
A gentleman and a scholar - a fond farewell to Ian Puddey

Winthrop Professor Ian Puddey took over the reins of one of the most prestigious Faculties in Australia in 2005 and has served as Dean continuously for 10 years. He is the first Dean to have graduated from The University of WA Medical School and will leave a lasting legacy when he steps down from the role at the end of this year.

When the Faculty’s longest-serving Dean, Winthrop Professor Ian Puddey, is asked “What has been the happiest time in your years as Dean?”, his answer comes from left field.

He doesn’t jump to the fact that medical student graduate numbers have almost doubled under his watch, from 111 in 2005 to 210 this year, although he later explains: “We had to learn how to teach in different sites, we had to learn how to teach differently, we had to set up new clinical training posts and new academic posts, particularly within the outer urban ring. We focused on the Joondalup Health Campus but also expanded into Armadale-Kelmscott, Rockingham-Kwinana, and Swan Districts Hospitals in much greater numbers. We re-emphasised the partnership with the private sector and we also expanded the amount of primary care exposure the students were getting.”

In all, he has watched more than 1700 students complete the MBBS and almost 300 students graduate as dentists since he became Dean. “This is what being Dean is important for,” he says.

Thanks to his nurturing, a scheme to help disadvantaged students - be they from the country or less wealthy suburbs - to enter medicine or dentistry has flourished. Firstly, when he took the helm in 2005, he set the intake of the existing rural Pathway at 25% of the total cohort each year. It reached 27% in 2011.

His next focus was to support a new pathway, now called the Broadway Pathway, for students from schools in socio-

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With beneficence aforethought

The generosity of various individuals and organisations has led to the creation of new Faculty Chairs and scholarships.

Two medical Chairs have been established, thanks to the far-sightedness of the WA Health Department and The University of WA along with other key players. In one case, the Chair is the realisation of a 40-year-long dream and unswerving effort by Arthritis and Osteoporosis WA. The inaugural Professors outline their vision for these exciting developments on pages 10 and 11.

And two new scholarships - for Indigenous and rural students - have been kindly funded by alumni. See stories on page 12.
Ian’s Imprint

The following is a selection of the advances made under Ian Puddey’s watch as Faculty Dean:

- Rebadging the Faculty as the Faculty of Medicine, Dentistry and Health Sciences in 2006 to reflect its expanded scope that included Health Science, Podiatry, Public Health and Physiotherapy. Further expansion later included Social Work and Social Policy, Microbiology, Pharmacy and Nursing.
- Review of the selection process for medicine and dentistry in 2005. A major outcome was the initiation of the Broadway Pathway program for students from disadvantaged schools, piloted in 2008 and starting in 2009. There have been 92 students entering university via this program to date. The annual intake of students via the Rural Pathway was set by Professor Puddey at a minimum of 25% of the total. They are part of the Assured Pathway scheme for school leavers, which includes pathways for high academic achievers, Indigenous and international students.
- Tripling of international student numbers in the medical course.
- Establishment of the Bachelor of Medical Science Foundation Professors scholarships.
- MBBS curriculum development, including the addition of spirituality, disaster medicine and medical genetics.
- Aboriginal Health and Rural and Remote Health specialisations.
- Introduction of new higher degrees, including Health Professional Education, Rural and Remote Medicine, Master of Surgery, Master of Laboratory Medicine, Master of Clinical Pathology.
- Transition to the post-graduate courses, namely the Doctor of Medicine (MD), Doctor of Dental Medicine (DMD) and Doctor of Podiatric Medicine (DPM).
- Incorporation of the Clinical Training and Evaluation Centre (CTEC) and Animal Care Services into the Faculty.
- Establishment of the Faculty’s Strategic Research Advisory Group.
- Celebration of the 60th anniversary of the Dental School in 2006 and 50th anniversary of the Medical School in 2007, of which the opening of the Memorial Walkway to honour the Foundation Professors in Medicine and Dentistry was a major feature.
- Establishment of the Bachelor of Medical Science Foundation Professors scholarships.
- Supporting a program of assistance for training medical and nursing students at the University of Hargeisa, Republic of Somaliland, in association with Australian Doctors for Africa.
- Other highlights of the Faculty’s international collaborations are outlined by Winthrop Professor Ming-Hao Zheng, Associate Dean (International):  
  1) Establishment of a rural medical camp with Kunming Medical University in Yunnan, which enables UWA medical students to learn first-hand the practical experiences of patient care in remote and rural areas of China. The program is now supported by the Federal government Asia Bound program.
  2) Development of links with a number of top hospitals in Guangzhou, Nanjing and Shanghai, making it possible for UWA medical students to undertake clinical electives in China with excellent support for local living expenses and free accommodation.
  3) Enabling the Faculty to receive PhD students from Shanghai Jiaotong University, Nanjing University and Zhejiang University with the support of the China Scholarship Council. To ensure the recruitment of top quality students, Professor Puddey always interviews potential PhD candidates in these universities and provides the best advice and inspiration to the students studying at UWA.
  4) Supporting State Government initiatives for collaboration with China by developing a number of short term courses to meet the demand for health care for the WA sister states and cities in China.
  5) Establishment of the Winter School program, which enables overseas biomedical students to undertake short term study at UWA. This initiative leads to the increase of overseas student enrolments in biomedical sciences and postgraduate study.
  6) Establishment of a number of joint research centres at Zhejiang University, Nanjing University and Shanghai Jiaotong University which has led to fruitful joint research publications and the winning of NHMRC grants.
  7) The China collaboration has also led to the development of other international collaborations including with Indonesia, Malaysia, Vietnam and Thailand. The recent visit of Prince of Songkla University delegates, led by the Former Thai prime minister Mr Chuan Leekpai, is one of many good examples.
By Winthrop Professor Ian Puddey, Dean

A photo on a wall

Each day as I walk into my office, I go past a collection of photographs on the wall of every Dean of the Medical School since Gordon King first assumed the role in 1958. There have been 13 Deans and two Acting Deans since, with the last, Emeritus Professor Lou Landau, the first to become Dean of an expanded Faculty that further incorporated the Dental School in 1999. From the end of this year, I too will become a photo on the wall, stepping down as Dean after 10 years in the role. Over this period I have been fortunate to have had one of the best jobs in the world, working alongside some amazing people and being a part of the ultimate graduation of some of the best and brightest students on the campus.

Mixed feelings
This prospect of leaving the role results in mixed feelings. On the one hand, I really look forward to spending more time with my family and to a period of sabbatical leave writing some long overdue papers and dipping my toes back into the clinical arena once more. On the other, I have a lingering sense of unfinished business. Although the University has now successfully transitioned to its New Courses 2012 agenda and the first students to enrol within the new undergraduate degree structure will complete this year, at a Faculty level we are still rolling out our three new professional degrees under the new structure. Masters level postgraduate courses are now being delivered for our medical students, dental students and podiatric medicine students (the MD, DMD and DPM degrees respectively) and there will be a further major accreditation visit from the Australian Medical Council for the MD next year. The move of our academic staff and students to the new Fiona Stanley Hospital will occur from the beginning of next year and further transition plans for staff and students will be needed when the Perth Children’s Hospital and the St John of God Midland Hospital are completed at the end of next year. The widespread and large scale changes occurring in the health sector all have major implications for the future of this Faculty, and my successor will have a busy and demanding agenda.

These changes are occurring at a time of substantial constraint on resource allocation within both the health sector and the tertiary sector. From the perspective of health, resources for clinical service delivery will always take priority over those for teaching, training and research. So at a time of financial exigency, retiring clinical academic staff are not being replaced, new academic posts are difficult to progress and contract renewals for existing staff continue to be threatened. The longstanding partnership between the Department of Health and our Medical and Dental Schools is increasingly defined by cost-savings and efficiencies rather than strategic investment in people and ideas. The possibility of a third medical school also remains on the horizon with its implications for even greater pressures on the clinical training environment, increasing competition for both scarce clinical training positions as well as clinical academic staff. I entered the deanship at a challenging time and I exit with the challenges of the role as unrelenting as ever.

