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Students take a plunge off Coffs jetty. Coffs Harbour is one of six RCS campuses spread across New South Wales. Photo: Nathan Jamieson



01 MISSION STATEMENT

Acknowledgment of Country

We would like to acknowledge the traditional custodians of the lands, the Gadigal people of the Eora Nation, the Wiradjuri people of the Wiradjuri Nation, the Biripi people of the Biripi Nation and the Gumbaynggirr people of the Gumbaynggirr Nation. We would also like to offer our sincere respect to Elders both past and present.

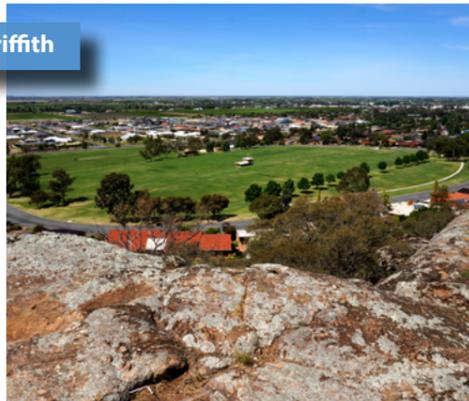
Port Macquarie



Albury-Wodonga



Griffith



Sydney



Coffs Harbour



Wagga Wagga



MISSION STATEMENT

The UNSW Rural Clinical School (RCS) brings world-class medical education to rural Australia, and trains the next generation of rural doctors.

We help set the agenda for medical education across New South Wales and the university, and take part in important decision-making committees in the medical profession and UNSW.

We also carry out cutting-edge research that focuses on rural health, Indigenous health and rural medical education.

Our medical graduates are recognised nationwide as well-trained doctors. These graduates aspire to continue learning throughout their professional careers, and display self-reflection that ensures the fullest learning experience.

Studies show that most of our new graduates plan to spend time practising in the country, graduating with a strong bond to the country and rural medicine.

Our campuses have forged strong relationships with the local community, hospitals and doctors. Over the years our staff and students have had great success working with local communities, hospitals, allied health professionals and doctors to help improve the quality of rural healthcare.

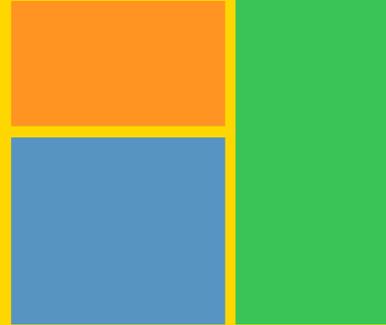
We seek strategic partnerships that help develop the depth and breadth of our school, ensuring our students get world-class medical training.

RCS supports environmentally friendly policies that reduce our school's carbon footprint.

VISION

UNSW will transform the Rural Clinical School into a medical school by offering students the opportunity to study the *first two years* of their medicine program at a rural campus, along with the current final four years. They will be able to complete their entire medical degree in the country without the financial and social burden of moving to the city.

02 ABOUT US



Funding

Most of RCS's operational funding comes from the Commonwealth of Australia through the Department of Health (DoH). In addition, in 2010 and 2011, the DoH provided capital funds through the Rural Education Infrastructure Development (REID) initiative, for the student accommodation at Griffith and the Coffs Harbour campus extension.

In late 2011, we received advice that the Department of Education, Employment and Workplace Relations had awarded UNSW \$20 million to build a Joint Health Education Facility in Port Macquarie.

Health Workforce Australia, another Commonwealth of Australia initiative, has also provided significant assistance for capital investment through the Port Macquarie and Albury-Wodonga campus extensions and additional funding for student clinical places.

We gratefully acknowledge all the financial and other support we receive from the Commonwealth of Australia.

Our Campuses

RCS has five rural campuses, including Albury-Wodonga, Coffs Harbour, Griffith, Port Macquarie and Wagga Wagga, as well as two sub-campuses in Kempsey and Grafton. Our campuses are located near or on the grounds of local hospitals. We also have a campus in Sydney at the Kensington campus.

Student Numbers

RCS accepts long-term students for Year 3, 4, 5 and 6, with most students staying for three years. Our school has an outstanding track record, with most of our students performing on par or better than students who study at metropolitan clinical schools. This is a result of the wide range of committed clinicians, allied health professionals, lecturers and administrative staff in both hospital and community settings who provide our students with first-class educational experiences.

In 2013, 54 students in total entered through the Rural Student Entry Scheme and 12 students entered through the Indigenous Pre-Medicine Program. Of the students who graduated in 2013, about 33% of students had spent a year or more studying at a RCS campus. The number of students studying at the Rural Clinical School has risen significantly since its inception.

In 2013, 178 students were studying at a Rural Clinical School campus.





EXECUTIVE SUMMARY

Dr Lesley Forster, Associate Dean (Rural Health) & Head, Rural Clinical School

Welcome to the Rural Clinical School. In this report we've highlighted some of the many achievements of our students and staff in 2013. We've also included some of the features and activities that have made the UNSW Rural Clinical School the great success it is today.

2013 saw the arrival of six 4th Year students in Griffith to complete their Phase 2 studies there over the full academic year. Previously, students had only been placed in Griffith on a short-term basis. Griffith will be the fifth UNSW rural campus, and will give students the opportunity to be immersed in remote rural areas.

Dr Damien Limberger was appointed Head of the new Griffith campus. This is particularly exciting, as Damien was one of the first students to graduate from the UNSW Rural Clinical School. We also welcomed Cathy Pianca as the administration officer at the Griffith campus.

During 2013, the extensions to our buildings in Albury, Coffs Harbour and Port Macquarie were officially opened. In December, we held a small ceremony to celebrate the 'turning of the first sod' in the \$20 million Joint Health Education Facility in Port Macquarie. These buildings will facilitate delivery of our extended rural placement program ensuring first-class medical training for our rural students.

Thanks to a \$2 million grant from Health Workforce Australia, we established a fully equipped state-of-the-art simulation facility in Port Macquarie, which is a huge asset to our students and the Port Macquarie medical community. A second grant enabled us to establish the RivSim project in partnership with the Murrumbidgee Local Health District, Coast City Country Training, Ambulance Service of NSW, and the University of Notre Dame. We purchased and fitted out an ambulance with simulation equipment, which can be used across the region.

Once again our students have achieved outstanding success. From Port Macquarie, Alison Beaumont was awarded the 'Combined Teaching Hospitals Senior Staff Prize for Overall Performance in Phase 3' and the 'Prize for Phase 3 Integrated Clinical Examination' by the Medicine Faculty. Alison also won the Rural Clinical School prizes – the Sandy Reid Prize for Top of Phase 3, the Peter Reed Prize for Surgery and the James Curran Prize for Medicine. She also received the Port Macquarie Head of Campus Award.

Other outstanding results were achieved by Port Macquarie students Corrina Snedden who won the Faculty Prize for Obstetrics and Gynaecology, and Rebecca Kuehn who won the Faculty Prize for Psychiatry.

Three Albury students were given highly prestigious Dean's Awards for 'Contribution to Community Service'. Nadia Evans and Claire Powell were recognised for their outstanding effort in establishing the Teddy Bear Hospital, which teaches young children not to be frightened of doctors, while John Coombs picked up the prize for initiating the Albury Rural Medical Society.

A highlight of the year was the 'Rural Appreciation Weekend', which was held in Wagga Wagga for the first time. More than 100 medical and allied health students converged in Wagga for the long weekend in October to learn about rural health and lifestyle. Congratulations to the RAHMS students for organising the event so successfully!

We were very pleased with the results of the 2013 exit survey of new graduates. Eighty-nine percent said they intended to spend time working in a regional, rural or remote location once they had completed their medical training. This is a testament to the hard work of all RCS staff and the commitment of the local medical practitioners who give so much of their time and effort to ensure that our students receive a world-class education and enjoy their time in the country.

None of our achievements would be possible without the dedication of our wonderful staff. I would like to thank our Academic and professional support for their enormous contribution to the RCS. In particular, I would like to thank the School Executive Officer, Justine Brindle, who is the backbone of the RCS. I would also like to thank the Dean of Medicine, Professor Peter Smith, who is an unfailing support for the School. I would also like to thank our friends at the Department of Health who have developed and supported this wonderful program from its inception.

This year we launched our new website and social media strategy. You can discover more about us online at rcs.med.unsw.edu.au.

04 PROMOTION OF RURAL HEALTH



Students from rural-based high schools spent a week at UNSW to get an insight into studying medicine. A RCS initiative, the week aims to inspire country youth to study medicine.

Promotion of Medicine as a Career to Local High School Students

Work Experience Programs have been developed at rural campuses for local high school students interested in studying medicine. The students learn what it takes to become a doctor by spending time on the hospital wards, observing what the current medical students are learning and practicing clinical skills.

Each campus also holds a video conference with staff of the Sydney Campus, giving the high school students an opportunity to ask questions about the application and selection process of the Rural

Student Entry Scheme (RSES), scholarships, and accommodation at UNSW.

RCS runs a number of information days for students and career advisers. The Albury campus hosts a 'Career in Medicine morning' each year in May. Fifteen local and district high schools are invited to attend this very popular and informative session.

The Port Macquarie Campus also holds an information session in July for Year 10, 11 and 12 high school students and their parents.

The Health Careers Kit

The Health Careers Kit includes information about all allied health, medicine and nursing programs available at all universities in NSW and a description of each profession. This kit also contains information about scholarships, accommodation, rural and Indigenous entry programs, bridging courses, financial assistance available, and the costs of studying at university.

RCS's Sydney Campus compiles, funds and distributes the Health Careers Kit, which is circulated to all NSW rural high schools, students who attended interviews for Medicine through the Rural Student Entry Scheme (RSES), participants in the Medicine Workshop, and to Rural Allied Health Medical Society (RAHMS) members when they visit rural high schools and Indigenous festivals.

The 2013 edition of the Health Careers Kit can be accessed and downloaded by students on the RCS website.

Current medical and allied health students at UNSW also visit rural high schools to talk to students about the health courses on offer at universities, accommodation, scholarships and how they coped moving to a large city. These rural high school visits are coordinated by the Rural Allied Health Medical Society (RAHMS).



Health Careers Kit 2013



Above: Health Careers Kit, 2013



Rural High Schools Medicine Career Week

The Rural High Schools Medicine Week was held in the July 2013 school holidays for Year 11 students from rural and remote high schools in NSW, with the aim of motivating rural students to study medicine.

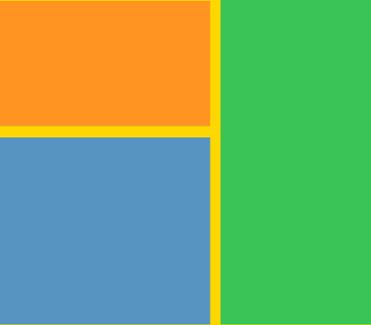
Thirty Year 11 students were selected for the week long workshop based on their interest and motivation to study medicine, as well as their academic record.

