped School. "That will give us even more connections to the rural, regional and remote areas," Professor Fisher said.

Also joining the School will be the Population Health Research Network, which is mainly funded externally and was established to build a nationwide data linkage infrastructure to securely manage health information from around Australia.

"We have the Raine Study, which is growing," Professor Fisher added. "And the Busselton Health Study will stay here as well."

Moving out of the School will be the discipline of Social Work and Social Policy which is relocating to the newly-formed School of Allied Health.

The successes of the School of Population Health to date have included the Chair in Public Health, which has been funded by the WA Health Department for more than 20 years, with brilliant research output. In fact, the School is rated in the top five Australian universities for public health research.

The School’s strengths also include its teaching and its leadership in involving consumers and the community in research.

A good reason to beam

The "Dean’s Distinguished Lecture Series", launched in July, has been a great success with audiences of up to 150 at each. The series will continue next year.

Initiated by the Dean, Professor Wendy Erber, the series features talks by University of WA professors who are outstanding in their field of medicine, dentistry or health sciences. "They have been a success in bringing together students, academics, alumni, including those who have retired, to hear about the research and achievements made by our most distinguished professors throughout their career," Professor Erber said. "In particular, the professors describe the problem that they saw decades ago, the work they have done and the outcomes achieved which have then been translated to health practice."

Community members, professional staff and donors to the university have been among those in the audience. The lectures are held in the McCutcheon Lecture Theatre in the Harry Perkins Institute at the QEII Medical Centre and the audience has not been restricted to those who could attend. "Students and academics in off-site and remote locations in the Rural Clinical School have also been invited," Professor Erber said. The lectures are accessible at www.meddent.uwa.edu.au/news/deans-lecture-series. The program of next year’s topics will be available early in the year.

-by Cathy Saunders
Successful academics

Our academics have had a busy and successful year. Congratulations to Professors Christobel Saunders and Graeme Hankey who were admitted as Fellows of the Australian Academy of Health and Medical Sciences in recognition of their outstanding contributions. A number of our researchers have been awarded NHMRC research funds and fellowships in a very competitive funding environment. This is testament to the quality of our academics and the research work undertaken in the Faculty. Throughout 2016 we have continued to collaborate in research and health translation with WA Health, the other Western Australia universities and Medical Research Institutes in the WA Health Translation Network.

The Faculty also became a member of the international “Association of Academic Health Centres”. Both of these networks (local and international) will give us opportunities to increase the translation of our research to patient care and improve health outcomes.

There will be major changes in 2017. We will be one of the four new Faculties resulting from the restructuring of the University. The Faculty's new name will be the “Faculty of Health and Medical Sciences”. I am honoured to have been given the opportunity to lead the new Faculty. We will continue to integrate teaching and scholarship in the health and well-being of individuals and society through five new Schools:

- School of Medicine (“Medical School”)
- School of Dentistry (“Dental School”)
- School of Allied Health
- School of Biomedical Sciences
- School of Population and Global Health

Each School will have a distinct profile based on the main areas of academic pursuit in teaching and research and there will be divisions within each. Much work remains to be done to fully develop this structure. These changes affect our professional and administrative staff, a highly talented group of colleagues without whom the Faculty could not function. They make a huge contribution for which this Faculty is enormously grateful. The changes have been particularly stressful for them.

Milestone

2017 marks 60 years of medical teaching at UWA. This milestone will be celebrated throughout the year. The major event will be the grand opening of the refurbished Medical and Dental Library as a vibrant educational hub for the Faculty. Work will commence in February and we anticipate completion mid-year. I encourage you to take an active interest in this exciting project which is designed to provide a strong presence for UWA on the QEII Medical Centre campus. It will be a high-quality education and learning environment for students and continue to be a library as well as a meeting place for staff and alumni. Other activities in 2017 will showcase the successes resulting from the first 60 years of medical teaching and research at UWA.

On behalf of the Faculty I wish to convey my thanks to the retiring Vice Chancellor, Professor Paul Johnson. He has overseen the introduction of the New Courses undergraduate programs, the Education Futures program and our highly successful professional postgraduate programs in Health. We wish him well for his future after five years at the helm of UWA.

My sincere thanks to everyone in the Faculty and our Alumni who have contributed to our activities in 2016. With best wishes for the festive season and a safe, happy and successful year in 2017.
Building a strong UWA community with alumni as active participants is a key goal of the New Century Campaign.

The aim is for alumni to connect with and through the university in ways that align with their interests, according to Ms Brenda Tournier, Associate Director Alumni and Community Relations.

"Since the launch of the Campaign in 2013, we have focused on adding value to the lives of our graduates by inviting them to share in the intellectual, cultural and social riches of UWA. We can provide access to people, places and resources unique to UWA - our researchers, fellow UWA graduates and students, campus life and facilities."

"Some people are passionate about finding a cure for cancer because the disease has touched them in some way," Ms Tournier said. "UWA's teaching and research are making significant contributions in that area. Through alumni relations, we can create pathways for people to learn about ground-breaking research, support the work through donations, mentor students who will be the practitioners of tomorrow and offer to become volunteer patients."

The Networks for Change Initiative encourages alumni to address significant global challenges, connecting them with each other, senior staff, researchers and students. In November, a network dedicated to eradicating disease was launched via Alumni Connect, UWA's monthly online alumni communication.

"A pillar of the Campaign is interest-based alumni networks and initiatives, including class reunions and Faculty milestone celebrations."

"Our goal is for UWA to remain relevant in the lives of our alumni, long after graduation," Ms Tournier said.

"Building a strong UWA community with alumni as active participants is a key goal of the New Century Campaign."

"Graduates are particularly keen to mentor students and new alumni. Broad-based mentoring covers one-on-one consultation to group events like the Career Café recently hosted by the Health Science Student Society, where 14 Health Sciences alumni shared their knowledge and experiences with current students."

"Next year the Faculty will celebrate its 60th anniversary and is looking to graduates to support a new educational hub within an interactive alumni lounge. If you'd like to get involved, please contact Rob Blandford on 6488 2651 or at rob.blandford@uwa.edu.au."

in the fields of medicine, surgery, research or academia, I am confident that our time at UWA has equipped us with the skills necessary to join the medical profession as confident and capable doctors."