Strong connection
It is a good time, however, to also reflect on the aspects of the role that I have found most rewarding. I have been consistently humbled at the respect that being a Dean at UWA brings, and particular the respect that being Dean of the Medical and Dental Schools commands. I once couldn’t imagine a more rewarding role than that of the clinical academic, on a daily basis being able to combine clinical service with teaching and medical research. The role of Dean however, brings with it a much stronger connection to the University, its mission and its vision. You are given a white board upon which to not only develop strategic initiatives but then the green light to see them through to very rewarding conclusions. I count it a particular privilege to have been closely involved in the development and accreditation of our new MD program, to have been a part of the development of our Broadway program and our rural and Indigenous student recruitment programs which have markedly increased the diversity of successive student cohorts, to have seen the remarkable growth of our Rural Clinical School let alone the expansion of the UWA Medical School footprint right across our outer metropolitan areas, to have helped forge new links with Chinese medical and dental schools, to have participated in the implementation committees for the new Harry Perkins Institute buildings on the QEII Medical Centre site and the Fiona Stanley Hospital and to have sat on the board of the QEII Medical Centre Trust at a time of unprecedented development of that site. I have been honoured to have overseen the Dedication and Graduation ceremonies for our medical, dental and podiatric medicine students for just on a decade. I hope my successor will get as much pleasure from the role as I have been fortunate to enjoy. On departing, can I for the last time as Dean wish you all a richly blessed Christmas, a great New Year and hopefully a relaxing and refreshing break over the holiday season.

Ian B. Puddey
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Continued from page 1 educationally disadvantaged areas. This program was the inspiration of Associate Professor Annette Mercer and Mrs Sue Pougnaul from the Office of Student Admissions. It began in 2008 with three schools and has burgeoned to encompass about 70 schools. Professor Puddey says the Rural and Broadway Pathways have been responsible for major changes in the diversity of students. “It has been a successful recruitment strategy and I think will serve the community well in terms of the breadth of background of students.” The approach sits well with his sense of justice. “Everybody within the community should have the same potential opportunity to pursue their dreams of going into medicine and dentistry,” he believes. During his tenure, there has also been a tripling of international medical students, who now constitute 12% of the medical student cohort.

Expanding the Faculty

 Barely into the role of Dean, he oversaw the introduction of a whole new branch of medicine - podiatric medicine - into the Faculty’s ambit in 2006. It remains the only training course for podiatrists and podiatric surgeons in WA. The face of the Faculty has changed dramatically in his 10 years, from being one dedicated to medicine, dentistry, population health and health science to embracing not only podiatric medicine but also, at different times, physiology, pharmacology, nursing, social work and social policy.

He navigated the inclusion in 2007 of Notre Dame University into the highly successful Rural Clinical School, which now has 83 students across 14 sites. It was originally hoped that the RCS would encourage graduates to return to the bush to practise - and recently published research from the RCS has shown just that. Although he is well pleased with all these developments, they are not his first choice as to what made him happiest. “The happiest time was the sense of real rejoicing we had when Barry Marshall and Robin Warren were awarded the Nobel Prize in Physiology or Medicine,” he answers without hesitation. “The concept that our Medical School had now a graduate who was a Nobel Laureate was really ground-breaking.” The answer should not have been surprising. It exemplifies the utter selflessness that is his hallmark both in his professional work and his personal life, in which he has dedicated countless hours to caring for family members.

In terms of challenges, he believes the greatest was to work out where the Medical School sat as the University moved to redefine itself with a change in 2012 to postgraduate professional degrees, and to bring the rest of the Faculty alongside with the development of new programs in medicine, dentistry and podiatric medicine.

Listening to others

Indeed, the switch from undergraduate to graduate degrees, with the new Doctor of Dental Medicine (DDM) and Doctor of Podiatric Medicine (DPM) courses beginning in 2013 and the first Doctor of Medicine (MD) cohort starting this year, was a mammoth achievement.

“I think the transition to postgraduate courses has been very well received by both the staff and the students,” the Dean says. “We are listening to the students and their careful evaluations and responding to those. The curriculum will never be something that is set in stone but will always be something that should be responsive to community needs and best practice.” The students have been particularly positive about the case enhanced learning programs and early exposure - from the first few weeks - to clinical skills because they promptly see the reasons for their hard study.

Not only has Professor Puddey overseen the design and implementation of the new curricula but he has also been a part of the QEII Medical Centre trust for more than a decade - during which there has been a complete makeover of the QEII campus - and a member of the implementation committees for the impressive new facilities to house the North and South hubs of the Harry Perkins Institute of Medical Research.

“It has been very exciting,” he says. “It will be a long time before we ever again see such large scale investment in health and medical research infrastructure in this State.”

One of the world’s unique longitudinal studies - the Raine (Western Australian Pregnancy Cohort) Study, which has continuously collected information on more than 2000 West Australian for 23 years from before birth - has enjoyed the expertise of Professor Puddey as Chairman of its Executive Committee since 2005, a task he has found highly rewarding.

There have been other, less pleasant, challenges. “The major hurdles have been over the past two years where resource allocation both within the health sector and the tertiary sector has become a particular problem within this Faculty,” he explains. “We are consistently being asked to do more with less. It starts to rob you of the ability to take strategic initiatives and it makes it more difficult to attract and retain good staff.”

Looking to Asia

However, he continues to look to the future and has forged enormously successful, strong bonds with China and other countries in Asia. “The fact that our medical students now go on regular exchange into China, which was an absolute rarity in the past, and the high level of engagement that we have got as a Medical School with four other medical schools in China at every level - research, teaching and training - are good things that should stand the test of time,” he says.

Winthrop Professor Ming-Hao Zheng, Associate Dean (International), who has...
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been a tireless worker with the Dean to create the bonds abroad, says many people visit Chinese universities but, on return to Australia, the follow-up for outcome delivery is often poor.

“Ian is has ensured the anticipated outcomes for each visit are well defined before starting a journey,” he says, describing the Dean as a person with unshakeable integrity. As a consequence, the Dean has been able to achieve some excellent long term collaborative links between UWA and several Chinese medical and dental schools, he adds.

Integrity and grit

Indeed, a description used repeatedly by Professor Puddey’s colleagues is that his integrity is his hallmark. They also say he has steadfastly fought for what he believes is best for the Faculty. Emeritus Professor Lawrie Beilin, Senior Honorary Research Fellow in the School of Medicine and Pharmacology, says his long-time colleague believes in openness and honesty in communication. “He has not been afraid to strongly state a view, even if running counter to those in higher authority,” Professor Beilin says. “As Dean you have to deal with a lot of very politically difficult situations relating to departments, other Faculties, senior university and hospital administrations, other universities and the general public and I think in all of those, the aspects of his personality and his integrity and his ability to listen have all helped to make him what I would regard as the best Dean I have seen in the 37 years I have been here.

“He stands out above the rest.”

Despite the gruelling hours demanded by the position of Dean, he has maintained an impressive output of research, which is one of his passions, and encourages it strongly among students and staff. “I think a Medical School with a strong health and medical research ethos is one that is teaching its students in a very stimulating environment,” he says, adding that such an environment emphasises the importance of a careful evidence base for clinical practice and enables clinicians to ask, and hopefully answer, important research questions that improve the quality of life of their patients.

According to Professor Beilin, Professor Puddey was a very popular physician when he was practising at Royal Perth Hospital. “It was very striking how fond the patients were of him and how much they missed him.”

As a young doctor, he took the path of academia because of a love of teaching and turned to research as an afterthought, when it was pointed out to him that he would need a doctorate to become a clinical academic. “But once I started doing the research, I loved every minute of it,” Professor Puddey says. “So it didn’t become an optional extra, it became a raison d’être.” He has produced hundreds of published articles over the years, on the prevention of stroke and heart attack, and when he steps down as Dean, he will first take six months’ sabbatical and continue to pursue research in the School of Medicine and Pharmacology.

Major contributions

Professor Beilin says Professor Puddey has made major contributions to the study of the effects of diet and lifestyle on the risk of cardiovascular disease and related problems such as hypertension, diabetes and obesity. “Perhaps the most sentinel thing was his studies on the effects of alcohol on blood pressure,” explains Professor Beilin, who was a co-researcher in the studies. “Those studies have led to changes in the world guidelines for the management of high blood pressure.”

He adds that Professor Puddey is an excellent collaborator and a particularly good supervisor of PhD students.

“He has a very high level of integrity so anything he does, says or publishes, you can believe in,” Professor Beilin says. “He has a very warm personality, he listens to people, he doesn’t dominate and younger students relate very well to him because he doesn’t speak down to people.”