During the workshop students took part in a range of activities, including an informative session with the Black Dog Institute, a visit to the anatomy lab, a visit to St Vincent's hospital and a hands-on experience in a clinical session of plastering, suturing and

blood pressure monitoring. Participants were given the opportunity to meet with a number of current UNSW Medicine students and to learn more about the Rural Student Entry Scheme. There was also time for social activities including bowling, trivia and dinner at a local Thai restaurant.

The aim of the workshop is to expose rural students to UNSW. The week showed students what it is like to live in Sydney and the experience of a being a medical student. It also provided them with the opportunity to meet other like-minded peers.

The RCS has been coordinating and funding this workshop for more than a decade.



"Almost everything! Lectures, labs, tours, practical, movies, bowling, social activities. Sophie and Nathan were incredible. Uni students were great help and provided excellent information."

"The whole program has been a highlight. I loved being surrounded by pro-active and intelligent people. I really enjoyed this experience. I really appreciate this opportunity, your work and effort has not gone unnoticed."

"The insight into both the study and work components of medicine. Specifically the hands on anatomy labs."

"I enjoyed looking at the anatomy of the body through the lab and also the disease museum. Also the hospital visit."

"Suturing and anatomy, I want to be a surgeon. Thankyou for this opportunity, this program has confirmed I will pursue a career in medicine. Sophie, Nathan and Emily were helpful and really nice!"

"I really enjoyed the cadavers and anatomy and also the ethics session. I really found all of the information and sessions extremely useful and interesting."

Here are some comments participants made about the 2013 program:

"The hands on activities were very fun, interesting and interactive. They not only let us experience Medicine, they also brought us students together and allowed us to get to know each other better."

"The hands-on things were brilliant. Physically doing the consultations, plastering etc. Sophie and Nathan were also really great. It made it lots of fun!"

"The anatomy lab, simply for the fact that it was so extraordinary and something I would otherwise never experience if I hadn't done this program prior to university."



05 RURAL STUDENT ENTRY SCHEME (RSES)



Overview of RSES

The Rural Student Entry Scheme (RSES) Program is managed by RCS's Sydney campus. It is an entry program for students with a rural background who wish to study Medicine at UNSW.

The scheme's aim is to increase the cohort of rural students studying Medicine and ultimately produce more rural doctors. Students with a significant rural background compete for a separate entry quota of a minimum of 25% of the total places offered in Medicine.

In 2013, 52 students entered Medicine through the Rural Student Entry Scheme. Students who have entered the program may study at UNSW's Sydney campus, or at Rural Clinical School campuses in their clinical years.

To be eligible to apply for the Rural Student Entry Scheme, students must have:

- Gained a minimum ATAR of 91.00. Students who have left school and are studying at university are assessed on a combination of their ATAR and University results (50/50 ratio)
- Lived in a rural area in Australia for a minimum of 5 years (RRMA 3-7)
- Gained a minimum score of 150 (combined raw score) in the UMAT exam
- Australian citizenship or Australian Permanent Residency

Selection into the Medicine Program

Students are selected into Medicine based on their academic score (ATAR or combined ATAR and university results), UMAT score, interview and rural score.

The rural score is based on the rural rating (RRMA) of the family home address and school address from the age of five, as well as responses from the rural focused questions in the interview.

Applicants are selected for interview on the basis of their academic score, UMAT score and rural score. The interview is semi-structured and covers a wide range of relevant issues. For each applicant, there are two interviewers who are drawn from UNSW staff, medical practitioners and community representatives. The interviewers live or have lived in a rural area and have all taken part in training sessions with the Faculty on the interview process.

RCS Sydney campus Executive Officer, **Justine Brindle**, talks about the RSES Program interview process for 2013:

"For entry into Medicine for 2013 the RCS had 106 main round interviews in November 2012, 32 more interviews in early January and 15 interviews in late January for interstate applicants. The RCS received 294 applications.

"The mean ATAR of applicants who accepted an offer in Medicine through the Rural Student Entry Scheme in 2013 was 96.37.

"In 2013, of the 52 students who accepted a place in Medicine through the Rural Student Entry Scheme, 27 students were from NSW, 4 from Queensland, 4 from Victoria, 1 from Tasmania, and 2 from South Australia, at the time of applying to Medicine. 55% of the 2013 RSES cohorts are female.

"The number of Rural Student Entry Scheme students entering Medicine has steadily increased from less than 10 in 1998 to 52 in 2013."

Rheumatologist and Port Macquarie campus lecturer, Dr Michael Prowse (right), guides students through a simulated session - this SIM man/woman can display human qualities like crying, bleeding and vomiting. The 'dummy' has a heart rate and blood pressure, so students can diagnose and treat real conditions in a controlled environment. All the RCS campuses have access to cutting-edge medical training technology.





RSES Student Profile: Isobel Pye

Walgett local, Isobel Pye, knows about the challenges a small country town faces getting quality healthcare, and wants to make a difference. With a strong passion to help her local community and a love of science, Isobel – who is a first year medical student at UNSW – has decided to pursue a career in medicine. Isobel took some time out to tell us her story:

What has inspired you to study medicine?

Well, I really fell in love with the idea of studying medicine at the end of high school. Chemistry, Biology and Senior Science were my favourite subjects, and I just knew that medicine was the perfect fit.

Growing up in Walgett, in the northwest of New South Wales, I remember the doctor only visited our town every two weeks, as they rotated to other towns through the region. Even when the doctor was in town, all the appointments were snapped up quickly. It seemed that people could only get medical attention when it was accessible, rather than when people were actually sick and really needed it.

It wasn't until I began boarding school in Sydney that it really hit me that people in the city can access quality healthcare more easily than people in the country – per capita there seem to be way more medical practices in the city! I couldn't quite understand why people (doctors in particular) didn't want to live in my hometown – an amazing place that means everything to me!

What is it about country life that you love?

I'm so grateful for my country upbringing. Growing up on a property, my days were filled with horse riding, both for pleasure and to muster sheep and cattle for dad. This was often a family activity, as I'd ride together with my mum, dad, and three siblings, and we had over 20 horses to choose from!

This is a common activity for families around Walgett, and we all thoroughly looked forward to Pony Camp every year. I'm lucky enough to have a mum who would drive me all across the country to horse events in Melbourne and Toowoomba, to compete for NSW at two consecutive annual National events.

Can you see yourself returning to a rural or regional setting to practice as a doctor after you graduate for some period of time?

"It might sound like a cliché, but one of the biggest driving forces for me to study medicine is to 'help people'."

It might sound like a cliché, but one of the biggest driving forces for me to study medicine is to 'help people'. If anything, narrowing the gap between rural and urban healthcare is one of my true passions.

I've been able to see this contrast first hand and I feel strongly

ly that I can use this wonderful opportunity to study medicine at a UNSW rural campus to contribute to narrowing this gap.

Having only just begun my first year of study, with five more to come, I can't say for sure exactly where I'll end up working, but I'm certain it will be in a rural setting.

I was very lucky and feel honoured to have received one of two Daniel and Helen Gauchat Residential Scholarships for UNSW rural medical students that will help me pay for my fees this year at Phillip Baxter at Kensington Colleges.

This means I can focus on my studies without having to work to cover my college fees!



Isobel Pye wanders through the Sorghum crop on her family property in Walgett, northwest New South Wales.

06

INDIGENOUS ENTRY SCHEME



Winter School students have a go at taking each other's blood pressure

Indigenous Entry Scheme

The Indigenous Entry scheme is an entry program into Medicine, targeted at Indigenous students. Applicants are selected into the Medicine Program on the basis of evidence of academic ability, an interview and their performance in the Pre-Medicine Program.

Winter School

Medicine is promoted to Indigenous High School students throughout Australia each year through the Winter School program. The Winter School is co-ordinated by the Rural Clinical School and Nura Gili Indigenous Programs for students interested in medicine as a career.

Applicants to the Winter School travel to Sydney and participate in the program across the university. In 2013, 17 Indigenous students from years 10-12 participated in the Medicine Program.

For three days of the Winter School week, the Rural Clinical School organised activities including a visit to the St Vincent's hospital where students toured the Emergency Department, undertook a plastering session with the physiotherapist and visited the Simulation Centre. Back on campus, students took part in a suturing session and practiced taking blood pressures, visited the Museum of Human Diseases, and took part in a scenario group activity.

Indigenous Student Policy

The Rural Clinical School actively carries out policies aimed at increasing the number of Indigenous students studying Medicine at UNSW. The Sydney's RCS Campus is involved in the recruitment, selection, and support of Indigenous applicants. The Medicine Program at UNSW reflects the Committee of Deans of Australian Medical Schools Indigenous Health Curriculum Framework – it addresses local and national needs to enhance the understanding of, and commitment to improving the health of Indigenous Australians.



The 2012 Winter School class strike a pose outside St Vincent's Hospital after getting hands on experience in a few basic medical procedures.

Pre-Medicine Program

Each year the RCS and Nura Gili run the Pre-Medicine Program (PMP), a four-week course held in Sydney in November and December. This is an intensive program where lecturers teach the typical subjects of the Foundations course, which is the first course of the Year One Medicine Program.

Students have to submit a group project for assessment and sit an exam at the completion of the program. In the fourth week Nura Gili Indigenous Programs and RCS assess the students' overall performance, and select students who will be offered a place in the Medicine Program the following year.



The Pre-Medicine Program class celebrate their graduation.

Indigenous Entry in 2013

In 2012, 19 Indigenous students were accepted into UNSW's Pre-Medicine Program (PMP).

Out of the 19 students, 12 successfully completed the PMP and were offered a place in UNSW's Medicine program for 2013.

The students who were not offered a place were advised to start a Bachelor of Science degree at UNSW with the RCS helping to select subjects, or to complete a bridging program at a university close to their home and to re-apply to the PMP the following year.

In 2013 there were 44 Indigenous students enrolled in UNSW's Medicine program. In 2013, 20% of all Australian Indigenous medical students were enrolled at UNSW, which accounts for the largest percentage of Indigenous students studying medicine at any Australian university.

Balnaves Scholarships

In 2013 an Indigenous student was awarded the Balnaves scholarship, which gives the student \$25,000 per annum for their entire degree. UNSW now has five Balnaves scholars thanks to the generosity of Dr Neil Balnaves (OA) of the Balnaves foundation.

In 2013 the new Balnaves scholar was Cassie Jennison. Cassie explained how being a Balnaves Scholar changed her life:

"Being an Indigenous student from rural NSW, it would have been impossible for me to study Medicine having to live so far from home with the added financial stress of travel costs, living expenses and accommodation. However, it's safe to say that the Balnaves Scholarship has given me more than financial freedom; allowing me to dedicate myself to my studies, live on campus and get in-

volved in programs and committees I otherwise wouldn't take part in. After seeing my experiences at UNSW and being consistently earbashed at family events, two of my siblings are now considering undertaking degrees through Nura Gili.

"My motivation to study Medicine hasn't been to make money or be famous but to eventually work with, and give back to, my community. My plan is to spend the remainder of my degree at a Rural Clinical campus for Medicine to enable that dream; one I know will be possible with the enduring support I've received from Neil Balnaves, Nura Gili and the Rural Clinical School. I am continually grateful for this opportunity and amazed by the incredible people making this possible for myself and other Indigenous students."