In a light-hearted touch, organist Dr Andrew Gardner raised a laugh from the audience when he played the theme tune from Harry Potter.
Role playing for medicine

continued from page 1

on Parkinson’s disease, during which a neurologist and neurosurgeon discuss the disease. “Then with the patient with Parkinson’s, the neurologist demonstrates the examination and procedure, and interviews the patient about the impact of the disease and gets the patient perspective of having a chronic illness,” Dr Wilcox said.

She already has about 50 “patients” on her data base but is keen to encourage more community members, particularly alumni, to become involved.

“The patients we have enjoy it, are good at it, and develop a relationship with the staff,” Dr Wilcox said. “We love alumni. They are educated people who are good at learning a script and taking instruction because some of our teaching sessions can be quite complicated. And for some of our assessment situations, the patients need to be really sharp because they need to provide exactly the same history to 20 students.”

Dr Wilcox said the program was also a nice way for alumni to stay engaged with their alma mater, visit the beautiful campus and see the newer methods of teaching medicine. “It is a window into the current UWA campus for alumni,” she said.

The program is jointly administered by the School of Primary, Aboriginal and Rural Health Care and the School of Population Health and the organisers can be contacted via email on mdpatients-fmdhs@uwa.edu.au

A golden reunion

A lot of humour along with some serious scientific discussion have been the hallmark of the reunions of the class of 1966, who held their golden reunion last month.

Twenty-six of the class of 39 spent two days on Rottnest Island and attended a dinner on the third night at the UWA Club for the 50th celebration. Class member and former Liberal Senator Alan Eggleston was the MC for the dinner and former Acting Director General of Health, Professor Bryant Stokes, who had taught the class anatomy, was the after-dinner speaker. Associate Professor Carolyn Quadrio, a class mate and Sydney psychiatrist, also gave an entertaining talk.

A reunion organiser, Dr Agathavan der Schaaf, said class graduates arrived from France, the UK, Sydney and Melbourne. Her co-organisers were Dr Bob Jarvis, Dr Norm Marinovich and Dr Brian Roberman.

Dr van der Schaaf said the class was unusual because they had held a reunion every year since graduation and several had included a complete program of scientific papers, presented by the alumni. The highlight reunions included the 20th and 25th in Perth, the 30th in Broome and the 40th in Uluru.

Dr van der Schaaf said she was not sure why they were such a close-knit group. “They are just great people,” she said. “They are all quite high achievers as well. And the smaller size of the class would also have promoted camaraderie and cohesion.”

“Patient” perspective

For the past eight years, Mr David Pankhurst has taken on different “patient” personas in order to help train and assess medical students. He has acted out numerous scenarios and been afflicted with a range of conditions, from asthma to infections and more, as a simulated patient.

“I enjoy the interaction with the students and I feel like I am contributing to society in a way,” he explained. “If I can help somebody to become a doctor, who knows what the flow-on effects of that could be down the track. And I think everybody likes to think they can act a bit.”

Over the years, he has encouraged at least six friends to become volunteer simulated patients.

Mr Pankhurst was retired but has since been head-hunted to work part time as a defensive driving coach.
Generous grants drive dentistry research

The peak dental body in WA has thrown its support behind the School of Dentistry’s increasing focus on research with student and staff grants worth a total of $45,000.

The Australian Dental Association WA Branch (ADAWA) has established three named grants worth $5,000 each to be awarded annually to aid the betterment of dental research in the School. It has committed to funding them for three years in the first instance.

In order to select the most deserving applicants, the ADAWA has partnered with the Australian Dental Research Foundation (ADRF) and used the Foundation’s Research Advisory Committee peer review process to select the highest-ranking applications (see box for recipients).

Head of the School of Dentistry, Professor Camile Farah, who represents the School on ADAWA Council, said the ADAWA had always supported clinical activity in the School but more recently also wanted to help foster research by providing the named grants.

“These ADAWA grants are important for driving research in the School to increase both the quantum and the quality of research,” he said. “We need to instil in our dental students and graduates of the future the importance of evidence-based dentistry and how that is underpinned by high calibre research.”

Professor Farah said the venture was also an engagement opportunity for the School and the wider profession through the ADAWA.

"In discussing this initiative with ADAWA executive, I was optimistic that it could signal the significant positive shift in the School towards research and the role that it plays in world class dental education," he said. “The support provided by ADAWA to the School through this initiative is unique among dental schools and ADA branches in Australia and is a true testament of the strong relationship between ADAWA and the profession locally. I am truly thankful to ADAWA Council for supporting this initiative.”

The ADAWA has a strong leadership role in another of the School’s supporters, the WA Dental Foundation (WADF).

The WADF also has generously supported research projects and students in the School over the years. Last year it donated $40,000 to enable the purchase of state-of-the-art equipment, including a next-generation sequencing platform for targeted genomic sequencing.

Professor Farah said staff and students would benefit from the equipment. "The School is one of only two dental Schools in the country with such equipment and this has already resulted in high calibre research projects in addition to facilitating national and international collaborations," he said.

"The generosity of ADAWA and WADF is transforming the research landscape in the School and putting us on the map locally and globally.”

-by Cathy Saunders

Student dental workshop

Staff from the School of Dentistry volunteered their time on a Saturday in October to help run a student workshop supported by industry.

Southern Dental Industries (SDI) sponsored a tooth whitening training session for final year DMD (Doctor of Dental Medicine) students. The workshop was initiated by Dr Amit Gurbuxani, of the School, three years ago and has been successfully held annually with the help of Dr Andrew Brostek and Dr Andrew Bochenek, both also of the School, who provide the lecture and safety instructions. SDI kindly provides materials and equipment and pays for dental clinical assistants who volunteer their time on the weekend.

Head of School Professor Camile Farah said, “This is a good example of staff rallying around students to enhance their education and improve the student experience while simultaneously engaging with industry in real world applications.”