Another of the Dean’s answers comes as a surprise. How does he cope with the demanding work of the Deanship? Is it exercise, meditation, a healthy diet?

“You only manage in the role to the extent that you are surrounded by excellent support staff,” he says, giving credit to his past and present Faculty Managers, personal assistant, Deputy Dean, Associate Deans, and many of his other colleagues.

He does some exercise - combining two of his passions into one pastime. The results hang in frames on his office wall - beautiful photographs of wildflowers that he has captured while bushwalking.

He also loves gardening. And he and his wife Peggy, whom he met in the fourth year of his undergraduate medical degree, have two adult children and spend a lot of their free time with their three grandchildren. His meditative times are provided by his strong faith.

Amid all the exigencies and tribulations of the role of Dean, he has maintained his sense of humour.

Mrs Betty Hart, who has been his personal assistant for more than 15 years, says that in hindsight, a diary of all the amazing, humorous and serious times encountered along the journey should have been documented. “I can remember times when Ian had us all, him included, wiping tears of laughter from our eyes. Some great fun amidst the drama of the Faculty Office.”

Another person he works closely with, Faculty Manager Dr Jan Dunphy, sums up by saying his engagement and consultation with students, staff and external partners has helped the Medical School become one of the top 100 in the world.

“He has high standards and expectations, with ethical behaviour, professionalism and social justice key pillars of his beliefs.”

Professor

Puddey’s days at

RPH

- By Cathy Saunders
Ian Puddey - reflections from colleagues

Emeritus Professor Lawrie Beilin, Senior Honorary Research Fellow in the School of Medicine and Pharmacology

I think he has been an outstanding Dean. He has steered the Faculty through very difficult periods in terms of doubling of medical student numbers, the transition from a six-year undergraduate medical course to a four-year postgraduate medical degree, and developing relationships with Notre Dame as a second medical school, including the co-sharing of the Rural Clinical School, which was originally set up by UWA. Throughout this he has had to deal with very difficult ongoing budgetary issues. One of his special contributions as Dean has been the further development of the Education Centre within the Faculty. That has, I think, uplifted the undergraduate medical education offered by UWA to a considerable extent.

Professor Alan Bryant, Head of Podiatric Medicine

My first encounter with Professor Ian Puddey was in early 2005 when the President of The Australian Podiatry Association (WA) and I approached him, cap in hand, with a request for UWA to establish a four-year undergraduate degree program in podiatry. Our argument was based on well reasoned philosophical grounds, which initially gained some traction with Ian, who then asked to hear our business plan. We came to the meeting with a concept, a request, but not the slightest business plan. As a result of this procedural mistake both of us aged considerably during the relatively brief second “half” of that meeting. We were being hopeful, Ian was being prudent. Fortunately for the podiatry profession in WA, Ian soon agreed to establish the BPodM course, which has just been phased out in favour of our new three-year graduate-entry DPM program. It was the first podiatry program in Australia to be taught within a Faculty of Medicine. Without Ian’s steadfast support as Dean, early integration of units from the MBBS and BPodM programs into the BPodM would not have occurred. There would be no university-based postgraduate program in podiatric surgery in Australia and our new DPM course, the first of its kind in Australia, would never have commenced in 2013. Furthermore, during his term as Dean, Ian has been influential in China. During a visit to China in 2012, Ian seized on an opportunity to promote the UWA podiatric medicine program to the Dean of Wenzhou Medical University (WMU). Since that time Ian and I, with Professors Ming-Hao Zheng and Jeff Hamdorf, have travelled to China to facilitate the development of an agreement between UWA and WMU to enrol a number of Chinese MBBS graduates into our DPM program to help seed the podiatry profession in China. This plan is still being advanced, but should it come to fruition, it would help to provide podiatric services to 1.1 billion people who otherwise have none. It would be another first for Ian Puddey.

Dr Jane Dunphy, Faculty Manager

Ian has presided over the most significant period of growth that the Faculty has seen, with significant increases in student and staff numbers, the addition of many new courses and programs and the physical expansion of our footprint into new rural sites and metropolitan hospitals. He has been committed to the growth and ongoing sustainability of this Faculty. Ian’s understanding and knowledge of the breadth and extent of this Faculty is phenomenal. He has a fantastic memory and retention of details of events and people, not just from his past 10 years as Dean but from earlier in his career and even from his student years. He has been a supportive mentor and I have been grateful for his guidance over the years.

Betty Hart, Executive Officer to the Dean and Faculty Manager

I have now been working with Ian for approximately 15 years and can vividly recall the day I attended an interview at the School of Medicine and Pharmacology with him and Ms Helen Moran for the position of his PA and being quite traumatised by the event, Ian Puddey was a UWA Professor of Medicine and I was sitting across a desk being interviewed by a Professor! Back then that was a very, very scary occurrence. How times change. I was lucky enough to obtain the position as Ian’s PA and quickly discovered that he was first and foremost “just Ian” and secondly he was the “boss”, which has remained the status quo ever since, I will be forever grateful to him for the opportunity afforded me at that time and to this day. I am not eloquent enough to do justice to all the wonderful attributes of Ian Puddey.

Winthrop Professor John Newnham, Deputy Dean and Head of the School of Women’s and Infants’ Health

A major era in the history of the UWA Medical School is coming to a close, leaving the Faculty well placed to face new challenges in the future. The retirement of Professor Ian Puddey from the position of Dean marks the end of a 10-year period during which he has overseen the successful introduction of major changes to medical student education, substantial growth in research capabilities and increasing numbers of staff and students. The University as a whole has now had three successive years in the top 100 universities worldwide in the Academic Ranking of Worldwide Universities rankings, reaching number 88 this year. Our Medical School, however, sits in the top 50-75th category, being one of only four Australian Medical Schools to be placed in the top 100. Some of the credit for this achievement must go to Professor Puddey’s leadership and his passion for the Faculty and its mission.

He brought to the position a deep desire to increase diversity and equity within the student population and this ambition has now been achieved with great success. On behalf of the many staff and students in the Faculty, I would like to thank Professor Puddey for his many years of enthusiasm and commitment that have steered the Faculty through many challenging years and left us with a teaching, research and administrative powerhouse of which we can all be so proud.

Winthrop Professor Geoff Riley, Head of the Rural Clinical School of WA and Head of the School of Primary, Aboriginal and Rural Health Care

In taking on the role of Dean when he did, following Lou Landau, Ian had big shoes to fill. I didn’t know Ian very well at the time beyond awareness of his remarkable intellect, amply demonstrated at Faculty Board meetings. He rapidly grew into that role and showed that he was up to the task. It is a big job and one that will always throw up very difficult decisions.

From the beginning, Ian demonstrated the integrity that was to characterise his leadership throughout his watch. The workload is phenomenal. Ian matched it with remarkable self-discipline and plain hard work. My respect grew further over time as I saw more of Ian’s humanity emerge – his restraint and tolerance, born of real compassion and enjoyment of people, is revealed as warmth, generosity of spirit and nurturing of those around him.

Professor George Yeh, Associate Dean (Research) and Head of Liver Disease and Carcinogenesis at the Harry Perkins Institute of Medical Research

In my role as Associate Dean Research, I found Ian to be extremely supportive because he had a thorough understanding of what it takes to do high quality research. I did not have to work that hard to raise its status and priority amongst the many demands for funding. I also found that Ian was most willing to cut me some slack when I came up with new initiatives. During his tenure we scrapped the small grants scheme, introduced safety net and near miss awards and funded infrastructure. I also admired Ian’s tenacity when it came to championing the cause of our Faculty. The Faculty has been through enormous change and met substantial challenges during
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his tenure. These have occurred in both teaching and in research, all in the face of diminishing resources. The Faculty has thrived and we have Ian to thank for this.

Winthrop Professor Ming-Hao Zheng, Associate Dean (International) and Director of the Orthopaedic Research Unit

Ian’s achievement in developing strong collaborations between the Faculty and China and Asia is nothing short of glorious. One of his initiatives in the Faculty was to establish an inaugural Associate Dean International position to advise him on international relations and strategy. I was very fortunate to be appointed to the post. Over the last eight years, he has made at least one trip a year to China, which has led to the establishment and development of academic collaborations with many universities there. (Highlights of international collaborations are on page 2.) Ian is always very generous to the international guests visiting UWA and spends his personal time with them. He invites them to his house for dinners whenever possible.