Below are some reflections on the Pre-Medicine program from the class of 2013:

"Support from all members. Supervisors were great. Nura Gili staff members were great. Majority of lectures delivered was of high standards. Each teacher pushed me to the best of my ability – in particular reference to Prof Phil Jones."

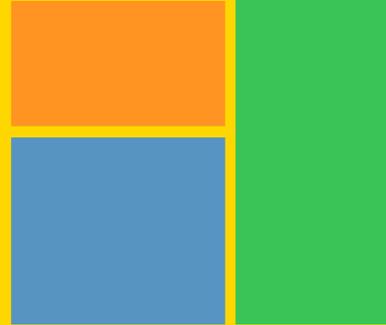
"The amount of support we received was fantastic - from the Nura Gili staff, tutors, lecturers and Gwyn - felt very supported the entire way through. It was extremely well organised and planned as well. It was also great to meet such a diverse group of people and work with them in a close way."

"Getting to learn new information and extend upon info I already knew. I also liked that the program confirmed in my mind that medicine was something I wanted to do, as the content etc was all interesting and enjoyable. The support from everyone (Nura Gili, supervisors, Rural Clinical School) was also good."

"Nura-Gili has a great culture and was very welcoming. The Rural Clinical School was also very welcoming and helpful."

"It was a really fantastic opportunity and I'm so glad I was able to be involved. I thought it was a really great program in terms of how well it was organised and the quality of the teaching we were exposed to."

"Overall the Pre-Medicine Program was a huge success. Thank you for the opportunity. It has taught me very useful information and I have gained support from many of the lecturers and staff."



Indigenous high school students try their hand at a plastering session during RCS's Winter School.

Australian Indigenous Doctors Association (AIDA) UNSW student representative for 2013 – Jessica Wade

I had the pleasure of organising a mentoring night with Dr. Ryan Dashwood who is a senior Registrar in the ED department Prince of Wales (POW) hospital. The night provided an opportunity for UNSW Aboriginal and Torres Strait Islander medical students to meet and 'have a chat' with registrars from POW hospital. There were 20 medical students and 10 doctors who attended the night. The registrars were from a range of disciplines including, surgery, paediatrics, drug and alcohol medicine, obstetrics and gynecology and medicine.

Students enjoyed an informal night at the Royal Hotel in Randwick, and said the relaxed atmosphere allowed them to engage more confidently with the doctors.

"It was great to be able to talk with doctors outside of the hospital setting. I was able to ask career questions without feeling stupid or inferior like you do sometimes on the wards," said one student.

The night provided an opportunity for students and doc-

tors to develop professional relationships. Some students exchanged numbers and emails with the doctors and plan to keep in regular contact.

I feel that building these type of mentoring relationships with doctors is important for Aboriginal and Torres Strait Islander medical students as it gives them the ability to see beyond the hardships of university life and gain insight into their future careers.

"I spoke with a wonderful doctor who told me about her work-life balance strategies," said another student. "She has a young child and is job sharing at the moment – I didn't know job sharing was an option."

"It's great to hear about medicine and the real world and how people cope with incredible workloads and life, I also got to learn about what happens after you finish medicine and the different paths I can take to where I want to go as a surgeon," another student reflected.

UNSW Indigenous student, Guy Dennis, talks about his ILP year:

My ILP year (2013) was a valuable experience as I was able to examine quite an under-researched topic within the Australian medical context. The topic was "unconscious racial bias", in particular focusing on the Australian medical context.

I was privileged to be able to work under Associate Professor Kelvin Kong and Associate Professor Craig McLachlan. I learnt a lot from the both of them, both about how to conduct a research paper as well as clinical experience and an insight into Ear Nose and Throat (ENT) surgery with Dr Kong.

Within the first part of my ILP I completed a literature review broadly on the topic of unconscious racial bias within the medical context and soon found a knowledge gap within Australia. Unconscious racial biases have been defined as normal and rooted within stereotyping and are part of cognitive processes that everyone uses autonomously through day-to-day interaction.

What I found interesting about this automatic cognitive process was that although it is normal to have one, if it were to impact an individual's professional interaction with a client or patient, it could diminish the outcomes of the interaction, such as within the doctor to patient relationship.

"If people recognise their own unconscious bias when interacting with an individual from another racial or cultural background, especially in a healthcare setting, it can benefit both the patient and the doctor."

I found America had published a couple of papers measuring unconscious racial bias of both their medical students and doctors and in fact established there was detected bias amongst the cohort assessed.

Also it had been found that

these biases had even impacted the delivery of treatment of intra-venous thrombolysis between black and white patients. In light of this detected bias however, it was suggested that such unconscious thought processes, if recognised, could improve the interaction.

After completing the literature review, I then went on to work closely with Associate Professor Kelvin Kong and Associate Professor Craig McLachlan designing a pilot study to assess unconscious racial bias, facial imagery and emotional recognition amongst university students. The pilot study aimed to compare Indigenous and non-Indigenous university students' abilities to self-assess and rate Aboriginal facial images across different ages, gender and emotive content.

Overall I enjoyed participating in research and hope that more people will recognise and continue to add to the body of literature surrounding unconscious racial bias within the Australian medical context. I believe if people recognise their own unconscious bias when interacting with an individual from another racial or cultural background, especially within a healthcare setting, it can benefit both the patient and the doctor.

Indigenous medical student, Guy Dennis, takes some time out with his daughter, Harlow.





Students get textbooks - Left, Lachlan McLennan, Morgan Haines, Right, Ayrton Sheehan

Tutoring Programs

The Rural Clinical School Sydney Campus arranges individual and group tutoring for Indigenous and Rural Student Entry Scheme (RSES) students who face academic challenges or health issues. The RCS employs senior current rural and local students as tutors. All RSES students who have struggled academically in a course are contacted by the RCS, and a support program is established which may involve tutoring, one-on-one sessions at the learning centre for study skills and/or emotional support through counselling offered by UNSW and the Faculty.

Students tell us about how tutoring has helped them reach their academic goals:

"Just a quick email to let you know how tutoring is going. Finally managed to pass my exams, which I think can be attributed to tutoring."

"Just letting you know about how the tutoring is going. I've had 2 sessions with *** already, and it's really going well. It's really helped me with my understanding. Thanks so much!"

"Just letting you know that *** has been in touch with me about tutoring. Thank you for organising this so promptly, and for all your support and advice last week; It was really helpful and much appreciated."

Student Room

The student room at the Rural Clinical School Sydney Campus is a very useful resource for RSES and Indigenous students. Students have access to computers, a printer, a study/tutoring room, textbooks and clinical skills equipment. As the student room is located next to the staffs' offices it allows students to have a channel of communication with staff whether it is for questions about the Medicine program or to discuss scholarships. The room also contains leaflets and booklets about upcoming events at UNSW, RAHMS events, scholarships, rural health newsletters and media clippings.

Resources to Borrow

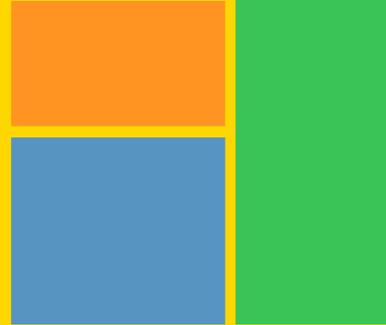
RSES and Indigenous students can also borrow a range of resources, to assist them in their studies while they are on campus or at home. There are educational DVDs and videos, all the prescribed textbooks for Phase 1, stethoscopes, sphygmomanometers, otoscopes and lab coats. Students can also borrow a laptop until they are able to purchase a computer themselves or until theirs is fixed.

Textbook Packs for 1st year Students

The RCS awarded ten 1st Year RSES students, who met specified criteria, with a textbook pack. Each pack contained nine textbooks that older students had indicated were the most useful for Phase 1 courses. The students were very excited and grateful to receive the packs.

In the previous year, 1st Year Indigenous students were also given a range of textbooks that they had not yet purchased.

08 RURAL CAMPUSES



RCS medical students reach for the sky outside the RCS campus in Albury.

Read on to discover what 2013 had in store for UNSW's rural clinical campuses:

Albury

2013 Summary by Head of Campus, Dr Peter Vine

We celebrated another stage of the development of the campus with the opening of the extension to the original building by Senator Ursula Stephens. Funded by a grant through Health Workforce Australia, the extension was essential to support the programs for the nearly 50 students at the campus and has provided enhanced skills laboratories, extra tutorial rooms, and quiet study rooms, as well as a generous common room and outdoor area.

The students have commented most favourably on the environment for study.

The students themselves, as in previous years, have been involved in a variety of activities in the community including tutoring Indigenous students in high school, and the Teddy Bear Hospital, which is designed to inform young children about what happens when you go to the doctor or to hospital. The students are to be congratulated on this incredible effort.

Once again our tutors have given their time generously for the benefit of the students and have been joined through the year by several new consultants who have

all come to the School within days of commencing practice offering to be involved in the teaching program.

Our relationship with our fellow universities in town have continued, this year with our 5th years joining with their colleagues from the Wagga campus and the Veterinary students from CSU for a combined study day on diseases related to animals.

Tutors for this program were Dr Jane Heller from CSU vet school and Prof Hazel Mitchell and A/Prof Debbie Marriott from UNSW.

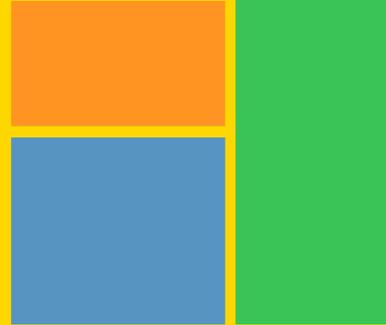
"We look forward to the new challenges to the campus with the changes to the new exiting MD degree which will increase the number of students wishing to do their ILP year in Albury-Wodonga in their 4th year."

While he was farewelled from practice as he has now retired, we were delighted that A/Prof John Douglas continues his association with the campus. John has been part of the School from the beginning, in fact even before it started as he was on the original planning committee. We are delighted that the students will continue to receive his wise counsel.

We look forward to the new challenges to the campus with the changes to the new exiting MD degree which will increase the number of students wishing to do their ILP year in Albury-Wodonga in their 4th year.



Albury and Wagga students put on a Teddy Bear Hospital for kids at a local primary school. This great initiative helps kids see that healthcare can be fun and doctors cool.



Coffs students soak up some rays on Coffs Harbours' world-famous jetty.

Coffs Harbour

2013 Summary by acting Head of Campus, Dr Alison Seccull

Not surprisingly, 2013 has been another packed year in Coffs Harbour. Here's just a taste of what happened at Coffs this year:

Student achievements

We were pleased and proud to graduate 16 students this year and also welcomed a record number of students to the school.

With our mission to increase the number of new graduates choosing regional Australia as their workplace of choice we were also very happy to see local graduates fill three of the intern positions at Coffs Hospital. Our graduates also headed to other areas of regional New South Wales including Tweed, Wollongong and Newcastle. Previous students have also returned and include one of the two GPs in Dorrigo and a senior ED registrar.