The ADAWA grant recipients:

The ADAWA DMD (Doctor of Dental Medicine) Student Grant was awarded to Ms Eleanor (Min Young) Kim, Mr Yu-Meng Choong, Professor Paul Ichim and Associate Professor Robert Anthonappa for a study on fast-setting Portland cement in primary teeth.

The ADAWA DClinDent (Doctor of Clinical Dentistry) Student Grant was allocated to Dr Chaturi Neboda, Associate Professor Robert Anthonappa and Professor Nigel King for their research into silver diamine fluoride in first permanent molars.

The recipients of the ADAWA Clinical Dentistry Grant were Dr Lisa Bowdin, Associate Professor Robert Anthonappa and Professor Nigel King who are undertaking evaluation of Flowalente™ as a restorative material in primary teeth.

For more information on School of Dentistry’s research programs, go to www.dentistry.uwa.edu.au/research
On an island, outside the square

A Rotto Ramble in September turned into a race as 30 junior doctors and medical students scrambled to tackle a series of medical emergencies around the island.

The participants, including 16 University of Western Australia medical students, were in fact handling simulated emergencies such as a near drowning, a snake bite, a stroke and a potential spinal injury at beaches and tourist hotspots on Rottnest Island.

The inaugural event, hosted by Rural Health West, was the brainchild of Professor Tony Celenza, UWA Head of Emergency Medicine and Director of the Education Centre, to help tomorrow’s doctors think “outside the square” when faced with emergency situations in non-hospital settings. The two-day Rotto Ramble involved six teams, who were not warned what medical emergency they would face and had to work together to “save lives”.

Professor Celenza said the doctors and medical students were used to having access to medical equipment and monitors in a hospital setting. In the wilderness scenarios they had to improvise and think laterally under pressure as well as work effectively as a team.

The Rotto Ramble Cup for the highest overall number of points scored during the weekend was won by Team Green, which consisted of four UWA medical students and a Royal Perth Hospital intern.

Rural Health West, which also hosts annual wilderness emergency medicine events in the north and south-west of WA, received sponsorship from Rural Doctors’ Association of WA for the Rotto Ramble.

Beyond the naked eye to outline oral cancers

Promising results from a pilot study that reduced the recurrence of oral cancers after surgery to zero have led to a government grant for a clinical trial.

Professor Camile Farah, Head of the School of Dentistry and Director of the Oral Health Centre of WA, heads a team which received a Research Translation Project grant of $223,461 from the WA Health Department to use optical imaging to define the margins of oral cancers during surgery.

It is a joint project between the School of Dentistry and surgeons from the Head and Neck Cancer Clinic at Sir Charles Gairdner Hospital (SCGH), along with collaborators from the School of Population Health.

Professor Farah, a specialist in Oral Medicine and Oral Pathology with sub-specialty training in Oral Oncology, has been using new optical imaging technologies for about 10 years to define tumour margins that cannot be identified with the naked eye using traditional white light.

“A big problem for us in head and neck oncology is that we can only surgically remove what we can see or feel,” he said. “Many times the tissue doesn’t look abnormal clinically but when you assess it with a microscope, it’s actually abnormal.”

The two-year clinical trial, which starts in January next year, will use Narrow Band Imaging to see tumours in their full extent and delineate their exact surgical margins, enabling the surgeon to excise them completely.

In the pilot study of 18 patients by Professor Farah’s Oral Oncology Research group, use of Narrow Band Imaging and a specific protocol to delineate the surgical margin resulted in zero recurrences after five years. “That is why we are so excited about doing this trial,” Professor Farah said.

“Typically recurrences are roughly about 20%, which is quite high. Head and neck cancers, especially oral cancers, are quite devastating and the five year survival rates are still only 50% at best.”

Oral cancers are mostly related to smoking and significant alcohol consumption, although there is a worrying increased trend of these cancers in younger patients without traditional risk factors, which is another research focus for Professor Farah and his team.

In Australia, about six people are diagnosed every day with oral cancer and at the SCGH Clinic, chaired by collaborator Associate Professor Peter Friedland, at least two new cases of oral cancer are seen every week.

The upcoming trial will recruit 132 patients, who will be followed for three years to determine the success rate of the surgery. “We will also undertake a health economic and cost-benefit analysis on the implementation of this technology in the hospital system with the assistance of Professor Elizabeth Geelhood from the School of Population Health,” Professor Farah said. “We estimate that if we can reduce these recurrences, we would obviously save the patient significant morbidity but we can also save the health budget a significant amount of dollars.”

Masters and PhD students from the School of Dentistry will be involved in the research.

In association with the project, the School has secured industry research collaboration with Olympus Australia, which will provide the Narrow Band Imaging equipment worth $200,166 for the trial.
Learning from medical emergencies

Pick a condition. If it results in admission to an emergency department, it is likely to come under the scrutiny of a unique unit established eight years ago in WA.

It is the Centre for Clinical Research in Emergency Medicine (CCREM), is the leading clinical trials centre for Emergency Medicine in Australasia and has won multiple national and international awards.

Headed by Professor Daniel Fatovich, Professor of Emergency Medicine at the University of WA (UNWA), the centre’s research findings have led to major changes in the treatment of critical illness, chest pain, redback spider bite, snake envenomation, and anaphylaxis.

“The beauty of what we are doing is clinical research that doctors are interested in that also gives tangible benefits or outcomes that are patient-centred,” Professor Fatovich said.

The centre was set up with funding from Royal Perth Hospital and the RPH Medical Research Foundation, in collaboration with UWA and the former WA Institute for Medical Research. Based at RPH, the cutting-edge centre boasts the only wet lab within an ED in Australia, which enables the real-time processing of research blood samples from critically ill patients.

The main research themes are the mechanisms of shock, including anaphylactic, septic and haemorrhagic shock, respiratory emergencies such as pneumothorax, and geriatric conditions (led by Associate Professor Glenn Arends). They also include analysing research methodologies, and evaluating systems of care, including looking at how EDs work and integrate into the health care system.

Professor Fatovich said there were about eight million ED attendances each year in Australia, with about one million in WA.