From my personal side, I have learnt a lot from him. If there are three words to describe him, Ian is a leader who has unshakeable integrity, is caring and has good vision.

Eulogy

Emeritus Professor Ken Sutherland, “a colossus-like giant who stood astride the dental profession”, passed away last month. His eulogy was given by Winthrop Professor Paul Abbott, Professor of Clinical Dentistry in the School of Dentistry. This is an abridged version.

I have been asked to speak to you as a member of Ken’s “other family” – namely, The University of Western Australia (UWA). He certainly dedicated the vast majority of his working life to the University and continued his involvement long after he officially retired. However, I believe we can easily extend his family beyond the University to include the dental profession, particularly in Western Australia, although his influence extended far beyond our borders.

Born in Footscray, Victoria, in 1917, he graduated with a BDSc degree from the University of Melbourne in 1939, was awarded Honours and shared the John Iliffe prize for the best student in his class. Ken was invited to work at the Dental Hospital of Melbourne as a half-time house surgeon - there was only one such invitation each year so it was a great privilege. He soon became a full-time registrar and a demonstrator in prosthetic dentistry at the Australian College of Dentistry - the beginning of his long teaching career.

He joined the Royal Australian Air Force in 1942 as a flight lieutenant and later a squadron leader. After the war ended, he resigned from the RAAF and studied medicine at the University of Melbourne - but without the rehabilitation assistance that many ex-servicemen had, so he worked part-time as a dentist to fund his medical studies. He graduated with his MBBS degree in 1950 but his love of dentistry never waned and he completed his MDSc degree to become an Oral Surgeon.

In 1953, Ken, only 35, became Professor of Dental Science at UWA and held this position until he retired in 1982 - a total of 30 years. He was also elected Dean of the Faculty of Dental Science - a position elected annually then - overall serving for 23 years with breaks only for compulsory sabbatical leave every seven years.

In his inaugural address as Professor at UWA, he discussed the need for academic staff to do research and described how the clinical teaching load of full time staff precluded a significant research element. He influenced some individuals to do research and there have been some significant researchers and publications from UWA dental graduates.

Ken was a highly respected teacher. Those of us who were dental students of his fondly remember the extremely well organised lectures that were delivered in a clear and concise manner. A conscientious student could take comprehensive notes and be able to study from these as though they were a textbook. We also clearly remember that, on the dot of 9am, he would lock the lecture theatre door and any latecomers would have to meet him in his office afterwards to explain their tardiness. That certainly taught us to be on time!

Ken was also an innovator - especially with his teaching methods, using triple projection of slides in the lecture theatre and fluorescent chalk for the blackboard with special ultraviolet lights. He would two-handedly draw beautiful diagrams of a surgical procedure with different coloured chalk whilst delivering his lecture. We should add the word “unique” to Ken’s list of attributes.

He also taught by example. He was professional in his approach to his work, students, colleagues and above all, his patients. He was very kind and generous and donated money to many causes, especially to promote dental education and many prizes have been established in his name.

Ken’s achievements and committee positions are far too numerous to cover. He was a member of the Dental Board of WA for 34 years, 17 of them as president, and a member of the Perth Dental Hospital Board of Management for 22 years and the ADA (WA Branch) Council for 25 years. He was examiner with the Royal Australasian College of Dental Surgeons for 15 years.

Ken’s service to his profession has been recognised by UWA with appointment as Professor Emeritus, the awarding of an Honorary Doctorate of Dental Science, and naming the main lecture theatre in the old dental school - and now in the Oral Health Centre of WA - after him.

In 1979, he was appointed a Member of the Order of Australia.

He was a colossus-like giant who stood astride the dental profession in this state for 60 years. He was a fair, generous and dedicated man and an untiring worker. Vale Ken.

Emeritus Professor Kenneth Joseph George Sutherland AM, BDSc, LDS, MB BS, MDSc, FDSRCS (Edinburgh), FDSRCS (England), FRACDS, FICD, FACD, FPFA, DDSc.
Achieve Excellence

Winthrop Professor Geoff Riley, Head of the Rural Clinical School of WA and Head of the School of Primary, Aboriginal and Rural Health Care, delivered the Occasional Address at this year’s MBBS Dedication Ceremony. It was held in November 2014 at Winthrop Hall.

Graduands, congratulations upon reaching this wonderful day. It is of course named for and particularly marked by your reading the Declaration of Professional Dedication. Like its Hippocratic progenitor, this public declaration commits you to an exemplary set of behavioural expectations, of “conduct becoming a physician”.

It forms the basis of the social contract into which you have now entered as doctors. This contract with society, enshrined in statute through the Medical Board and made manifest by your registration, provides for the possibility for patients to consult you with an a priori assumption of trustworthiness: firstly, and above all, because it enables them to assume that you are competent. The medical ethicist Albert Jonson calls competence “the forgotten ethical principle”. Patients, ill and disempowered by fear, want to believe in you and largely take competence for granted. For them competence is a given and it falls to you to honour that.

Beyond this core expectation of competence there are additional Hippocratic expectations: respecting confidences, not performing unnecessary treatments, and primum non nocere, a concept which has persisted in Latin, but originated in the Hippocratic corpus as ‘at least not causing harm’. By the way, Hippocrates also required, 2400 years ago, that you be “well groomed (specifically mentioning hair and nails), honest, calm, understanding and serious”.

But let’s return to professional conduct. There is another set of ancient Greek ideas that help us to think about the notions expressed in the word professionalism. I’m referring to the virtues articulated famously by Plato and further explicated by Aristotle.

The Greek concept of virtue is not about sentimental notions of Victorian rectitude, but it does include the notion of right behaviour emerging from good character. The Greek for virtue, arete, is best translated as excellence, where excellent means ideally fit for purpose.

Aristotle emphasized the virtue of phronesis. Phronesis is traditionally translated as prudence, meaning judiciousness, and although it is now generally thought of as practical wisdom, judiciousness is still most pertinent. The moral philosopher Alasdair Maclntyre states, “the exercise of a virtue requires judgment by a moral agent, not simply routine-izable application of rules”. By “rules” he means the Beauchamp and Chadress Principles of Bio-medical Ethics that you were taught. He claims that Aristotle’s virtue-based approach to ethical decision-making emphasizes the crucial role of phronesis, requiring an eye to ethical principles, knowledge of the medical evidence, skills based in practical experience, and an understanding of likely outcomes, to come to the best decision through the exercise of judgement. He concludes, “an expert knows how to exercise judgement in particular cases.” This is phronesis.

These ideas emerged in the crucible of the Athenian polis. Possession of these characteristics was expected of the civic leaders. Together the moral virtues defined altruism: a selflessness whose purpose was to serve and to promote eudaimonia, or flourishing of the community. So the virtues were ethical expectations, but were also understood as leadership skills in the modern sense. It is on this basis also that you, who are now professionals, endowed with the mantle of trustworthiness and having obligations of leadership in the community, will be expected to demonstrate the same qualities.

Plato had earlier prioritized several other virtues worth mentioning in this regard. Sophrosune means self-discipline, and in particular humility, moderation, and restraint in the use of power. Traditionally sophrosune was translated as temperance, especially in regard to control of anger or temper – a critical leadership skill. The idea is also echoed in Jane Austen’s constancy, meaning reliability and faithfulness, and even in William Oster’s famous aquanimitas, equanimity.

Then there is the virtue of andreia meaning courage, literally courage in battle, of course. But the Greeks also understood it to mean integrity; honesty and courage of conviction, resisting compromise and pragmatism and holding the line to do the right thing.

Plato also emphasized dikaiosune, which means justice, best understood as fairness, proportionality, and particularly in our context, advocacy for patients.

But there was something missing from the Greek tradition. It is from the Abrahamic faiths we have ‘loving care’, the caritas or charity that Paul explained so eloquently in his first letter to the early Christians at Corinth. Analogous notions are chased, loving-kindness, in Judaism, and rahmah, compassion and charity in Islam. So the word care, means to care about as well as to care for. It is said, “the impulse to care emerges from the capacity to love and be loved”.

Now, on this day also, it is sometimes said that you are joining a long tradition of healers. That word can make us scientist-doctors uncomfortable. But healing is perfectly straightforward and not in the slightest unscientific. Indeed it is as central to your role as the scientific evidence base. It’s core business.