Staff and students had a number of original articles published in a wide range of areas including Forensic Medicine, Anaesthetics and Rheumatology.

Community events

The school successfully participated in a wide range of community events.

Fifth years put over 30 local high school students through their paces in the skills labs at the Careers Information night. The evening was also attended by parents and careers advisors. This has been a successful event for some years now and several of our students have come to the school having been previous attendees at the careers night.

Students were also on hand to answer questions at the Health Careers Expo and the general Careers Expo. Pathways into medicine and after graduation were some of the topics they provided advice on.

The opening of the new iSim Centre at Coffs Harbour Health Campus has been enthusiastically embraced by our students. We are delighted to have such state-of-the-art technology on our doorstep and are enthusiastically incorporating simulation training into the curriculum.

A specialties career night was held for our own students. This was very well supported by our local consultants and is becoming a regular feature on the Coffs calendar.

Phase 2 student Nigel Beetson was our representative at the "Who you gonna call" health and disabilities forum for the Coffs Aboriginal community and also carried out cultural awareness training for local hospital staff.

Students and staff were again enthusiastic volunteers in Relay for Life with a large sum raised for Cancer Council.

On a more serious note, one of our students put her ALS skills into practice, being one of the first on the scene at the arrest of a hospital staff member. She was able to play an important part in the successful resuscitation.

Staff events

Our campus welcomed administration staff Lisa Barker and Shani Bienefelt to the campus this year. Lisa comes to us from the Human Rights Commission in Sydney and Shani has recently returned home from Hobart. They are both an asset to the school and have become part of the fabric of campus life remarkably quickly.

We marked the retirement of Dr Robin Jelliffe this year. Robin has been with the school since its inception and is a legend amongst both staff and students. He has received the teacher of the year award and is well known for his ability to find cases for the students (helped by several staff at the hospital who he personally delivered!).



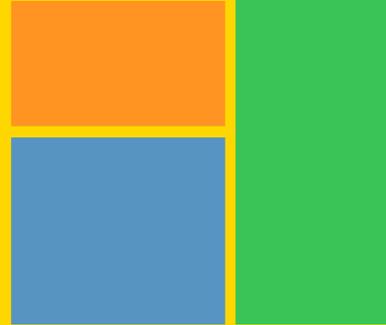
Dr Robin Jelliffe

Robin has had a long and varied career, being one of only four doctors in Coffs Harbour when he started here in the 1960s and performing surgery and obstetrics, as well as general practice duties. His previous postings included a stint in Nigeria which provided him with some fairly eye-watering stories! We thank him sincerely for all his efforts for the school over the past decade.

On a very sad note – we farewelled administrator Karen Jackson's daughter, Steph, after a long struggle with cancer. Steph was an inspiration to all with her no nonsense attitude and absolute determination to make the most of life despite her illness. You are greatly missed.



Steph Jackson



RCS students, and Dr Damien Limberger (far left) get into the spirit of Griffith's annual citrus fruit festival.

Griffith

2013 Summary by Head of Campus, Dr Damien Limberger

The RCS Griffith Campus underwent a significant expansion in 2013. UNSW's investment in the Griffith Campus has led to an increased capacity and ability to provide excellence in rural health education to medical students in the Griffith area.

RCS has had a long standing presence in Griffith. Rotating Phase three medical students have been attending clinical placements at Griffith Base Hospital in medicine, surgery, emergency, paediatrics and obstetrics and gynaecology. In 2012 the RCS planned to place six Phase two students in Griffith for the entire year commencing in 2013. A significant expansion of the Griffith Campus was undertaken to enable us to deliver the phase two curriculum.

Cathy Pianca joined our campus as the Griffith Administrative Assistant. Cathy has facilitated the expansion of the Griffith Campus and has coordinated the student's curriculum. She has ensured that the students have settled into Griffith and have met their learning requirements. Her contribution to the Griffith Campus has been

greatly appreciated.

UNSW purchased the RCS building on Noorebar Avenue located opposite the Griffith Base Hospital. The property was extensively renovated to provide administrative facilities, three lecture rooms equipped with video conferencing facilities, a student computer lab, common room and kitchenette.

A property was purchased on Clifton Boulevard and expanded to provide accommodation for the six students allocated to Griffith. The property is located in a new and popular suburb of Griffith. It is situated at the foot of the Scenic Hill Reserve which has various walking and cycling trails and lookouts.

The Griffith Campus has recruited additional academic staff as conjoint lecturers. Local clinicians from each department at Griffith Base Hospital, as well as clinical nurse and midwifery educators and aboriginal health officers have been appointed to provide a multidisciplinary rural health education for students.

Six Phase two students commenced their placement at Griffith in March 2013. Rotating Phase three students were temporarily withheld from coming to Griffith in 2013. This decision was made to facilitate the proper implementation and delivery of the Phase two curriculum.

The Wagga Wagga campus has supported Griffith by providing lectures by video conference to the Griffith students. The clinicians in Griffith have focused on providing excellent clinical placements with an emphasis on procedural and skills training. A multidisciplinary team based approach to rural health education underpins the learning experience at Griffith.

Students are encouraged to experience the diversity of rural health care through a breadth of clinical attachments.

The 2013 student cohort provided great feedback regarding their learning and experience in Griffith. The Griffith Campus continues to build on providing excellent rural health education within a supportive rural environment.

"Living in Griffith is great, the food's amazing and there's a really friendly vibe here. You get set up in an awesome home with other med students from your year, and we've become really good friends over the year."

"The best things about studying in Griffith are really the amount of opportunities you get here compared to what I've had so far in Sydney. I've had the opportunity to do so many procedures which I haven't done before. As well as that, there is a great team of doctors out here who are more than willing to take the time to teach, which is so very different to what I've had so far."

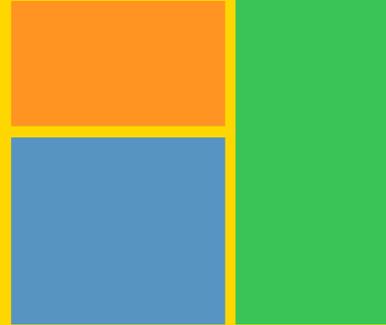
Peter Bradhurst, 4th Year Medicine Student, UNSW Rural Clinical School, Griffith Campus 2013



Griffith students during sim session.



Griffith's class of 2013 get down and dirty on a farm trip near Griffith - and also learn about important health issues that farmers often face, and how to deal with them.



Port students bust out some moves near Port Macquarie light house lookout.

Port Macquarie

2013 Summary by Head of Campus, Dr Alexander McColl

2013 was an exciting year at the Port Macquarie campus. Sixteen bright young medical students graduated from the Rural Clinical School to continue their medical training. Notable among the graduates were:

Alison Beaumont who won a number of Faculty prizes including:

- Combined Teaching Hospitals Senior Staff Prize for Overall Performance in Phase 3 - Faculty
- Prize for Phase 3 Integrated Clinical Examination (Faculty)
- Sandy Reid Prize (RCS)
- Peter Reed Prize for Surgery (RCS)
- James Curran Prize for Medicine (RCS)
- Port Macquarie Head of Campus Award

Corrina Snedden who won the Faculty prize for Obstetrics and Gynaecology, and Rebecca Kuehn won picked up the Faculty prize for Psychiatry — Congratulations and best wishes to all the graduates!

Port Macquarie student, Andrew Julian – awarded UNSW's first Indigenous **Balnaves Scholarship** – graduated and will continue his medical career.

In January 2013 MediSIM Port Macquarie opened. This is a state-of-the-art simulated learning area which allows stu-



Alison Beaumont receives award from Dean of Medicine, Prof Peter Smith

dents to gain practical experience through clinical scenarios in a risk-free environment. New staff members Donna Hughes, Kellie Strahorn and Rebecca Eakin provide simulated learning sessions for students from Years 4 to Year 6.

Port Macquarie campus was pleased to open its new extensions funded by the Commonwealth government. Student numbers at the rural clinical school have doubled in size since 2007. The new extensions include small-group tutorial rooms, an expanded outdoor learning area and a 110 seat tiered lecture theatre.

The Joint Health Education Facility [JHEF] is in full swing. Building plans have been finalised with turning of the sod in December 2013. This facility

will provide the infrastructure for Port Macquarie to deliver all six years of the UNSW medicine program in the future. Thus, a student would be able to undertake the entire UNSW medicine program at the Port Macquarie campus.

Port Macquarie welcomed Tony Jordan – Executive Assistant to Head of School, Dr Lesley Forster.

Students also took a break from studies and got involved in the local community. Activities included sporting teams, volunteers at Port Macquarie Ironman, Teddy Bear Hospital Sessions, Trivia Night and an innovative student-led program of tutoring high school students

On a very sad note, on December 8, 2013 medical student James Kelly tragically passed away while on his Elective term in Tanzania. James came to Port Macquarie in 2012. Always smiling, always upbeat, a true original – we were lucky to share two years with James. He will be missed by all his friends in Port Macquarie.



Breaking new ground at the JHEF building site.



Ty has been with the Port Campus since Year 3 and will be graduating in 2014. It is particularly satisfying to see a "local" student return to home base to be able to complete 4 years of the medicine program. We asked Ty what he liked about being here:

"We are a community here. When one of us needs help, there are ten smiling faces ready to take a punch for you. Everyone watches out for each other. Winners have humility and those struggling are never too proud to look for help. There is no hierarchy. Beers can be enjoyed by anyone. We celebrate together and we mourn together. This place lives and breathes as any organism would. And it's still growing. The single most important thing to me is the connection we share here.

Knowledge is passed on and inspiration is formed off the back of kind-hearted, genuine people. This community is ingrained in me and I chose Port Macquarie for this very reason."



Wagga RCS students take part in a simulated emergency incident.

Wagga Wagga

2013 Summary by Head of Campus, A/Prof John Preddy

Redevelopment of the Wagga Wagga Base Hospital

Several years ago the State and Federal Governments committed \$270m to the redevelopment of the Wagga Wagga Base Hospital. The first phase of this has now been completed and consists of a 50 bed Psychiatric hospital including an outpatient facility. The second phase is now well underway and due to be completed in 2016. Phase 2 consists of a completely new clinical block with accommodation for all specialities.

Once this has been completed there is a plan to redevelop Rehabilitation and Allied Health. The redevelopment will provide excellent clinical facilities and teaching facilities on each ward.

Community Activity

The local community strongly supports Wagga campus, giving students a unique insight into Wagga's community and exposing them more widely to community healthcare. We are fortunate that Wagga Wagga has a large campus of Charles Sturt University and many other vocational training facilities. This affords our students ample intellectual and social activities.

Wagga Wagga is also home to a small campus of the University of Notre Dame Rural Clinical School, and our students benefit from our ongoing teaching-based relationship with the university.

All the staff and students at the Wagga Wagga campus wish to take this opportunity to thank the community of Wagga Wagga, and in particular, the medical community including doctors, nurses and allied health members for all their effort and support.



Wagga's graduating class of 2013 take a break after final exams.