“We should be working towards the point where research is integrated into clinical practice so that every patient who comes to an emergency department in Australia has the opportunity to be enrolled in some form of clinical research,” he said.

“Most people are very willing and interested to take part in research. And as both a clinician and researcher, to my mind it adds an extra dimension to your relationship with the patient.”

Crème de la CCREM

Some of the current research projects:

1. Pneumothorax clinical trial. People can develop a collapsed lung spontaneously and the standard of care has been to insert a chest drain to let the air out and allow the lung to re-inflate (interventional management). “But that treatment has never really been tested,” Professor Fatovich said. “Is it better to leave the lung alone and let it re-inflate by itself (conservative management)?” One theory is that insertion of a chest drain is more likely to lead to a recurrence. An international trial led by CCREM, with Chief Investigator Professor Simon Brown, is comparing conservative management with interventional management. Professor Fatovich said the results, if positive for conservative management, could change clinical treatment around the world.

2. Septic shock, typically caused by pneumonia or urinary tract infection, has a mortality rate of 20% within a month. The standard treatment has been rapid and large fluid infusion. A CCREM trial which started mid-year with Chief Investigator Dr Stephen Macdonald is called REFRESH (Restricted Fluid Resuscitation in Sepsis-associated Hypotension) and is comparing standard treatment with treatment using a restricted volume of fluid.

3. Research involving vulnerable and marginalised patients, including those with drug use and/ or mental health problems. One example is the WISE (WA Illicit Substance Evaluation) study, with Chief Investigator Dr David McCutcheon. “We see people who take predominantly stimulant drugs like methamphetamine, ecstasy, LSD,” Professor Fatovich said. “In fact, you can now just order drugs off the internet. A lot of the time we’ve got no idea what is they’re taken. So we have formed a collaboration with the WA Chemistry Centre, which can analyse bloods and tell us what’s in them. To the best of our knowledge, it is the first time this has happened - we are collecting data about the clinical presentation and we’ll be able to match that to the drugs that are detected. One of our hypotheses is that there will be a discordance between what the patient believes they have taken versus what is actually detected in their blood.” There were potentially public health benefits from the research findings, he said.

by Cathy Saunders.
Clinical academics

Spotting resistant critters

Rather than grumbling about a lack of traditional funding for research, clinical academic and medical microbiologist Professor Tim Inglis has taken a different highway to seek support.

"It has always been difficult for any researcher to obtain funding through the traditional large-scale grants from medical research bodies," he says.

"But with my appointment (as a clinical academic), it became easier to develop funding partnerships with help from Rotary and other non-government organisations (NGOs) and also to find overseas funding by more conventional academic mechanisms."

In fact, a huge coup was receiving a Bill and Melinda Gates Foundation Global Grand Challenges award this year.

"The plan is to develop a tool kit for rapid detection of antibiotic resistance based on new systems biology tools," he explains, adding that the research is moving beyond conventional methods into flow cytometry. "We are pushing the boundaries."

With his FAST (Flow Assisted Susceptibility Testing) to FIRST and Handy Rapid Detection of AMR (antimicrobial resistance) project, his aim is a screening test for antibiotic resistance that can be used in remote and low-resource settings to ensure the right antibiotics can be prescribed at the right time.

"Serious infection is something we thought we had got well and truly licked in the 1980s," Professor Inglis says. "But infectious diseases are coming back into the lime light because of antimicrobial resistance." Indeed, in September the United Nations declared antibiotic resistance "one of the greatest and most urgent global health threats".

The Gates Foundation award is for US$160,000 with the potential to increase to 10 times that amount next year if research progress is favourable.

Based in the School of Pathology and Laboratory Medicine (PalM), Professor Inglis's focus has been on translational research, particularly in the field of emerging infectious diseases.

"It's a different approach when you get into translational research because you are closer to clinical medical practice. You are much clearer about what the priorities are but the opportunities don't come in a predictable way. They are driven by clinical priorities at the time."

For almost two decades since he was appointed to his original clinical role, he has worked on tackling the tyranny of distance and the "capability gap" in regional Australia and some overseas countries, using what he dubb an "expeditionary microbiology" approach.

In order to improve existing molecular biology tools and get them out into country areas, he has worked with the clinical service end of pathology in rural and remote WA as well as overseas. With funding being scarce, he set up a pathology NGO called Lab Without Walls, based in Perth, with fund-raising and organisational support from local Rotary clubs.

They have worked in the north-west of WA and in East Timor. Most recently they have turned their attention to Sri Lanka and equipped two regional pathology laboratories to diagnose emerging infectious diseases. This year PalM will help train four promising young Sri Lankan scientists to use this equipment.

"This isn't just us being outrageously generous with our time, efforts and money," the professor quips. "There is a significant element of mutual benefit. It creates translational research opportunities for our staff here and for our students. I'm also supervising a research student in Colombo."

Professor Inglis also has a visiting academic appointment with University of Kuala Lumpur (Ipoh campus) to develop a translational research collaborator node.

He is involved with the Australian Defence Force and has deployed as an army reserve medical officer to Papua New Guinea on overseas humanitarian assistance operations. "I've also done field work with the ADF, assessing infectious disease risks like arboviruses in remote places," he says. Recently he was promoted into a senior medical officer role in WA.

Back at PalM, the highlight for him in his professional role has been the chance to mentor a group of up-and-coming young scientists and build a team of translational researchers. "I may get the scene, provide direction and determine strategic priorities but it's the post-doctoral scientists, PhD candidates, Masters and Honours students who exploit those opportunities and show us what they can do with them."

- by Cathy Saunders
Checking in with alumni and the community

A novel portfolio that involves connecting with students before and after their university life as well as groups with the interests of a strong Faculty at heart has been established.

Professor Sean Hood is the inaugural Associate Dean of the Faculty’s Community and Engagement portfolio.

"This role essentially represents the Dean with respect to external relationships," he explained. "This involves areas such as representing the Faculty to local or national stakeholders and communities. These include the WA Health Department, the Australian Medical Association, the Australian Dental Association, and community groups such as Rotary. Professor Hood will also chair a new Community and Engagement Committee.