Let me explain. Patients, like you, have a complex worldview: a set of understandings and beliefs about self and the world, which together create personal meaning. For example, from now on you will define yourself as ‘doctor’, and this will be integrated into the whole matrix of ways in which you currently define yourself in relation to others. It will add new meaning to your existence, your meaningful life.

Becoming it (through a significant diagnosis or an accident, for example) is one of many ways in which meaning can be threatened or forever changed. There is a host of ways that this can happen that has nothing to do with illness, such as separation, unemployment or bereavement, but the point is, illness threatens meaning. Healing then, involves reversing the discomfiture of the self that results from such threats. Healing, put simply, is the restoration of meaning. Sometimes it’s through the rehabilitation of the prior state. At other times, when the change is irreversible, such as loss of a body part or a function, meaning has to be reconstructed, reconfigured, a new solution found. But either way, this is what healing is: the re-establishment of a workable sense of self in the world, the restoration of meaning. Grief following bereavement is the prototype. It is a natural process but frequently in our contexts it needs nurturing.

Often in modern medicine we achieve healing by cure alone, but more commonly, and even in the presence of cure, our patients still need support to heal. We achieve that by simple humanity: by exercising kindness and empathic care; by paying respectful attention to and protecting the patient’s dignity; by giving timely information and comprehensible explanations; by offering reassurance and affirmation; and sometimes simply by being with the patient. In doing so, you hold the patient while they heal, as surely as a splint holds a fracture.

The Hippocratic art of medicine is the wise integration of the science and the humanity. For Plato, sophia, wisdom, was indeed the paramount virtue. But the getting of wisdom takes experience, intelligent reflection, compassion, and time. So, give yourself time, and don’t be too hard on yourself if you’re not perfect by January. Meanwhile, practise with humility. Take your job seriously, but yourself lightly. Practise evidence-based medicine, competently and judiciously, and also with kindness, charity and generosity of spirit - suspend judgement; people are generally doing their best. Our word patient comes from the Latin verb pater, to suffer, patients meaning one who is suffering. The US physician Eric Cassell teaches that “the goal of medicine is the relief of suffering”.

That is your job. So go now, and do it well. Practise virtuously!

Those of us who are about to step away do so confident in the knowledge that as we hand the baton on to you, the next generation, that you will indeed be excellent doctors.
Mentoring Matters

By Associate Professor Paul McGurgan, Personal and Professional Development Co-ordinator in the Faculty of Medicine, Dentistry and Health Sciences

Mentoring and medical student mental wellbeing

The role of mentoring in improving medical student mental wellbeing is frequently quoted in the literature, but there is little quality evidence to support this. Although it seems intuitive that mentoring should have a positive role in promoting mental wellbeing for the mentee, there is a need to get better evidence for this. UWA Faculty of Medicine is collaborating with the Australian Medical Student Association (AMSA) to develop a national survey to examine the effects on medical students of mentoring.

Medical student mental health in the noughties and beyond

In 2013, beyondblue (http://www.beyondblue.org.au/about-us/programs/workplace-and-workforce-program/programs-resources-and-tools/doctors-mental-health-program) performed a National Mental Health Survey of Doctors and Medical Students with the aims of:

- understanding issues associated with the mental health of Australian medical students and doctors
- increasing awareness across the medical profession and broader community of issues associated with the mental health of medical students and doctors, and
- informing the development of mental health services and supports for the medical profession.

The survey covered a wide variety of topics including mental health status, substance misuse, suicidal ideation and self-harm, workplace and life stressors, levels of burnout, impact of mental health symptoms, treatment and coping strategies employed to address mental health symptoms, barriers to seeking treatment and support, and attitudes regarding doctors with mental health conditions. The beyondblue survey sampled more than 6,000 medical students with an approximately 25% response rate. The survey findings gave a concerning picture of the challenges faced by modern medical students - medical students reported higher rates of general distress and specific mental health diagnoses in comparison to the Australian population. Although medical students reported using lower levels of harmful or hazardous alcohol use than other Australian students, they had similar rates of depression and anxiety. The survey noted significant gender and demographic differences; female students had higher levels of psychological distress (10%) and reported more specific mental health diagnoses than male students. For example, female students were more likely to have a current diagnosis of depression (10% vs 5%), a current diagnosis of anxiety (9% vs 5%), and have attempted suicide (5% vs 3%) compared to male students. Although there were very small numbers of Indigenous students (only 22) in the survey, they appeared to be particularly vulnerable to poor general and specific mental health.

There was a strong perception by medical students that there were stigmas regarding doctors with mental health conditions. For example, 40% of students felt that doctors would view another doctor with a mental health disorder as being less competent, and 42% felt that doctors with a history of anxiety or depression are less likely to be appointed than other doctors. Those students with a current mental health diagnosis were more likely to believe that stigmatising attitudes were prevalent. Not surprisingly, the beyondblue survey concluded that “the work experience of doctors and medical students appears to be stressful and demanding”.

The organisation recommended that:

- initiatives which address the stressful working environment (e.g. increasing resources and the size of the workforce, and limiting excessive work hours) may reduce the burden on overworked doctors.
- social marketing programs that promote the importance of mental wellbeing and early treatment for mental health symptoms could address both long and short term fatigue and improve the ability of doctors to cope with workplace stress.
- some subgroups (e.g. interns, female or indigenous medical students) could potentially benefit from additional support and education to improve their ability to cope with stress, to maintain positive psychological wellbeing and to seek treatment and support when required.

Mentoring was specifically mentioned by beyondblue as one of the initiatives which could assist students and doctors at higher risk of mental health problems.

Conclusions

Medical students have arguably more stressors than ever before due to increasing financial pressures, less long term job security and the fact that they are increasingly mature entry, hence often have to balance their own family’s lives with learning how to be a doctor. The beyondblue survey provides a clear picture of modern medical students all too often not coping with these stressors and being particularly fearful of any stigma associated with having a mental illness. The role of mentoring in either identifying or providing assistance to those students who need more support is often mentioned in mental wellbeing programs and in the literature. However whether it does have an effect and if so, how best to provide mentoring to medical students, are still undetermined. The AMSA national survey of medical student mentoring will hopefully provide more robust data about this in the future.

Next issue: What initiatives and social programs exist for medical student mental health?

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Interpreting science and translating it into practice

Encouraging researchers from different disciplines to put their heads together and work on pressing medical puzzles will be one facet of the work of the newly-appointed Dobney Chair in Clinical Research.

Winthrop Professor Markus Schlaich, inaugural Professor in the role, said it was logical and important to facilitate clinical research - the translation of research from bench to bedside, or getting novel treatments to patients as quickly as possible.

He hopes to set up better communication between clinicians and basic medical scientists plus researchers from disciplines such as engineering and imaging. “It is not always easy because basic scientists and clinicians often don’t necessarily speak exactly the same language,” he said.

He has started a series of seminars to bring people from different areas of interest together. “You just have to think beyond the typical boundaries,” he said.

New facilities such as the Harry Perkins Institute of Medical Research and the Fiona Stanley Hospital and newly-created positions had attracted many different people to WA. “It seems like a bit of a melting pot which I think creates a lot of wonderful opportunities for new thoughts and collaborations in particular,” Professor Schlaich said.

Previously at the Baker IDI Heart and Diabetes Institute in Melbourne, having relocated there from Germany in 2006, he will maintain strong collaborations with other Australian states, Europe and the US.

A nephrologist and hypertension specialist, he will encourage research particularly into high blood pressure, which is responsible for about 8.5 million deaths each year worldwide. Research will encompass genetics, proteomics, environmental factors, lifestyle, and immunological factors.

“Despite our knowledge of the substantial difference that lifestyle modification and prescription of appropriate medication makes, we still don’t manage to control blood pressure in roughly half of patients diagnosed,” he said. “We have therefore focused on new alternatives to the traditional approaches.”

He and colleagues were awarded the Australian Museum Eureka Prize for Medical Research Translation in 2011 for a novel device-based procedure for the diagnosis and treatment of hypertension.

Other research priorities will be cardiovascular disease, chronic kidney disease and diabetes. He hopes to introduce unique technology to Perth to elucidate the mechanisms contributing to a whole range of conditions and attract keen young basic science researchers and clinical scientists to the Faculty.

Another aim is to show students that clinical research, although labour-intensive and not always sufficiently funded, is very exciting. “Once people catch fire and understand how rewarding clinical research can be, they typically continue to work in this area and often make the most substantial contributions to fight disease,” Professor Schlaich said. “Research ultimately is the only way to improve things.”