Staff Updates

In 2012, Melissa Van Lierop took up a position as Senior Administration Officer (essentially in charge of the whole campus!). Mel is doing an excellent job as the campus continues to go from strength to strength.

Awards Night 2012

The Annual Awards Presentation was held on Wednesday evening, 21st November 2012 at the Rural Clinical School. It was a great opportunity to recognise the achievements and successes of all students, in particular, the graduating Year 6 students.

Graduates took up Internships at various hospitals including St Vincent's, Royal Prince Alfred, St George, Royal North

Shore and Sutherland Hospitals. Four students began their internship at Wagga Wagga Base Hospital.

Farm Day 2013

In April, Phase 2 students spent a day visiting a farm at Holbrook, southern NSW, to better understand the complexities of rural industry and gain insight into the lifestyle and hazards of living and working on a farm. They met up with students from the Albury campus at their first stop for the day, the shearing shed, which was in full swing on that day. Students watched on as shearers demonstrated the art of shearing a sheep, discussing later the perils of working in that environment.

They learnt about common farm-related injuries and were regaled with stories of years gone by working the sheds. Next stop was the machinery shed with a selection of tools and equipment used daily on the farm, highlighting just how dangerous farm life can be. A local Vet spoke about zoonosis, highlighting some of the hazards of working with animals and raising awareness about the medical treatment of patients who engage in this work.

Academic Appointments 2013

A/Prof Rakesh Seth

In 2013, A/Prof Rakesh Seth was appointed Chair of Paediatrics with Murrumbidgee Local Health District (MLHD) and Coordinator of Paediatric Teaching Phase 3 at Wagga Wagga campus. His experience is considerable in Paediatrics and Neonatology in hospitals in Australia, UK, Northern Ireland and India. He has a keen interest in developmental paediatrics, intensive care management and pre retrieval stabilisation of sick babies and children. A/Prof Seth is also undertaking some clinical work and research.

A/Prof Rashid Hashmi

A/Prof Hashmi has been appointed Coordinator of Radiology/Anatomy at Wagga Wagga campus. A/Prof Hashmi has worked extensively in Radiology in Wagga Wagga at Riverina Imaging and overseas at Nagasaki University Hospital, Japan, Aga Khan University Hospital, Pakistan, Civil Hospital, Karachi, Pakistan and Jinnah Postgraduate Medical Centre, Pakistan. He also has numerous publications and has presented at various conferences around the world. A/Prof Hashmi has compiled a comprehensive program for Radiology across Phase 2 and Phase 3.

09 OUR GRADUATES



New graduates from Albury campus, beaming.

RCS graduates keen to practise in the country

Of the entire graduating class of 2013 in UNSW medicine, 69 students spent at least one year studying at a rural clinical campus (see Figure 1).

This reflects our success in attracting more UNSW medical students to study in a rural setting. Studies show that the longer medical students spend studying in a rural environment, the more likely they are to return to practise in the country.

There has been a steady upward trend in the number of students taking part in the rural medical program, from 115 students in 2009 to the current 178, an increase of 36%.

“This reflects our success in attracting more UNSW medical students to study in a rural setting. Studies show that the longer medical students spend studying in a rural environment, the more likely they are to return to practise in the country.”

In an exit survey for the 2013 new graduates, 89% said they intended to spend time working in a regional, rural or remote location once they had completed their medical training (see Figure 2).

Again, this demonstrates RCS’s efficacy in exposing students to country life and a world-class medical education, inspiring many students to settle in the country to work as doctors. This helps ensure rural communities have access to highly-trained doctors and quality healthcare, redressing the imbalance in the standard of healthcare between urban and rural regions.

Figure 1 shows a steady upward trend in the number of UNSW medical students who spend at least 1 year studying at a rural campus.

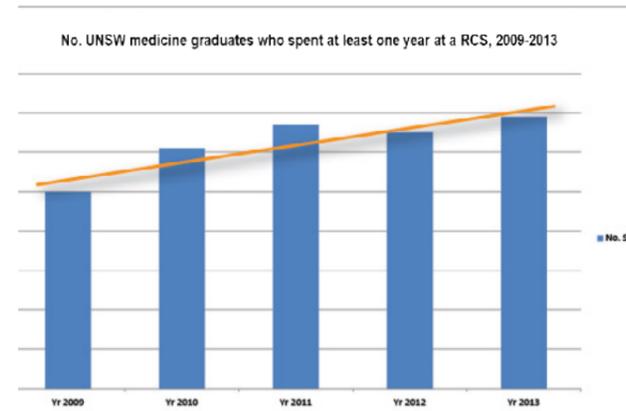
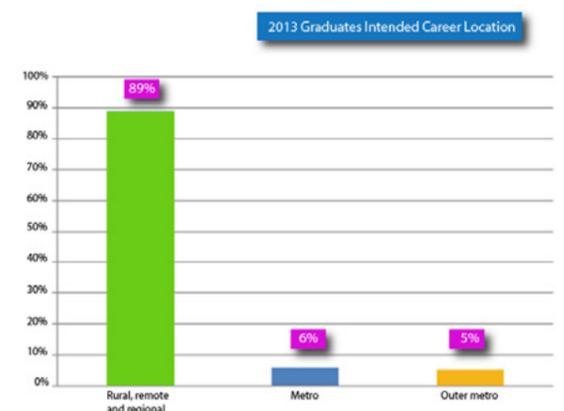
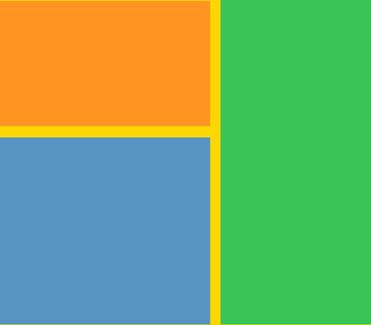


Figure 2 reveals that 89% of new RCS graduates want to spend time practising in the country once they complete their medical training.



The graduating class of 2013 celebrate.

10 AWARDS & ACHIEVEMENTS



Coffs' students celebrate 2013 Awards night.

The James Curran Prize for Medicine	Alison Beaumont
The Peter Reed Prize for Surgery	Alison Beaumont
The Sandy Reid Prize	Alison Beaumont
The Graham Turner Bursaries Prize	JP Coombs, J Davey, NT Evans, M Hannaford, NR Hicks, K Nicholls, C Tindale (shared)
P3 Integrated Clinical Examination Prize 2013	Alison Beaumont
Combined Teaching Hospitals Senior Staff Prize 2013	Alison Beaumont
Researcher of the Year	A/Prof Craig McLachlan
Teacher of the Year	Dr Peter Vine
Dean's Award for Community Service	Nadia Evans
Dean's Award for Community Service	Claire Powell
Dean's Award for Community Service	John Coombs



SECTION 10 AWARDS AND ACHIEVEMENTS



The Dean of Medicine, Professor Peter Smith, presents Alison Beaumont with her award.



Nadia Evans wins Dean award for 'Contribution to Community Service'.



Claire Powell wins Dean award for 'Contribution to Community Service'.

Dr Maya Eamus with her daughter, Abigail.



Alumni Profile: Dr Maya Eamus

Born in Fiji and raised in Darwin, Maya Eamus was aware of Indigenous and complex healthcare issues from an early age. As a young girl she often saw people from marginalised communities struggling to get access to healthcare, and dreamed of being a doctor so she could help. In 2010, Maya joined the UNSW Rural Clinical School at Wagga Wagga to pursue her dream. But her journey was difficult at times, and with her husband and two young kids, she worked hard juggling her family commitments, medical studies and part-time work. Maya tells us her story.

Since I was a young girl, I've loved caring for people and animals – as a kid I had countless baby animals all over the place, causing my parents constant grief.

In the Northern Territory, where I grew up, I quickly became aware of the Indigenous health crisis. It's so in your face that people often become numb to it. I remember as a teenager seeing an itinerant "long grasser", or homeless lady who had passed out on the footpath. People were so used to seeing it they just stepped over her. I dreamed of helping these people by becoming a doctor – and I've achieved that dream.

But my journey to this point hasn't always been easy.

I had my baby son, Finlay who's now 5, in the 4th year of my medicine degree at UNSW's Sydney campus. My partner, Shannon, who was studying law, had to quit his studies to support us, and found a job at an ice cream shop. Living in Sydney was pricey – we were broke, struggling to make ends meet and I thought I'd have to drop out of my degree to help pay our bills.

Through the grapevine, I heard that UNSW Medicine's Rural Clinical School gave students broad support and had smaller class sizes than the city-based medicine degrees. We also thought the cost of living and job availability might be more attractive in the country.

We agreed to take the plunge, and in 2010 we moved to Wagga, when I was in the final year of my medicine program. It took time to settle in, but now I know it's the best thing we ever did for the family, and for my career. I received the support I needed at the Wagga campus, my partner found a full time job, and life improved all round.

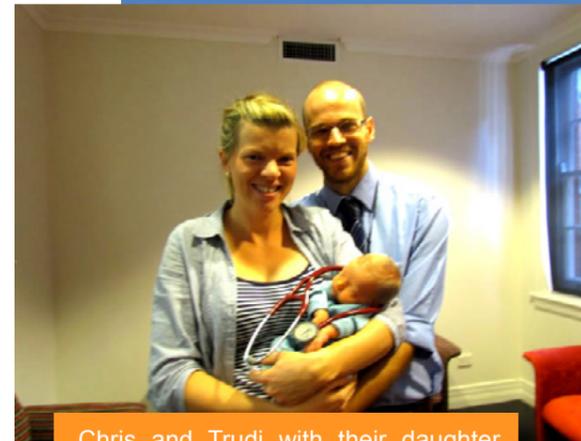
In Wagga I wasn't just a nameless student. Everyone knew me, and we became like a big extended family. I was in the graduating class of 2011 where we worked together towards our exams as a group and all passed. UNSW's Rural Clinical School provides a world-class medical education to its students across rural and regional New South Wales – there's no doubt I gained hugely from this comprehensive approach to medical studies.

I had my second child, Abigail who's now 2, at the end of my first postgraduate year. With two young kids, and a

busy schedule at the hospital, life was a roller coaster ride for the whole family. But we plugged away, and I've almost completed a year as a senior medical officer focusing on paediatric and obstetrics at the Wagga Base Hospital.

I'm now a GP registrar for the Australian College of Rural and Remote Medicine, and am doing a Diploma in Child Health this year through Sydney University and Westmead Children's Hospital. Next year we're moving to Gundagai where I've accepted positions at the medical centre and at the Gundagai District Hospital.

Alumni Profile: Dr Chris Mumme



Chris and Trudi with their daughter, Eloise.

WHERE ARE THEY NOW? Dr Chris Mumme, Registrar, WWBH

In 2006, Chris arrived as a keen young Year IV student from Kensington campus. Sydney was his home town. He stayed on at RCS Wagga Wagga completing his studies here in 2008, and had settled in so easily that he completed his Internship and Residency at Wagga Wagga Base Hospital (WWBH). Chris spent 12 months away from Wagga to work in Albury-Wodonga doing a mixed year of part time emergency work and spending some quality time with a special girl based at the Albury RCS campus.