"In the past we haven’t had an overarching portfolio that covers alumni, pre-student entry, marketing, external communications, media and this is now an opportunity for us to really get this right," he said.

Professor Hood, who is Head of the School of Psychiatry and Clinical Neurosciences, said the portfolio would involve people before and after their university days. "In terms of before, it has a key role in representing the Faculty to students and their families who might be considering coming to UWA.

"After students leave, there are alumni relations. Our alumni have been feeding back to us that they really want to have an ongoing engagement with the Faculty. Graduates of other parts of the university maintain a strong affiliation with the university as a whole but graduates of our Faculty, whilst valuing themselves as UWA graduates, maintain a strong affiliation with the UWA Medical School or the UWA Dental School. So we would like to respond to that by enabling our alumni to have a more active relationship with these Schools and with the other Schools of the Faculty."

Such a relationship might be in terms of clinical academic adjunct appointments, mentoring, reporting medical research, or becoming professional development tutors, Professor Hood said.

"Our alumni are great volunteers already. Many of them provide clinical supervision for our medical students and dental students, which is often done free without specific remuneration. And because they are spending time with our students, it often means they stay back late to finish their clinical load so there is a cost which they are bearing."

Alumni also contributed financially in other ways. "We have been blessed with some particularly generous donations and bequests over the years," Professor Hood said. "At present, alumni are contributing to the transformation of the Medical and Dental Library into an educational and learning hub, which will include an alumni lounge.

"The idea is that the relationship with the university doesn’t stop the day you graduate," Professor Hood said.

The community engagement aspect of the portfolio was also very important. "Part of the reason for engaging with the community is to check in that we are representing the wishes of the community," he said. "UWA was established by an Act of the Western Australian Parliament in 1911 to provide this State with a university, the first free university in the British Empire.

"We need to be responsive to the changing expectations and opinions of our society as it grows."

A highly competitive new major

Queues of people inquiring about the new Medical Sciences major at University of WA Open Day indicated the potential popularity of the course.

Sub-Dean (Undergraduate Majors) Dr Daniela Ugliati said it would be a highly competitive major. It will be rolled out from the beginning of next year.

"It is a really important major in terms of the university because it is focused on the mechanisms of human health and disease," she said. "It will encompass a wide range of disciplines within both health and medical sciences. We are providing knowledge across all of the pre-clinical science disciplines." These include anatomy, biochemistry, genetics, microbiology, pathology, pharmacology, physiology, and population health.

"It is a very topical, hot area at the moment in terms of understanding human body structure and function," Dr Ugliati said.

It can help lead to careers in medicine, dentistry, podiatry and pharmacy as well as in education, health administration and policy, and research.

As it is a single major, students will still have plenty of options to choose a second major.
Cutting a fine career

Hospitals are best when they have no patients, or so the quip goes.

Emeritus Professor John Fletcher experienced a patient-free hospital when he was appointed Senior Lecturer in Surgery at Westmead Hospital and the University of Sydney in September 1978.

The hospital was brand new and didn’t open its doors until November so the doctors, without patients, spent their time setting things up. “It was the only time the hospital was on budget the whole time I was there,” Emeritus Professor Fletcher says with a laugh.

A University of WA medical alumnus who had fitted plenty in since his graduation in 1970, he was brought over from the US to Westmead Hospital because of his important work in nutritional support of surgical patients.

He stayed 37 years, retiring from clinical practice only last year, although he continues to be involved in research and some teaching. This year, his distinguished career and “significant service to medicine as a vascular surgeon, to medical education as an academic, and to professional associations” culminated in him being made a Member (AM) in the General Division of the Order of Australia.

After UWA graduation, he completed a year’s internship at Napier Hospital in New Zealand, having been allowed to defer military service, and then returned to Australia to undergo basic military and then officer training at the Healesville School of Army Health, followed by a course in Military Medicine and graduation as a Captain.

Posted to the Second Military Hospital at Ingleburn in NSW, he was treating Vietnam War soldiers with traumatic injuries as well as patients with surgical conditions unrelated to war and it was partly this experience that was to shape his future career as a surgeon. “It was challenging,” he recalls.

He had a penchant for cardiovascular medicine, harking back to his UWA undergraduate lectures in CV anatomy and physiology, and all this coalesced later into his specialising in vascular surgery.

When his army days finished in 1972, he was firstly a Surgical Registrar at Royal Prince Alfred Hospital where there was a unit with a major vascular focus, then undertook further training in England in 1975 and by 1977 was a Special Fellow in Surgery at the Cleveland Clinic in Ohio before being head-hunted by Westmead Hospital. “The hospital was developing in a very busy part of Sydney and it was great to be there right from the outset,” he says.

Research was to play a big part in his career. “My main interest developed into surgery in various aspects of vascular disease, both arterial and venous disease, and the nutritional support of surgical patients,” he explains.

“We were only just establishing means of sustaining patients by intravenous feeding for the long term. It was a focus of our research as to the best modes of delivery, which patients required it and the problems associated with it.”

Another major research interest has been venous thromboembolism and he has helped develop guidelines on how to prevent it in hospitalised patients. In addition, he has been involved in developing minimally invasive techniques for major arterial surgery, including endovascular grafts.

All his work, including as Professor and Head of Surgery at the University of Sydney, Sub-Dean and Director of Vascular Surgery at Westmead Hospital, and Director of two research centres, has been a 24/7 commitment for almost four decades.

He has been vice-president and president of numerous medical societies, senior examiner, medical author, the first ANZ vice-president – and then president - of the International Union of Angiology, and is still senior editor of several medical journals.

Despite the fact that in his “retirement” he is now travelling more and enjoying time with his six grandchildren, he is continuing with various research, teaching and editorial responsibilities.
The Rhodes to Oxford

A medical student with a stellar performance throughout his career has topped it off by winning the coveted Rhodes Scholarship for 2017.

Dr Richard O’Halloran, who graduated last month with a Bachelor of Medicine and Bachelor of Surgery (MBBS) and a Bachelor of Arts, majoring in Economics, sees a role in improving the way healthcare is provided in WA, particularly in remote and rural areas.