- By Cathy Saunders

A blueprint

The establishment of the new Chair recognises the outstanding contribution made to the Royal Perth Hospital Medical Research Foundation (MRF) and medical research by the late Mr Ray Dobney, a cancer patient who made a very substantial donation and bequest to the MRF for research into treatment for cancer and heart disease.

Based in the School of Medicine and Pharmacology, it has been made possible by a collaboration between the MRF, The University of Western Australia and the WA Health Department through RPH, which have committed to funding of almost $6.5 million over seven years.

At the launch this month, MRF Chairman Emeritus Professor Lawrie Beilin said in times of economic strife, it is particularly important to continue and increase funding for research and education because that is where the future lies. “I think it is to the great vision of the University establishment and the Health Department that they came to the party with the Royal Perth Hospital to fund this initiative,” he said. “I think it will be a blueprint for future developments along the same lines.”

Dr Aresh Anwar, Acting Executive Director of Royal Perth Hospital, said the Chair allowed the appointment of a person who will enable WA patients to experience tomorrow’s medicine today. And having someone as high in calibre as Professor Schlaich would attract other individuals to work there.

New vocational course in pathology

A new post-graduate degree in pathology and laboratory medicine will be offered by the Faculty next year, seeing the University of WA become only the second tertiary institution in Australia to provide such a course at this level.

The Master of Clinical Pathology (MCP), for which there are 40 places, is already proving popular, with Course Coordinator Assistant Professor Clayton Fragall, of the School of Pathology and Laboratory Medicine, indicating there is a lot of interest among science and medical students.

School Manager Mr Brett Tizard said the World Health Organisation had predicted a shortage of medical scientists because baby boomers were not only retiring from the workforce but also reaching the age when they required more health services. This meant job opportunities for graduates were likely to be good.

The vocationally focused MCP course has been developed in consultation with the Australian Institute of Medical Scientists (AIMS). CEO Ms Meredith Liddy said she was delighted to hear that UWA would be seeking professional accreditation.

Mr Tizard explained that while accreditation could not be confirmed until at least one cohort had completed the course, it would be applied retrospectively or individual graduates would have the opportunity to be accredited by sitting an external exam.

Assistant Professor Fragall said the School had used AIMS guidelines to design the course structure while competency guidelines from both the Pathology Associations Council and the Federal government had been applied to curriculum development. “In this way, the course has been specifically constructed to comply with accreditation guidelines for both AIMS and the Institute of Biomedical Science in the United Kingdom,” he said.

“We have the expertise, we have the facilities and we have the connections with industry to ensure that our students are able to meet the standards of technical competency and professional practice that are required for accreditation and employment in this field.”

Successful graduates would be eligible for employment in a variety of scientific roles in clinical, para-clinical and biomedical laboratories, including diagnostic and research settings.

Students undertaking the two-year course will gain a Graduate Diploma of Clinical Pathology upon successful completion of the first year. They can then opt to continue down the diagnostic pathway of the MCP or transfer into a one year, research intensive Masters course starting in 2016.

The only pre-requisite for the course is an undergraduate degree in the biomedical sciences. The MCP degree has an annual fee of $32,000.
New Century Campaign - Create the future

New Professor plans rheumatology registry

WA’s first statewide registry of patients with the incurable autoimmune disease, systemic lupus erythematosus (SLE), will be set up under the guidance of the Faculty’s inaugural Chair of Rheumatology and Musculoskeletal Medicine.

Winthrop Professor Johannes (Hans) Nossent told MeDeFacts the aim was to see such patients regularly and gather data for research, including for basic genetic research and longitudinal studies.

“It will also allow us to collaborate with people in other states where there are similar registries and it may in the end come to a national registry that will possibly be followed by an international collaboration,” he said.

Professor Nossent, who was Professor of Medicine/Rheumatology at University of Tromso, Norway for 12 years, established a similar registry in Norway.

“It has been quite successful in terms of clinical research, guidance for clinical doctors and, of course, a bit of prestige,” he said.

In WA, there would be 2,500-3,500 SLE patients eligible to be included on the online data base.

“And it is a model that is easily transferred to other diseases as well,” the Dutch professor said. These include rheumatoid arthritis, vasculitides, osteo-arthritis and spondylitis.

He hopes to bring independent rheumatology researchers together to conduct collaborative work and increase their opportunity for grants.

Another goal is to use WA’s extensive data linkage system to look at the outcomes for patients with rheumatic diseases over the past 20-30 years.

Professor Nossent said there was a big gap in the field. “The one thing that will get you the Nobel Prize in the field of rheumatology is finding the cure for osteo-arthritis,” he said.

Professor Nossent, who took on the newly-created role in June, will introduce new teaching into the second, clinical year of the medical degree and reinforce it in the third and fourth years. “Rheumatology has been an under-valued part of the curriculum,” he said. “Given the fact that one in five to one in 10 people in WA say they suffer from arthritis means there has to be much more knowledge out there in the community among GPs and general physicians about what the rheumatic conditions are about, how to diagnose them early and how to take early steps in treatment.”

He will also look at the economics and politics of the field of rheumatology, the loss of a holistic and multidisciplinary approach to the care of patients, discrepancies between the rheumatologist workforce in the public and private sectors, and geographical workforce discrepancies. He aims to work towards increased training capacity and public sector positions.

- By Cathy Saunders

A 40-year-old dream

Rheumatology has long been recognised as an important area of need and the new Chair is an example of groups who brought money to the table, Associate Professor Brendan McQuillan, Head of the School of Medicine and Pharmacology, told the audience at the official launch in October.

“We are very appreciative of it and we couldn’t have done it without the assistance of the Health Department and Arthritis and Osteoporosis WA,” he said, adding there had been a lot of fund-raising in difficult financial times.

The new Chair is generously co-funded by Arthritis and Osteoporosis WA with $962,269, the WA Health Department with $996,100 and The University of Western Australia with $747,889. The funding is for five years.

Dr Jack Edelmann, President of Arthritis and Osteoporosis WA (Arthritis Foundation), said establishing a Chair in Rheumatology and Musculoskeletal Medicine had been an aim of the Foundation for as long as he could remember. “It was a dream of our Founding Fathers;” he said. There had been two previous unsuccessful attempts to establish such a Chair.

The current successful attempt was thanks to many people, including generous donors.

Dr Victor Cheng, Acting Executive Director of Sir Charles Gairdner Hospital and Osborne Park Health Care Group, said the establishment of the new position was not only about research but also clinical service delivery, communication and outreach.

Systemic autoimmune, arthritic and other bone and joint conditions are among the leading causes of chronic pain and disability in Australia and cost an estimated $24 billion a year in medical care, lost productivity and related costs.

Broadening our intake

Overseas recruitment of students to enter medicine, dentistry or pharmacy was broadened to take in Hong Kong for the first time this year.

Ms Samantha Millar, the Faculty’s Acting Manager of Admissions, said while interviews had been conducted in Singapore for about 10 years, interest from Hong Kong had seen it added to one interviewing team’s July itinerary.

The interviews involved prospective students from England, Canada, China as well as Hong Kong and the initaitive was so successful it is likely to be repeated next year. “We may even look at other areas,” Ms Millar said. In addition, 60 interviews were conducted in Singapore.

The interviewees were a mix of graduates keen to enter the Faculty’s new graduate courses as well as final year school students seeking an Assured Pathway entry.

Domestic graduate entry interviews with more than 300 prospective students were held over two weeks in October. More than 200 domestic Assured Pathway interviews will be held over two weeks this month.

In April, a UWA International Open Day was held in Singapore, which included a session of Meet the Dean with Winthrop Professor Ian Puddey and an alumni evening with overseas students who have graduated in dentistry, medicine or podiatric medicine from UWA and are now working in Singapore.
Memories spark a generous gift

Memories of her childhood, a debt of gratitude to her parents and a desire to help Indigenous students have led to a WA doctor gifting a generous scholarship - the first of its kind for the Faculty.

Dr Vanessa Hester’s endowment has made it possible for the new Godfrey and Ione Hester Indigenous Pathway Scholarship to be available in perpetuity.

It will support a commencing Indigenous student, who has accepted an offer of assured entry into the Doctor of Medicine through the Indigenous Pathway, to pursue a Bachelor degree followed by the MD. The scholarship will be awarded based on academic achievement and consists of $5,000 each year during the undergraduate degree and $10,000 annually during the MD, with an overall total of $55,000.