2012 was a significant year. Chris was back at WWBH as an Anaesthetic Registrar, an area in which he is pursuing a career. He completed his primary exam that year, married that special girl, Trudi Beck (then an intern at WWBH) and competed in the Hawaiian Iron-man event following a heavy training program. The event involved a 3.8km swim (no big deal as Chris was a national champion swimmer in his

teens) a 180km bike ride (he is also a very accomplished cyclist) and concluding with a 42.2 km run — an Olympic marathon. Chris finished with a time of 10 hours 22 minutes. To build towards this peak, Chris had trained and competed in events at Port Macquarie in 2009, 2010 and 2011 as well as Lake Taupo, New Zealand in 2010 and 2011. As a student, Chris coached and played water polo with a local Wagga team while also competing now and then in road cycling.

In April 2013, Chris and Trudi welcomed baby Eloise to their world — perhaps their greatest achievement. They've all settled very well into family life. Eloise is a gentle, inquisitive baby who delights everyone she meets.

For both Trudi and Chris, the future is busy, and they will soon move on to Canberra. Chris will undertake Anaesthetic training at Canberra's Calvary Hospital and the Canberra Hospital while Trudi will be busy with completing an O&G diploma for 12 months then GP training in Canberra.

It's always nice to have a happy ending, so here it is: Chris and Trudi hope to return to Wagga to settle permanently in just over 3 years' time. Everyone at the Rural Clinical School campuses of Sydney, Wagga and Albury and all those who have worked alongside them are thrilled by their successes so far, and will be very happy to see them return to Wagga in the future.

Lilian Zou on Life in Kempsey

Fifth year medical student, Lilian Zou, talks about her placement in Kempsey:

I remember telling my mother I was doing my rural placement in “Kempsey”, to which she replied “Campsie? I didn’t know that was rural! How convenient!” Whilst the two places sound familiar, they are very, very different.

I went to Kempsey with two other UNSW medical students, and shared a 3-bedroom house with them that was approximately a 5-minute walk from the hospital (Kempsey District Hospital). It was actually a really nice house! There is a massive TV and a well-stocked kitchen, including an oven for people who like to bake (from personal experience, this will make you very popular at hospital). We even semi-adopted our neighbour’s over friendly dog who would often chill out in our backyard and beg for food.

A typical day

We’d wake up around 7am for ward rounds, which started at 7:30am. Even though the hospital was only a 5 minute walk away, we actually ended up driving to hospital more times than we are proud to admit. It’s cold in the mornings and we aren’t really morning people...

Depending on the number of inpatients, ward rounds with the consultant and resident went til 10am. Afterwards, our consultant would give us

a one-hour tutorial on anything we wanted, often interesting cases that we’d seen during the round that we were keen to know more about.

We’d then go back to the wards to help out with a few procedures, mostly doing cannulas, ABGs and taking bloods.

After lunch, the consultants would have afternoon clinics that we were welcome to attend if we were interested. There was a lot of teaching at these clinics, so we would often join in. Some days we would get campus teaching videoconferenced from the Kensington campus.

The weekends

We lived for the weekends, where we would have amazing day trips up and down the coast, visiting quaint country cafes and hitting the beach for a quick dip and sunbathe. Kempsey is perfectly situated on the mid North Coast of NSW – with Port Macquarie a mere 45 minute drive south, and Coffs Harbour an hour to the north. Travel east towards

the coast and you’ll hit the beautiful South West Rocks and Crescent Head, which have beaches so white and untouched they make going back to Bondi a struggle. Hathead Reserve is also a great place for sandboarding, and your rural mentor (Vincent, a GP who has lived in Kempsey for 20 years!) will kindly lend you some sandboards to give it a go!

Whilst not as pretty as the towns around it, Kempsey itself is pleasant. There is all you’ll need in town including a Big W, Coles, Woolworths, Target country, Crazy Clarks and even a Reject Shop. Dining options were somewhat limited, with the token westernised Chinese restaurants, pubs and takeaway franchises that you’ll find in most country towns. There’s also a great lookout point in East Kempsey overlooking the MacCleay River and the main bridge into town.

Country VS City

Born and raised in Sydney, I would consider myself a bit of a city girl. However, the clinical experience in the country is unparalleled in diversity. Doing “general medi-

cine” in Kempsey was refreshing, as the patients had a wide variety of conditions ranging from cardiac, respiratory, gastro, neurological that needed to be managed... and everything wasn’t as specialised and divided as it is in the city. In a city hospital, patients are admitted under a certain specialty, with relevant consults from other specialties requested as required.

I found the consultants in Kempsey had an extremely impressive breadth of knowledge, due to the variety of patients seen. This really helped in terms of study, as I’d be exposed to so many different conditions that I’d have to go back and read up on! Luckily for all the nerds out there (which we all are), there’s a student common room in

the hospital that has computers and loads of textbooks (some are not that current, but interesting maybe from a historical point-of-view).

Overall, I loved my placement in Kempsey. I would highly recommend you drive, so you can take advantage of the beautiful towns around the area on the weekends.

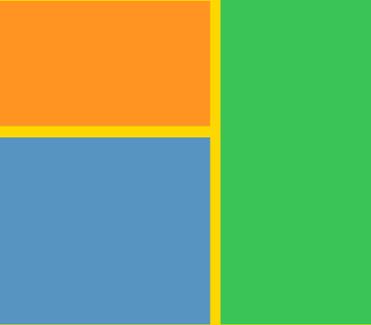
“I found the consultants in Kempsey had an extremely impressive breadth of knowledge, due to the variety of patients seen.”

Lilian with the neighbour’s adorable dog (left), and gorgeous waterways around Kempsey.



The beautiful Crescent Head

13 STUDENT LIFE



Guatemala

Josh Jacob and his friend snap this incredible panoramic in Bolivia's Salar de Uyuni. Located high in the Andes, it is the world's largest salt flat, filling with water during the monsoon season.

"One of the biggest take away messages I got from this overseas experience is how lucky we are in Australia with a universal healthcare system."

this overseas experience is how lucky we are in Australia with a universal healthcare system.

I know it's not perfect, but in other countries the social inequality of healthcare is gigantic – it's ridiculous actually – as resources are present, but only for a select few.

The other part of my trip I backpacked through Central and South America, down to Brazil. I had some amazing adventures along the way.

I think this elective program is really great because it forces us to get out there, and once you're out there you learn so much about different cultures and see some stunning scenery.

Guatemala is an incredible place brimming with rich culture and ancient history – if you get the chance to go there you really should!

Students from the Rural Clinical School have an amazing range of experiences. Many have the opportunity to travel overseas for their elective term, which gives them an insight into how medicine is practiced in different countries.

Final Year Port Macquarie student, Josh Jacob, spent time in Guatemala in 2013. He sat down to tell us his story:

As part of our program we have the option to do two electives overseas in a hospital of our choice, and I chose a private hospital in Guatemala City. I was amazed when I got there at how had state-the-art facilities, and seemed more like a five star resort than a health centre.

I soon discovered that this hospital cost almost \$1,000 dollars a night, and indeed it was a kind of resort for Guatemala's fabulously rich. But Guatemala is not a rich

country, so I thought – 'where do most Guatemalans go for healthcare, and what's it like?'

To answer this question, I changed to a public hospital in Guatemala City – a bustling and at times dangerous city of over 2 million. That was a real eye-opener. When I arrived at the hospital there were 50 people lined up.

A guy was face-down on a stretcher and there was lots of blood. It was a first-in-first-served set-up, and the triage system didn't really work very well.

For the most part, medical students seemed to be running the hospital, because a lot of the consultants are at private hospitals, trying to make some money – they supervise the medical students, but it's not a high level of healthcare.

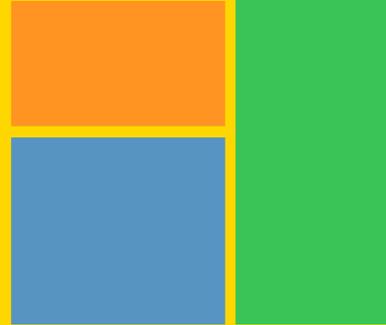
So one of the biggest take away messages I got from

Snapshots - RCS Student Life



From upper left corner, clockwise: Wagga RCS students win gold at Chariots for Charity; Port students enjoy some barefoot bowls action; students take in glorious view overlooking Griffith; and RCS students get serious air on giant trampolines.

14 RURAL ALLIED HEALTH & MEDICAL SOCIETY (RAHMS)



RAW gives medical and allied health students an insight into the health issues facing rural communities.

RAHMS President's Report – Sandy Simon

2013 was a year of great change and growth for the UNSW Rural Allied Health and Medical Society. The RAHMS executive set out to engage the medical and allied health communities of UNSW in rural and Indigenous health issues with great zeal and enthusiasm. In particular, focus was drawn on greater engagement of our allied health contingency, increased awareness of Aboriginal and Torres Strait Islander health issues and better member outreach. These goals were achieved by running a large variety of academic and social events, both on campus and around greater NSW.

Our student community engagement got off to a strong start with our O-week presence gaining more than 100 new members. Shortly after O-week, the RAHMS crew joined the first year medical students for a morning at Medcamp, teaching plastering, suturing and blood pressure skills, as well as running an Indigenous health station which focused on cultural safety in healthcare.

RAHMS then teamed up with the MedSoc International Representatives to bring about the inaugural Introductory Tour of Sydney for international and rural students. The walking tour around Sydney's CBD took in the major tourist attractions and practical landmarks for students new to the city, and allowed students from various disciplines and backgrounds to meet and chat. Our inter-club collaboration continued, with RAHMS, MedSoc's Oculus Soc and the UNSW Optometry Society combining forces to organise the first ever optometry/ophthalmology trivia night. The trivia night, held at the UNSW Roundhouse, allowed for interdisciplinary mixing and consideration of the importance of collaboration in healthcare, which is particularly relevant in rural settings.

RAHMS looks to educate students about rural and Indigenous health issues, as well as the academic opportunities that are available to them. As such, we hosted an information evening regarding scholarships and opportunities for medical and allied health students, including



RAHMS reps, at the 2013 Maitland Vibe 3on3 Indigenous Festival, use 'Gutsy Gus' to inspire Indigenous youth to learn more about healthcare issues and think about medicine as a future career.

the John Flynn Placement Program and Bonded Support Program. RAHMS once again hosted a "Mexual Health Night", with prominent mental and sexual health speakers enlightening students about stories from their field and the benefits, challenges and practicalities of practicing in a rural area. RAHMS hosted 3 clinical skills nights, where students from all health disciplines were invited to come along and learn suturing, plastering, ophthalmoscopy and cannulation skills (amongst others). This extended scope of skills allows students on rural placement to be competently involved in procedural work from a younger age than would have otherwise been possible. RAHMS executive members were also involved in representing the views of rural student groups when in consultation with the Australian Medical Council during the reaccreditation process of UNSW Medicine.

The National Rural Health Students Network (NRHSN), is the parent body of RAHMS, under which 29 university rural health clubs fall. The NRSHN is important in co-ordinating inter-university club communication, rural high

"The RAHMS executive set out to engage the medical and allied health communities of UNSW in rural and Indigenous health issues with unopposed zeal and enthusiasm."