Dr O’Halloran will undertake a MSc in Global Health Sciences and a Masters in Public Policy at Oxford University.

He has been a UWA Fogarty Foundation City Scholar since he started his MBBS in 2010. The scholarships provide senior secondary students who show significant academic potential, together with a strong sense of community involvement and responsibility, in year 11 and 12, with an opportunity to undertake an undergraduate degree of their choice at UWA.

Last year he was awarded the Akina King scholarship from the Faculty for his Bachelor of Medical Science degree which he completed with first class Honours under the supervision of Associate Professor Angus Tumer in ophthalmology.

During his medical degree he won the Health Department of WA Prize in Community Health in 2012 and the Royal Perth Hospital Clinical Association Prize in Surgery in 2013.

Mr O’Halloran’s latest accomplishment means UWA has received 102 Rhodes Scholarships in 103 years.

Tackling a potential cause of blindness epidemic

Some of the best in the field joined together for the first time in Australia for an international symposium on Retinopathy of Prematurity (ROP) held in Perth last month.

Before the symposium, Professor Sanjay Patole, of the Centre, said ROP was the potential cause for the expected epidemic of preventable blindness, especially in low and middle income countries.

Attended by more than 70 delegates from Australia, New Zealand, East Timor and India, the meeting was hosted by the NHMRC Centre for Neonatal Research and Education based at UWA and co-directed by Professor Karen Simmer, also of the School of Paediatrics and Child Health (SPACH).

Professor Brian Darlow, of the University of Otago, New Zealand, described the relationship between oxygen and ROP, oxygen targeting trials and the future direction towards controlling ROP and addressed the concerns related to the use of anti-VEGF agents in preterm infants. Professor Glen Gole, of the University of Queensland, talked about the global burden and pathogenesis of ROP and current screening guidelines, and Dr Pia Lundgren, of the University of Gothenburg, Sweden, discussed predictive models based on post-natal weight gain to identify and target babies who are at risk of developing ROP that warrants treatment.

Clinical Associate Professor Geoffrey Lam, of SPACH, talked about the long-term visual outcomes of ROP and current treatment modalities. Dr Sam Athikarlisamy, also of SPACH, proposed a change in the current data collection for ROP in Australia and New Zealand and also a national level accreditation of imaging staff.

New Chairs

Medical research and patients will benefit from the creation of two new Chairs plus related research positions.

The Ian Constable Chair in Discovery and Translational Ophthalmic Science will focus on new treatments for major blinding diseases such as cataract and macular degeneration.

The eponymous Chair is in honour of renowned ophthalmologist Professor Ian Constable and will be based at the Lions Eye Institute, which he founded. Related initiatives will include a postdoctoral fellowship and continuous PhD program.

In another development, Dr Valérie Verhasselt will take up her appointment next year as the inaugural Family Larsson-Rosenquist Chair in Human Lactology. She will bring her expertise from the University of Nice and the Institut national de la santé et de la recherche médicale (Inserm), which is the French National Institute of Health and Medical Research.

The Chair will be supported by a postdoctoral and a postgraduate position.

The 70th anniversary of the School of Dentistry was a huge success last month, attracting more than 300 guests, including special guest speaker WA Health Minister John Day who is a UWA dental alumnus. Here Head of School Professor Camille Farah chats with Dr Bob Hortinski and Dr Dennis Gregory.
For man. Which is which? One is only pathogenetic for animals and not man while the other has a 90% lethality.

What is taphonomy?

Apart from the risk of infecting others, what is the estimated number of cells in which neither parent smoked. “It is encouraging to see our children are less likely to take up smoking,” she said. Some 99 per cent of WA children now live in smoke-free homes. Professor Edmond commented on the latest Health and Wellbeing of Children report, produced annually by the WA Health Department, which said only 38 per cent of five to 15-year-olds last year reached the recommended 60 minutes of physical activity a day. It is the lowest since records started 10 years ago, and girls were even more inactive, with only 28 per cent getting enough exercise. The report’s findings are based on telephone interviews with almost 800 parents and carers of children up to the age of 15. It found that only one-third of children aged two to five are meeting leisure time screen use guidelines that stipulate no more than one hour a day. In comparison, twice as many children aged five to 15 are meeting their guideline of no more than two hours a day of screen time. But there have been some health wins according to the report, with 24 per cent of children not having meals from fast-food outlets - up from 16 per cent in 2002. And 99 per cent of WA children now live in smoke-free homes. Professor Edmond said children were also more likely to have been born from a pregnancy to have been born from a pregnancy, in which neither parent smoked. “It is encouraging to see our children now being spared the damaging effects of passive smoking,” she said. “There is also the added bonus that children who grow up in non-smoking households are less likely to take up smoking themselves.”

The word is out – Faculty in the news

Quoted as Saying

The West Australian

Dr Michael O’Sullivan, of the School of Pathology and Laboratory Medicine, is QAS the number of “peanut picnics” being held outside hospital emergency departments demonstrates the level of anxiety of parents fearing peanut allergy in their children. In a WA first, doctors will run medically supervised “peanut clinics” for babies in a bid to reduce rising rates of allergy. They will recruit 400 babies for the trial, which is expected to prove it is better to give peanuts earlier rather than later to children at high risk of allergy. The clinics will allow babies who have eczema, are allergic to eggs or have a strong family history of allergies to have peanut for the first time in a safe place with medical care on standby. Consultant immunologist Dr O’Sullivan said early exposure to peanut products was known to reduce the risk of developing peanut allergy. Guidelines recommend children at high risk of allergy be given peanut from as early as four months. But parents’ fears about introducing peanuts were delaying this, with only 20 per cent of children at high risk being exposed to peanut within the ideal time. “Severe allergic reactions are extremely rare, even among high-risk children, but this doesn’t stop parents from worrying that their child will have a reaction with their first exposure,” Dr O’Sullivan said. Some parents have held “peanut picnics” outside EDs so they can access urgent medical care if needed. Dr O’Sullivan is also an honorary research fellow at the Telethon Kids Institute.