Dr Hester said she grew up in the South-West of WA and, even as a child, sensed a tremendous deprivation suffered by the Indigenous population.

“I have often thought, if only I knew what I could do that would be good and would be actually helpful,” she said.

It was an article about Western Cardiology’s funding of a scholarship for a Broadway student which helped. “I thought, I can do that,” she said.

Dr Hester established the scholarship in memory of her parents, who supported her through her medical degree at The University of WA. She said she was grateful when the Medical School was established at UWA because it meant she could study in Perth and didn’t have to relocate interstate, which may have prevented her from realising her wish to become a doctor.

She likes the idea of the scholarship being in perpetuity and hopes to be in touch with the scholarship recipients over the years and follow their progress.

She has now retired as a GP while her husband Dr Ross Harvey, also a UWA medical graduate and GP, still practises part time.

At the signing of the Deed of Gift, Winthrop Professor Dawn Bessarab, Director of the Centre of Aboriginal Medical and Dental Health gave a welcome and Professor Len Collard from the School of Indigenous Studies presented Dr Hester with a message stick and explained its significance.

Faculty Dean Winthrop Professor Ian Puddey expressed his gratitude to Dr Hester and emphasised how important it is to support the students not only throughout their MD but also during their undergraduate degree.

Setting a kind example

In a first for Faculty scholarships, a Perth medical family and a financial management group have joined forces to support a student with a new Assured Pathway scholarship.

The Vijayasekaran Family and Smith Coffey Rural Pathway Scholarship in Medicine will provide a rural student with $5,000 for each year of a three-year undergraduate degree and $10,000 annually for the four-year Doctor of Medicine degree at The University of Western Australia. The scholarship will be decided on the basis of financial disadvantage and academic achievement.

The kind donors of the scholarship are Dr Priya Thalayasingam, an anaesthetist, her husband Dr Vijith Vijayasekaran, a plastic surgeon, and his brother, Dr Shyan Vijayasekaran, an otolaryngologist, and Smith Coffey, which provides financial advice to medical professionals.

Dr Shyan Vijayasekaran, who is a Clinical Associate Professor with the Faculty, said the three family members were all graduates of UWA.

“We feel we need to give back to the University and the community some of the benefits we received from studying at UWA,” he said. “The scholarship is a way of helping both the University and also helping somebody who would be less fortunate and may not be able to study medicine without this kind of funding.

“The whole program is designed to enable recruiting of doctors from areas they are not normally recruited from in the hope they will return to those areas to practise.”

Dr Shyan Vijayasekaran and his wife - who have four children - said they and his brother and wife, who have three children, wanted to encourage their offspring to think about philanthropy when they were older.

“We thought it was a good way of acting as an example for the next generation,” he said.

The family had brought Smith Coffey on board because they had been their financial planners since graduation and had always wanted to be more involved in the philanthropic side of medicine.

Mr Mike Glossop, Chief Executive Officer of Smith Coffey, said they had worked closely with medical students and professionals for more than 40 years. “We saw the change in the eligibility criteria for the Doctor of Medicine and the scholarship as an opportunity to provide support for students to get straight into medicine,” he said. “This scholarship provided us with a way to assist with alleviating the costs burden and give something back to individuals who add so much value in the community.”

They chose the Rural Pathway because many of the Smith Coffey staff came from rural WA backgrounds. “We know first hand how this can add another degree of complexity when completing studies,” he said. “We certainly encourage others to consider the benefits (of funding scholarships) and assist individuals to reach their dreams.”

- Stories by Cathy Saunders
Our people and what they do

Research

Small genetic changes result in improved survival against malaria, according to findings by an international consortium that includes Associate Professor Laurens Manning, Winthrop Professor Timothy Davis and Dr Moses Laman, all of the School of Medicine and Pharmacology. The researchers found that genetic variants become balanced in the population if there is a downside to carrying the gene. Sickle cell haemoglobin (HbS) is an example in which children carrying one copy of the gene are almost completely protected from cerebral malaria but if they have two copies of the genetic variant, they develop sickle cell disease and usually die before adulthood.

A link between chronic viral infection and autoimmune disease has been proven by research hailed as very significant by Professor Mariapia Degli-Esposti, Director of Research at the Centre for Ophthalmology and Visual Science (incorporating the Lions Eye Institute). The Australian research found chronic infection with cytomegalovirus (CMV) - a member of the herpes family - could lead to the development of Sjogren’s syndrome (SS).

Using vitamin B12 and folate every day for at least a year can enhance the effectiveness of anti-depressant treatment and helps prevent relapse of major depression in middle-aged and older adults. These findings result from research by Winthrop Professor Osvaldo Almeida, of the School of Psychiatry and Clinical Neurosciences and Research Director the Centre for Health and Ageing, and his team. Soon GPs could be recommending the use of B-vitamins as a safe and inexpensive strategy in the treatment of major depression in older adults, he said, adding that the study needed to be replicated first. “The B-complex vitamins are essential to mental and emotional well-being. They cannot be stored in our bodies, so we depend entirely on our daily diet to supply them.”

Professor Almeida also headed a study which confirmed that people with severe mental disorders who reach older age have lower life expectancy compared with their peers. The study found that hazardous lifestyle choices, suboptimal access to healthcare, poor compliance with treatments, and greater severity of medical comorbidities all contributed to increased mortality.

Awards

Medical teams from Royal Perth Hospital (RPH) featured strongly in this year’s WA Health Excellence Awards, with the Department of Nephrology’s Medical Renal Transplant Unit taking out the top prize - the Director General’s Award - for its “Closing the Gap in Aboriginal kidney transplants” project, which also won the Aboriginal health award. The Primary Care award went to the Familial Hypercholesterolemia WA program, for improving the care of inherited high cholesterol and risk of heart disease in families. The program was supported by the Health Strategy and Networks and Office of Population Health Genomics, Department of Health; Royal Perth Hospital, South Metropolitan Health Service and the Cardiovascular Health Network.

Delving into the role of the epigenome in the human brain and advancing the application of regenerative medicine are the focus of the winner of one of Australia’s most prestigious mid-career medical research fellowships.

Professor Ryan Lister, of the Harry Perkins Institute of Medical Research and The University of Western Australia, received a Senior Medical Research Fellowship awarded by the Sylvia and Charles Viertel Charitable Foundation. The Fellows receive $1.2 million ($245,000 per year for five years) to undertake leading-edge research. Chair of the Foundation’s Medical Advisory Board, Winthrop Professor Peter Leedman, who is also Director of the Perkins Institute, said the Fellowship would allow Professor Lister to head a laboratory at the Institute.

Winthrop Professor Marcus Atlas, Director of the Ear Sciences Centre and a surgeon, was a finalist for the 2015 Western Australia’s Australian of the Year. He combines applied clinical and scientific research to improve the lives of people with hearing and balance conditions. He is the principal investigator of major medical trials, including the development of the silk eardrum, a regenerative method of tympanic membrane repair. The award went to neuroscientist Professor Lyn Beazley, who has researched brain damage recovery and changing clinical practice in the treatment of infants at risk from pre-term delivery.

The prestigious Australian Diabetes Society Kellion Award for 2014 has been presented to Winthrop Professor Timothy Davis, Head of the School of Medicine and Pharmacology Fremantle Hospital Unit, in recognition of his outstanding contribution to diabetes research and clinical care. He is the principal investigator of the Fremantle Diabetes Study and involved in the Busselton Diabetes Study and Busselton Healthy Ageing Study.

Continued on page 16
Winthrop Professor Ming-Hao Zheng, Director of Research in the Orthopaedic Research Unit, School of Surgery, is QAS it is ground-breaking that it is possible to make tendon grafts using tendon cells. He is consultant chief scientific officer at Orthocell which has worked with four universities to successfully grow human tendons in a laboratory for the first time. While the tendon is still up to 18 months away from being trialled in humans to determine if it could become a viable graft, the finding offers the potential to one day regenerate damaged tissues. “We could, eventually, avoid harvesting tendons on patients or donations from cadavers,” Professor Zheng said.