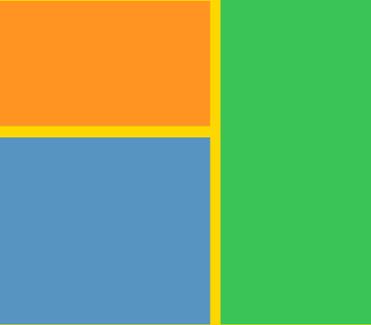
school visits and Indigenous festival presence and celebration. RAHMS had a strong presence at the NRHSN's annual Next Gen conference, with 5 members in attendance including our very own Francesca Garnett and Sophie Alpen, who were the 2013 NRHSN Community and Advocacy Portfolio Senior Representative and Junior Indigenous Health Portfolio Representative respectively. Here, students were inspired to consider the possibilities in improving the future of rural health via fantastic guest speakers, engaging workshops and student discussions.

Our Indigenous portfolio grew exponentially, with more events organised than ever before and ongoing plans which have carried RAHMS well into 2014. RAHMS collaborated with Oxfam and the UNSW SRC to host a "Close the Gap Day" BBQ, to raise awareness and promote Indigenous health equality to the entire university.

The success of this partnership spawned the organisation of the RAHMS/Oxfam/SRC Indigenous culture night, which allowed for the exploration of Indigenous culture in a universally applicable manner, through two wonderful guest speakers. The 3on3 Vibe Indigenous Festival is a travelling sport and music festival that brings together Indigenous and non-Indigenous people for a fun day of basketball, dancing and music.

The event encourages sportsmanship, teaches new skills and builds self-esteem, as well as promoting reconciliation at a grassroots level, featuring a 3on3 basketball round-robin, rapping and break dancing lessons, art workshops, a dance competition and a health expo. RAHMS members were involved in the latter part of this festival, promoting basic public health messages and healthcare careers at the festival in Mait-

Continue over page...



RAHMS participants flex their muscles at another awesome RAHMS event.

RAHMS undertook 3 successful rural high school visits in 2013, visiting multiple schools during each individual trip.

The central west (Mudgee), north (Taree and Wauchope) and south coast (Nowra, Shoalhaven and Bomaderry) regions were covered. RAHMS executive members were also involved in the Sydney Rural Clinical School's campus high school information day, where they detailed stories about their journey getting into medicine and the role of RAHMS thereafter.

Social events are an important aspect of the RAHMS calendar, allowing current members to engage with students and spark their interest in rural health in a relaxed setting. The social calendar was packed full of events, including the beginning of year social, a pizza evening for the visiting rural campus students during anatomy week, the welcome back to semester 2 social, the RAHMS and MedSoc "animal farm" social event and the end of year social.

The social directors also organised a "Rural Meet 'n' Greet", where all students moving rural in 2014 were invited to meet each other and form connections which might help in the practicalities of moving (e.g. finding housemates). In addition, a BBQ was held for Indigenous students undertaking the medicine pre-program course, in order to familiarise them with the society and encourage future engagement.

RAHMS maintains a good relationship with students at the rural campuses, and

encourages them to hold events which promote bonding, rural health and rural life. Some examples of events held in 2013 include Coffs Harbour's "Fresh Fruit Fridays", Albury's Laser Tag Night, entitled "Shooting Down Mental Health Stigma", and Wagga Wagga's end of semester afternoon tea.

Rural Appreciation Weekend (RAW) is the premier event on the RAHMS calendar. It sees around 100 medicine, nursing and allied health students from around Australia attend and camp in a rural location over the October long weekend. RAW gives delegates an opportunity to network in a multidisciplinary setting and learn more about what it is like to live in rural or remote Australia.

In 2013, RAW co-convenors Julia Fattore and Sofia Mason did a fantastic job to organise the event to be held in Wagga Wagga. The weekend saw students engaging in workshops addressing snake envenomation, Indig-

enous cultural awareness, rural and remote healthcare practice and more. Guest speakers expanded the horizons of student attendees and the disaster scenario held on the second day forced students to consider the optimal medical and allied health practices in a rural trauma setting.

2013 was an extremely busy year for RAHMS. I would like to thank all 2013 RAHMS members for their participation and enthusiasm over the course of the year, and in particular, the motivated, efficient and wonderful executive family which made all of the above happen.

With more members, countless inaugural events, new partnerships both on and off campus and more executive applications than ever before, I look forward to seeing the heights that RAHMS will reach in 2014.

RAW 2013 was a resounding success

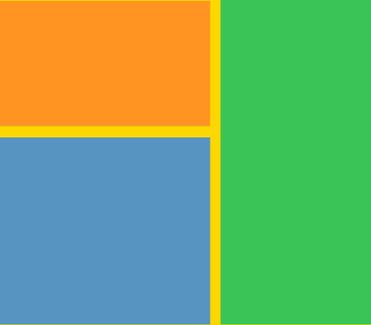


land.

Also, RAHMS Indigenous representative Anthony O'Rourke worked to establish a partnership with the organisers of Redfern Family and Culture Day. Family and Culture day is a monthly community event which showcases the incredible talent within the Redfern Indigenous community, and provides entertainment for families great and small. RAHMS was able to have a presence here, promoting public health messages and allowing the children to play with plastering equipment and stethoscopes in order to promote healthcare careers and familiarisation with the healthcare system.

Rural high school visits are an important activity of rural health clubs around Australia, aiming to promote healthcare careers to students from rural areas, thereby addressing the rural and remote health workforce shortage in Australia.

"With more members, countless inaugural events, new partnerships both on and off campus and more executive applications than ever before, I look forward to seeing the heights that RAHMS will reach in 2014."



RAHMS Executive 2013

Position	Name
President	Sandy Simon
Vice Presidents	Joshua Mortimer (Medicine) Rose Gu (Allied Health)
Secretary	Emma Mason
NRHSN Representatives	Julia Fattore (Senior) Bridget Cavanagh (Junior)
Administrator	Rebecca Lowe
Social Directors	Laavanya Aruneswaran Sarah Parker
Fundraising & Sponsorship	Georgia Diebold
IT & Publicity	Nadia Perera
Clinical Skills	Jaime Fox
Merchandise & Design	Louise Koller-Smith
RHSV	Hannah Kempton Ellen Hinch
Indigenous Reps	Sophie Alpen Anthony O'Rourke
Optometry Rep	Vincent Ling
Medical Science Rep	Michael Millett
Exercise Physiology Rep	Liam Morrissey
Albury Rep	Claire Powell
Coffs Harbour Rep	Samra Saikal
Port Macquarie Rep	Jamie Cham
Wagga Reps	Sally Newton Sofia Mason
General Executives	Raman Kaur Olivia Chua Alex Sheather Shane Rosenzweig





Albury student Ben Cumming's winning shot for the RCS Photo Comp. His picture captures the sublime beauty of the countryside around Albury in a whimsical kind of way.

Posting these photo submissions on Facebook and in a gallery online energised many students to take part and comment, helping increase our social media audience, as well as us build up our images database with pictures that reflect the student's life in a rural setting. See more students' photos in Section 21.

Communications Report - Joel Katz, RCS Publicity Officer

RCS launched a new media strategy in 2013 that helps promote the school's activities to a growing audience. This fresh approach integrates web-based platforms, social media, video and traditional media to engage and inform our target audiences. It allows our students to share their experiences of living in rural areas, further engaging their peers and giving future students an idea of what this life/study experience is like.

The new media approach promotes the school and its activities in country New South Wales, and helps raise the profile of the school and UNSW across rural Australia. In 2013 we had many articles published in regional newspapers, and our digital platforms have attracted large audiences. Success stories and other RCS-related content are posted across our digital platforms, including our website, Facebook and Twitter.

We also have a popular YouTube channel where we post videos that showcase the school's activities. In these videos students tell the audience about the advantages of living and studying in a rural setting, and how this experience can inspire students to practise medicine in the country.

Website

Our [website](#) is the digital face of UNSW's Rural Clinical School. It is an eye-catching and dynamic way to keep a growing audience up-to-date with RCS's latest news and important information for current and future students, aca-



ademic and other key demographics. Our website intuitively connects our audience with other social media platforms that inform, entertain and energise viewers through compelling and interactive digital tools. Our website gets about 200 hits every day, with a total viewership of about 7,000 to date.

Facebook

In a short period of time, our [Facebook](#) page has received more than 170 'Likes' and over 2,000 views. This social media presence has been useful in quickly broadcasting stories to a growing audience base of RCS students and other target audiences. Our Facebook presence creates a fun and dynamic forum where students are engaged, entertained and informed about past and future events. RCS also ran a photo competition, which helped engage viewers, especially RCS students, by posting the student's photos on the Facebook newsfeed and attracting many likes and comments.

This initiative gave RCS students and staff a real sense of participation and ownership over the Facebook site. It also helped the audience feel a connection with other rural campuses and UNSW's Rural Clinical School as a whole, and better appreciate what our school represents academically, socially and geographically.

Twitter

Our [Twitter](#) site builds our core target audiences and helps reach out to other key demographics like policy-makers and peak groups that work with health, rural and Indigenous issues. It is fully integrated with our other social media tools, drawing more viewers to our website and other digital platforms.

YouTube

We have posted a series of videos on our [YouTube channel](#) that showcase the world-class education students experience at our rural campuses. As of late 2013 our videos attracted more than 1,000 views. These videos are embedded in the RCS website to attract more viewers. They have also been posted on the [UNSW Community YouTube](#) channel, which helps broadcast our stories to viewers outside our core audience, further enhancing our profile and reinforcing the message that we bring world-class medical education to rural Australia and train the next generation of rural doctors.

Traditional Media

RCS successfully targeted regional media outlets with a proactive media campaign that included media releases and pitching stories. Our [stories](#) were picked up by major papers, television networks (WIN, Prime 7), radio and online media outlets across regional New South Wales, as well as newsletters and magazines published by peak health and Indigenous organisations, and UNSW media outlets. Through this proactive media campaign, RCS effectively raised the school and university's profile and improved brand recognition across rural Australia. See 'Section 20: In the News' for some samples of our stories.

IT Report - Jason Vincent, ICT Manager

2013 was a year filled with changes for the Information and Communications Technology (ICT) environment within the Rural Clinical School, all the while maintaining a high quality service. Much to the benefit of the School, the ICT Team has kept staff levels stable after many years of comings and goings, with Scott Ayliffe in Wagga, Steve Dorrestein in Port Macquarie, SB Shanker in Coffs Harbour and myself in Albury.

After RCS adopted the UNSW model for a desktop Standard Operating Environment (SOE) and the associated level of resource support in 2010, there was a prolonged period of customer dissatisfaction with hardware performance and functionality. Thankfully 2013 has put that behind us with the integration of the high quality, standardised UNSW HP platform which has allowed a school-wide rollover from Windows XP to Windows 7. The UNSW Windows 7 SOE will ensure a consistent, functional and high performance environment for many years to come.