Dr Gina Ravenscroft, of the Harry Perkins Institute of Medical Research, is QAS a new genetic screening test has helped a family who lost two sons from sudden cardiac arrest. The test was developed after Perkins researchers linked a faulty gene to the deaths of seemingly healthy children whose hearts suddenly stop. They made the discovery while solving the baffling death of a four-month-old Scottish baby who suffered cardiac arrest and died. With the permission of the parents who were expecting their second child, a doctor sent the baby’s DNA to the Perkins Neurogenetic Diseases Laboratory. Dr Ravenscroft said they found two variants in a gene called PPA2 that could have caused the condition in the baby but there were no other known patients with the variants. A few months later genetics researchers at the French Institute of Health and Medical Research in Paris found two families with similar cardiac death and mutations in PPA2. The teams then devised the screening test, which has since been used to rule out the disease in the second baby of the Scottish family. "To get the disease you need two copies and he’s only carrying one so he won’t get the disease,” Dr Ravenscroft said. Two other children of the family who lost two sons from sudden cardiac arrest were found to have two copies of the mutation and have been fitted with implantable defibrillators. “If their heart stops, the defibrillator will support their heart,” Dr Ravenscroft said.

Professor Karen Edmond, of the School of Paediatrics and Child Health, is QAS worsening levels of physical activity in children are worrying. "We have a way to go in getting children more active,” she said. She was commenting on the latest Health and Wellbeing of Children report, produced annually by the WA Health Department, which said only 38 per cent of five to 15-year-olds last year reached the recommended 60 minutes of physical activity a day. It is the lowest since records started 10 years ago, and girls were even more inactive, with only 28 per cent getting enough exercise. The report’s findings are based on telephone interviews with almost 800 parents and carers of children up to the age of 15. It found that only one-third of children aged two to five are meeting leisure time screen use guidelines that stipulate no more than one hour a day. In comparison, twice as many children aged five to 15 are meeting their guideline of no more than two hours a day of screen time. But there have been some health wins according to the report, with 24 per cent of children not having meals from fast-food outlets - up from 16 per cent in 2002. And 99 per cent of WA children now live in smoke-free homes. Professor Edmond said children were also more likely to have been born from a pregnancy in which neither parent smoked. “It is encouraging to see our children now being spared the damaging effects of passive smoking,” she said. “There is also the added bonus that children who grow up in non-smoking households are less likely to take up smoking themselves.”

Points to ponder

Does your grey matter need a kick start early each day? Emeritus Professor Bernard Catchpole has posed a series of points to ponder that he suggests readers may like to contemplate as they clean their teeth in the morning.

Why is there not a Broca’s area in each hemisphere?
Awards

An exceptional PhD has earned Dr Lee Nedkoff, NHMRC Early Career Research Fellow in the School of Population Health, a national award. She is the recipient of the 2016 Council of Academic Public Health Institutions Australia award for PhD Excellence in Public Health. The award recognises the postgraduate researcher who has completed an outstanding PhD body of work in the field of public health, or in a closely related field, and made a valuable contribution to public health theory, knowledge, policy and practice. Her PhD was titled "The changing epidemiology of coronary heart disease in people with diabetes in Western Australia." She was also awarded a 2016 Bendat Family Foundation Scholarship through the Heart Foundation in June to support her continuing research work in the area.

A global project that mapped the sets of genes expressed in our cells and is being used to interpret genetic diseases and engineer new cells for therapeutic use has won a prestigious award. The FANTOMS (Functional Annotation of the Mammalian Genome) project, led by Professor Alistair Forrest of the Harry Perkins Institute of Medical Research, was awarded the 2016 Eureka Scopus Eureka Prize for Excellence in International Scientific Collaboration. Professor Forrest is scientific coordinator of the FANTOMS project consisting of a consortium of 260 specialists in 20 countries. The human body is composed of about 400 distinct cell types that allow us to see, think, hear, move, fight infections and so on, yet all of this is encoded in the same genome. The difference between all these cells is what parts of the genome they use. "The FANTOMS project aimed to help us understand how the genomes in the human body are read in each of these cell types, to predict their regulation and understand how they work together to allow us to live normal, healthy lives," Professor Forrest said.

A proposed project to investigate various aspects of the genetic epidemiology of melanoma has led to a prestigious Fellowship for genetic epidemiologist Dr Sarah Ward, Research Fellow in the UWA Centre for Genetic Origins of Health and Disease (GOhA). The National Health and Medical Research Council Early Career Fellowship (CJ Martin Overseas Biomedical Fellowship) provides funding for her salary for four years, the first two of which will be spent working at the Memorial Sloan Kettering Cancer Center in New York and the next two at the GOhA with Professor Eric Moses. The project will include use of the WA Melanoma Health Study, recognised as one of the largest, single melanoma case-control collections worldwide which Dr Ward established during her PhD at UWA and for which she continues to coordinate all research activities. She also recently received a Cancer Council WA Collaborative Cancer Grant to fund a joint project with other early/mid-career researchers for a project on the "Genetic determinants of poor survival outcomes in patients with thin melanoma". Most people with a thin melanoma (less than 1 mm) have a very good prognosis but in a small group of thin melanoma patients, the cancer metastasises and is lethal. The aim is to determine why this happens in some individuals.

The Faculty of Science scooped the pool in this year’s UWA Three Minute Thesis (3MT) competition, boasting three winners from three Schools. In 3MT, held during Research Week in September, research higher degree students have three minutes in which to explain their research in layman’s language. The aim is to help students cultivate academic, presentation, and research communication skills. The winner was Michael Wheeler from the School of Sport Science, Exercise and Health, the People’s Choice Award winner was Armin Scheben from the School of Plant Biology, and the TEDxUWA Choice Award winner was David Gozzard from the School of Physics.