Ms Pascalle Bosboom, of the School of Psychiatry and Clinical Neurosciences, is QAS findings from a study of associations between quality of life and cognitive functions for people with Alzheimer’s disease challenge current assumptions. The study by The University of Western Australia and Royal Perth Hospital found 26 of 47 participants with mild to moderate dementia living in the community showed stable or increased quality of life despite deterioration in their conditions. Twenty of 47 family carers reported similar views. “The results raise questions regarding the assumption that improved memory scores associated with interventions will lead to improve health-related quality of life,” Ms Bosboom said. “They may also suggest that as the disease progresses, the increasing severity of cognitive deficits is offset by decreasing awareness of impairment, and that this may override the increasing severity of cognitive deficits suggesting that as the disease progresses, lead to improve health-related quality of life scores associated with interventions will eventually avoid harvesting tendons on patients or donations from cadavers,” Professor Zheng said.

Ms Annette Hoskin, of the Lions Eye Institute, is QAS that because a child’s visual development continues from birth until seven or eight, the outcomes following trauma are worse in children than adults and affect their career and social opportunities as an adult. Children were at higher risk of ocular trauma because of their vulnerable facial morphology and their visual system. She said simple protective measures like using eye protectors could stop up to 90 percent of ocular injury. But uptake in Australia was slow at just 19 per cent, highlighting a need for further education.

Ms Rachel Jones, Postgraduate Student in the Centre for Genetic Origins of Health and Disease, is QAS that because a child’s visual system develops from birth until seven or eight, the outcomes following trauma are worse in children than adults and affect their career and social opportunities as an adult.

Dr Anett Nyaradi, of the Teledent Kids Institute, is QAS adolescence represents a critical time period for brain development and it is possible that poor diet is a significant risk factor during this period. She was lead researcher in a study by the University of Western Australia, which involved 602 participants between the ages of 11 to 16 years. The study found 26 per cent of participants with mild to moderate dental health problems had better cognitive performance, particularly those involving reaction time/psychomotor function, visual attention, learning and memory. Chips and crisps came in for a particular drubbing: their high consumption was significantly associated with longer reaction times on detection tasks. In contrast to their peers, study participants with a high intake of fruits and leafy vegetables had better cognitive performance.

The West Australian
Adjunct Associate Professor Rachael Moorin, of the School of Population Health, is QAS CT scans should be used with caution and only where necessary. She led a study by The University of WA and Curtin University researchers, who urged caution over the growing use of CT scans, saying it could be putting women and young adults at unacceptable risks of cancer-causing radiation. The study found women were 11 per cent more likely than men to be scanned. The researchers said though CT scans accounted for a only a few per cent of diagnostic procedures, they were responsible for half the radiation exposure that came from tests. Adjunct Associate Professor Moorin said CT scans were a vital test to pick up diseases such as cancer but she was worried there was overservicing of patients who could have a conventional X-ray or MRI instead.
The Faculty of Medicine, Dentistry and Health Sciences

Electives through a lens

A student photo competition that was the first of its kind for the Faculty was such a success that a repeat is on the cards for next year.

The inaugural WA Medical Students’ Society (WAMSS) Elective Photography Competition, a joint venture between WAMSS, the Faculty and the Lawrence Wilson Art Gallery, attracted more than 50 people to the opening night at the gallery in September.

Furthermore, more than 500 people visited the exhibition throughout the following week. Student Affairs Elective Co-ordinator Ms Katherine Edhouse said the number of visitors far exceeded expectations and the feedback had been overwhelmingly positive. “The gallery itself proved a perfect venue for the students to discuss their photos and elective experiences with members of the Faculty and the wider university community, as well as with former graduates and medical alumni,” she said.

The event is a student-led initiative first proposed by 6th year medical student Anni Rogers-Angeles and coordinated by WAMSS Academic Events Coordinator Anthony Rengel, who hosted the opening night. “The aim of the competition is to promote the work of UWA medical students, who seek out unique learning opportunities throughout the globe and act as ambassadors for the University and Australia,” he said. “In addition, it allows students to display artistic talent and to highlight important global health and socio-cultural issues”.

The competition was supported by a grant from the Student Guild and the gallery kindly waived venue hire. Gallery staff, including Cultural Precinct Director Winthrop Professor Ted Snell, provided support and expert advice on curating the exhibition. Contributors to the prizes included Avant, the Medical Indemnity Protection Society and campus photographers Phillips and Father, who have agreed to sponsor in the future.

The photographs were in two categories - loosely described as “clinical” and “aesthetic”. The winner of the WAMSS Elective Photography Prize, as voted by the committee, was Anthony Hew, with Usha Manickavasgar runner-up. The winner of the People’s Choice Award was Sophie Toster, with Sharnice Koek runner-up.

The winners

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The wonders of technology: Anthony Hew took his winning photograph on the hills of Kisizi, a remote Ugandan village bordering the Congo and Rwanda. "It captures a touching moment of Jemma, a visiting paediatrician from the UK, delighting a large group of Ugandan children with the wonders of her smartphone," he said.

Post Resuscitation Care, Swazi style: Usha Manickavasgar took her photo in Swaziland of an infant in post-resuscitation treatment at the Good Shepherd Hospital in Siteki.

Ray of hope: Sophie Toster’s winning photo was taken in a village in the mountainous Mokhotlong region of Lesotho. "This lady is looking out through the door of her home, a circular mud brick hut (Mokhoro) no more than 3m wide," she said. "With no electricity, the door is the only source of light for the home during the day. She earns an income from tour companies who visit her home daily, showing tourists the reality of village life, selling bread, her home-brewed alcoholic drink and snacks and charging mobile phones on two rusty batteries for a fee."

Scottish Highlands: Sharnice Koek undertook her elective in Plastic Surgery at St John’s Hospital in Edinburgh, Scotland. Her photo was taken near the Buckhorn Castle.
Laserining fungal nails, warts and scars

The Faculty’s progressive Podiatric Medicine Unit has moved into a new realm of treatment with a medical laser, used for fungal toenails, plantar warts and scar reduction, on trial in its general patient clinic. The laser - one of the first in WA - should also generate research into its use for certain musculoskeletal conditions such as Morton’s neuroma, which can be a consequence for women wearing high-heeled shoes, among other causes.

Associate Professor Reza Naraghi, a podiatric surgeon in the Unit, said it was top of the line equipment for the treatment of warts and onychomycosis, a fungal infection of the nails which is suffered by up to about 10% of the population. The Unit sees many patients with onychomycosis every week. Students in the Doctor of Podiatric Medicine will use the new equipment in the clinic with patients of all ages. They will also receive lectures on laser physics and safety aspects of using the equipment.

Associate Professor Naraghi said it was less invasive than other treatments for onychomycosis such as oral medications, which were systemic and could cause liver problems, rash and other side effects.

Laser was also more successful than topical medications, which had to penetrate a thick layer of nail to reach the nail bed and eradicate the infection. “Laser is more effective because the laser light can penetrate the nail,” he said. “It is thought the production of heat from the laser kills off the fungal elements. It increases the success of topical therapy and could be used in combination.”

Side effects, which are mainly slight redness or mild swelling, are rare.

Six weeks after the first treatment, the patient is re-evaluated and may need one or two more treatments or, in mild cases, no further visits. Results are usually seen in 5-6 months, which is the time needed for the nail to grow out.

“I am very excited,” Associate Professor Naraghi said. “A lot of patients don’t want to take antifungal oral medications daily for months because of the possible side effects. This does not have any systemic side effects and I think that is the advantage.”

It is also a valuable tool for removing plantar warts. “It has a 1064 nanometer wavelength,” Associate Professor Naraghi said. “By changing the parameters, we can increase the pulse intensity and produce just the right amount of heat, so it kills wart tissue.”

It takes 1-2 treatments, depending on the size of the wart. “It is not necessarily first-line therapy but it is another option,” Associate Professor Naraghi said.

The laser has also been shown to be successful in reducing surgical scars (keloids) that occur in some patients after foot operations.

The $70,000 equipment is on loan from the manufacturer Cutera Australia for a six-month trial, after which the Unit hopes it might be able to purchase it.

The fees charged by the UWA Podiatry Clinic are less than half the average cost of treatment.

The laser is a Cutera Genesis Plus Nd:YAG 1064nm laser.

Answers to the quiz on page 14

1. Ectropion, which is quite common in the aged.
2. The bulbs of these plants when named were thought to resemble testicles, the Greek name of which is orchis, cf. orchitis and orchidectomy.
3. English, Charriere (French) and Benique.
4. 25%.
5. One centimetre in 50 years!

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