Events

Also during Research Week, alumni and the broader community had the opportunity to take a peek behind the scenes at some of UWA’s research laboratories and settings to meet the researchers in Lip Close and Personal Tours. There were 10 interactive behind the scene laboratory tours across the campus, with three involving the Faculty of Medicine, Dentistry and Health Sciences. They took in the Pharmacology, Pharmacy and Anaesthetics Unit where Associate Professor Fiona Pixley and her PhD student Amy Dwyer talked about macrophages and their role in fighting cancer, and the School of Dentistry/Oral Health Centre of WA where Dr Kate Shearston showcased state-of-the-art dental technology used to improve oral health through
the early detection of oral cancer, the development of materials that preserve and rebuild teeth, and harnessing of oral stem cells to regenerate damaged tissue. The third offering was in the Respiratory Pharmacology Laboratory where researchers test lungs and determine the effects of toxins on our airways. The researchers included Associate Professor Peter Henry, Research Associate Ms Tracy Mann, and PhD student Esther Cheah.

The cutting-edge research conducted by the Harry Perkins Institute of Medical Research has received a massive fillip of $4 million raised by 905 riders through the MACA Ride to Conquer Cancer held in October. Event fundraising records have been broken by the title sponsor, MACA, with a total of more than $5.6 million through sponsorship and fundraising since 2012. The team has more than doubled from 107 riders in 2012 to 266 riders this year, each raising a minimum of $2,500 to participate. Woodside Energy has also been a strong supporter and their total fundraising for the Ride has overtaken the $1 million mark.

Faculty medical graduate Dr Emma Jones is the protagonist in a video produced by Rural Health West to promote the Community Residency Program (CRP) to junior doctors. The program, which is coordinated by the WA Country Health Service, gave Dr Jones the chance to experience rural practice during a 10 week rotation as a Resident Medical Officer at the Nickel Bay Hospital in Karratha. Born in Bunbury and having spent time in Kalgoorlie and Bunbury as part of her early medical training, she wanted further exposure to rural general practice and applied to participate in the CRP. It is a challenging training program that gives junior doctors the opportunity to try out community-based medicine in different rural locations before committing to their chosen specialty. For more details about the program or practising in rural WA, visit www.choosecountry.com.au

Grants

Research into eye diseases is among projects that have attracted funding from the National Health and Medical Research Council (NHMRC), which awarded more than $3.5 million to The University of Western Australia. Professor David Mackey, of the Centre for Ophthalmology and Visual Science (COVS) and Managing Director of the Lions Eye Institute, leads a team that will conduct national clinical trials, using new imaging technology, to investigate inherited eye diseases in patients and their families in a bid to develop models that can predict the genetic risk of developing complex eye diseases. Another grant goes to Professors Dao-Yi Yu, Stephen Cringle and William Morgan from COVS who, in conjunction with the Lions Eye Institute, will develop new glaucoma surgery for clinical use and commercialisation.

Five research projects from UWA have attracted grants from the Spinifex Health Research Foundation, an independent charitable trust that coordinates funding for health research that directly benefits the Perth's southern metropolitan community. Chief investigator (CI) Professor Tim Davis, of the School of Medicine and Pharmacology (SMP), was awarded $100,000 for “Hypoglycaemia in adults with diabetes incidence, cost and novel preventive strategies”. CI Dr Alice Domenichini, of the SMP, received $20,000 for “The effects of too much iron in the heart”. CI Associate Professor Wendy Davis, of the SMP, was awarded $15,500 for “A Contemporary cardiovascular risk calculator for Australians with type 2 diabetes”. CI Professor Bu Yeap, of the SMP, and co-researchers were granted $14,500 for “New methods to detect ‘good’ fat that protects against obesity”. CI Dr Sylvia Young, of the UWA Centre for Medical Research, and co-researchers received $13,000 for “Using genetic information to improve identification of men and women at risk of heart disease in WA”. In all, 11 projects from a field of 27 applications received funding.

Answers to the quiz on page 13

1. About 16 others.
2. The virus is apparently causing increasing numbers of oropharyngeal and anal cancers.
3. About 40 trillion.
4. The Zaire strain is the human pathogen.
5. The study of organic remains from the time of death to that of discovery. A forensic enterprise.

Making a Map for GPs

A novel online tool providing doctors with evidence-based, up-to-date care options for problems associated with breastfeeding is being translated into medical practice.

It is the work of a team led by a researcher in the School of Medicine and Pharmacology.

For the past six years, pharmacist Mrs Melinda Boss, Senior Research Fellow in the Pharmacy Unit, has been part of the Hartmann Human Lactation Research Group based at UWA. She now has a grant from the Family Larsson-Rosenquist Foundation supporting her research until the end of 2018.

In Australia, 56% of women breastfeed their babies at least once. “So we believe the advocacy message that breastfeeding babies results in optimal health for both Mums and babies is out there,” Mrs Boss said.

The problem is that most mothers do not sustain breastfeeding for the minimum recommended duration which, in Australia, is one year, she said. The World Health Organisation recommends a minimum of two years.

“Australia’s National Breastfeeding Strategy 2010-2015 states that poor diagnosis and/or management of common breastfeeding problems are known factors that may hinder both lactation initiation and duration,” Mrs Boss said. “Our premise is that when women experience difficulty, we are not handling it well medically.”

She is leading the LactaMap project to devise a clinical reference tool for GPs. This involved first developing an accepted definition of normal human lactation. “If you don’t know what normality is, how can you possibly work out when something is going wrong,” she said. She has also co-created a 61-page glossary of terminology associated with breastfeeding with Professor Peter Hartmann.

While working with the Hartmann Human Lactation Research Group, the LactaMap development team created an assessment pathway to assist doctors with care of women with breastfeeding difficulties. Additionally, the tool includes consensus-based guidelines for 103 conditions associated with problems with breastfeeding. Three UWA Master of Pharmacy students and two researchers are currently involved in a project to assess the quality of all 103 guidelines developed for LactaMap.

An online platform is being designed to enable the tool to be accessed and used by GPs at the point of care.

From about mid next year, Mrs Boss will start research to ensure the guidelines are of good quality and trial the online tool with GPs for feasibility. “We have the intention that the doctor is able to get to a decision point within the first six minutes of the first consultation,” she said.

LactaMap will continue to be reviewed and updated and the plan is to translate it into different languages and make it available internationally.

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