The beginning of the year saw all campus staff transfer operational data from a localised storage model at each campus to a centralised storage repository – OneUNSW – the University's file storage service which is accessible to all staff and many students at UNSW. The decision was made to relocate our data in order to leverage the highly reliable and secure system provided by the University which ensures anytime, anywhere access. Staff noticed immediate productivity and performance gains as soon as their data became consolidated and centralised and have continued to reap the benefits ever since.

For many years the UNSW Rural Clinical School has maintained a teaching presence in Griffith, NSW. In 2013 a new campus was established and began teaching Phase 2 Medical Students. Rural Clinical School Administrative and IT staff were heavily involved in the construction and creation of the new campus and spent many long hours planning with architects, liaising with builders and physically setting the campus up, ready for the new student cohort in 2013.

IT dealt with a multitude of interesting challenges across the spectrum ranging from AV, videoconferencing, systems architecture, Wide Area Network integration and telephony. What came out of this process was a modern, highly functional, integrated campus which offers learning and teaching facilities on par with the other Rural Clinical School campuses across the state.

The year was certainly one for building and renovations – in addition to the new Griffith campus we saw the completion of the Port Macquarie campus extensions which included the addition of an 80+ seat auditorium, complete with FullHD video conferencing and AV equipment, and four new small group tutorial rooms also FullHD ready and able.

One of the more technical challenges faced by the RCS ICT teams was the addition of a Simulated Learning Environment within the campus which comprised of a multi-mode, high definition audio/video capture, recording and distribution solution which leveraged a variety of technologies. Essentially the SLE AV fit out had a series of video cameras and microphones feeding a control room which, when run by a pair of operators can simulate a variety of medical scenarios from multi patient trauma through to birthing. The AV data which has been captured and compiled in the control room can then be rebroadcast to a variety of locations – from the observation room next door or to a campus hundreds of kilometres away.

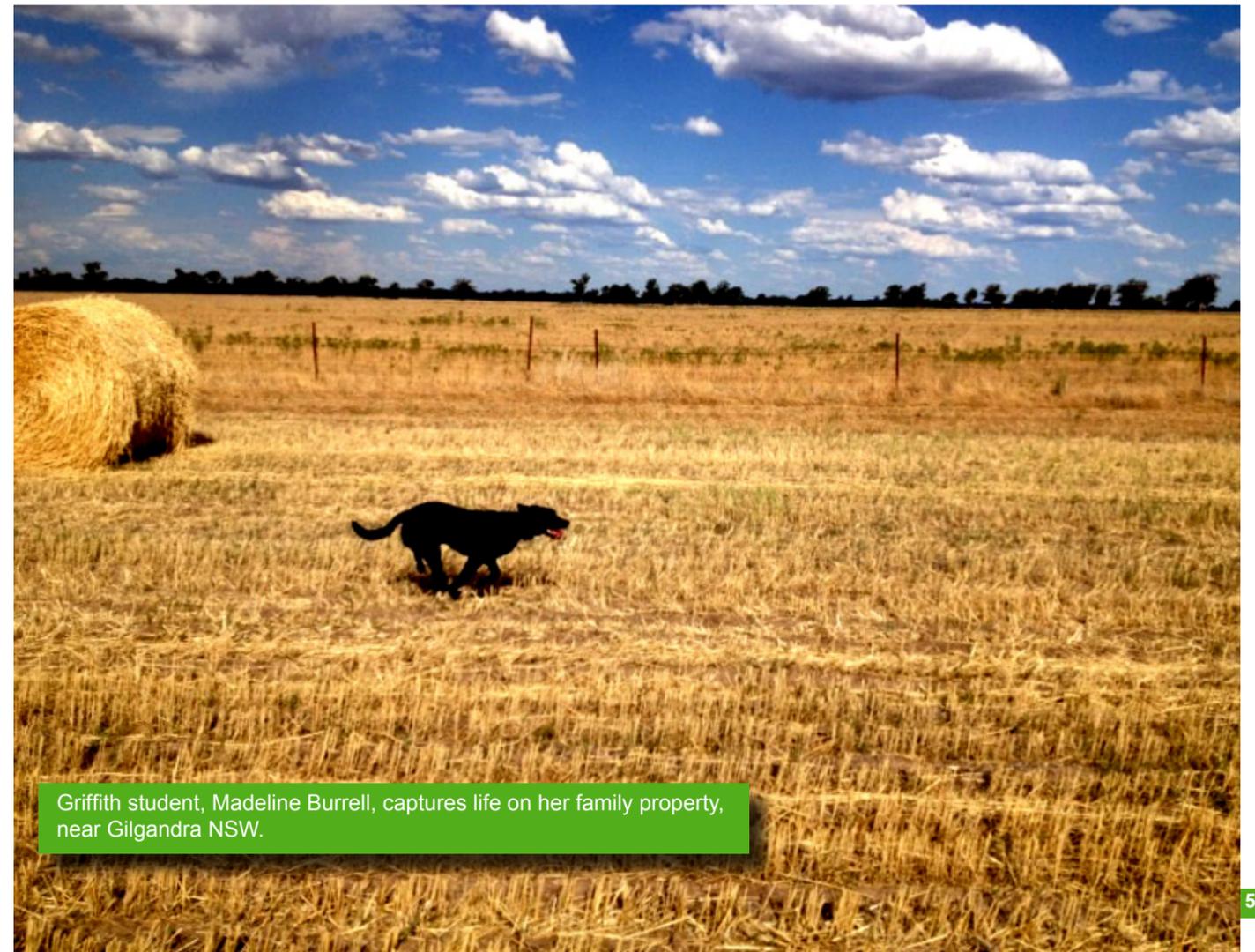
Building works at Wagga campus towards the end of the year saw an overhaul and refit of the lecture theatre which replaced aged/failing equipment with new data projectors, screens and FullHD capable infrastructure such as video conferencing endpoints and video mixers. Complex renovations on the internal walls combined with the enhanced AV equipment now allows the capacity of the lecture theatre to grow dynamically.

Further investment from UNSW in communications infrastructure saw Albury, Wagga, Port Macquarie and Coffs Harbour all receive additional wireless access

points which tripled the Uniwide / Eduroam coverage across these campuses, much to the delight of students. UNSW Communications also upgraded each campus's networking backbone which ensured higher local area network bandwidth and enhanced wide area network serviceability.

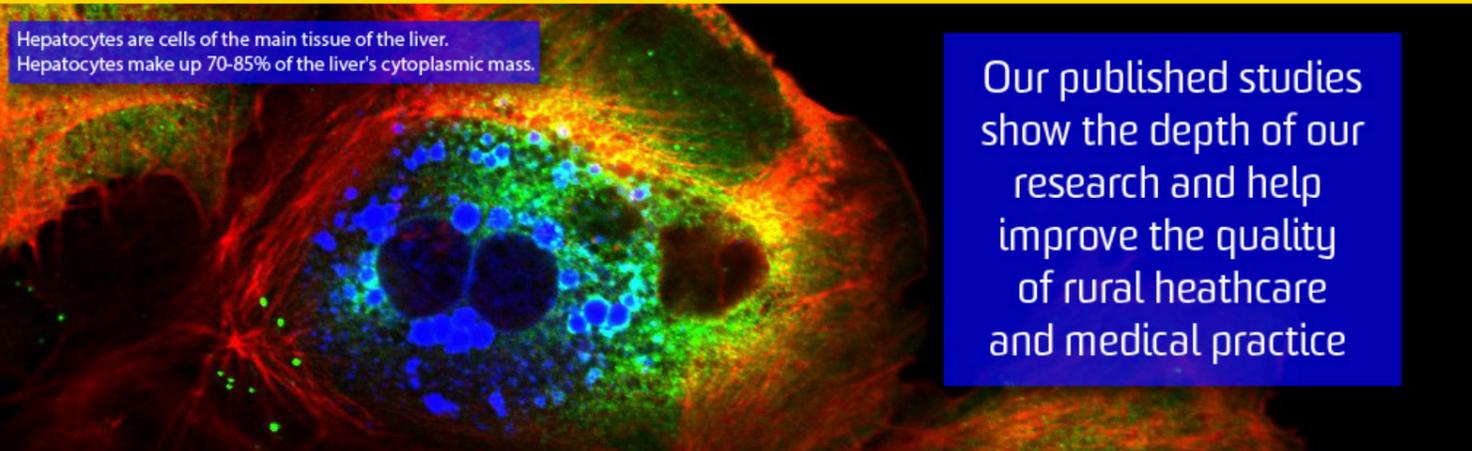
Finally, the Rural Clinical School [website](#) saw a long overdue cosmetic and functional overhaul as the old Lotus Domino web servers were decommissioned and replaced with the University's Drupal web servers. The use of the Drupal CMS has allowed RCS IT & Marketing staff to become more proactive in developing and maintaining a dynamic, vibrant and informative website which will serve us well for many more years to come.

J. Vincent
IT Coordinator



Griffith student, Madeline Burrell, captures life on her family property, near Gilgandra NSW.

Hepatocytes are cells of the main tissue of the liver.
Hepatocytes make up 70-85% of the liver's cytoplasmic mass.



Our published studies show the depth of our research and help improve the quality of rural healthcare and medical practice

2013 Research Update - A/Professor Craig McLachlan, RCS Research Director

UNSW's Rural Clinical School has continued to expand upon its research themes of Educational Research, Clinical Research and Translational Research with a focus on chronic diseases and community rural health. To achieve research outcomes of incremental societal benefit we focus on collaboration that in turn provides sustainable models for small projects to grow and generate new scientific, clinical and community knowledge. We have established a number of formal collaborations with partner Universities and community research hubs that have seen our school's scientific outputs grow in terms of conference presentations, published manuscripts, and seed grants.

Over the last three years our school's graduate PhD program has been re-established with five current PhD students enrolled and a further three external co-supervised PhD students. Two of our newest students are RCS clinical staff that have taken the "plunge" and enrolled in a PhD program part time - Dr Shea Wilcox is a RCS PhD student exploring radiation oncology outcomes in prostate cancer patients on the mid north coast being supervised by local radiation oncologists. Dr Karen Chia is an external co-supervised PhD student investigating the benefits of rehabilitation on pulmonary hypertension at Coffs and St Vincent's hospital Sydney.

Likewise we have seen an increasing interest in the medical student ILP research programs – where medical students spend an academic year engaged in broad aspects of medical research. This has coincided with increased interest in clinical academic research and students being included on research publications and presentations. Key research highlights via our regional campuses in the last 18 months have included:

Port Macquarie: publication of the clinical guidelines for rotator cuff injury in electricity workers at Essential Energy. These guidelines have been endorsed by the Australian New Zealand College of Radiologists and RACGP and uploaded into the prestigious NHMRC portal. <http://rcs.med.unsw.edu.au/sites/default/files/rcs/page/Rotator-CuffSyndromeGuidelines.pdf>

Wagga: the RCS received a kind donation via the Wagga based GP network Coast City Country to develop GP research opportunities in Wagga. This donation was the first significant donation received by our foundation established in 2012 <http://med.unsw.edu.au/rural-clinical-school-research-fund>

Albury: RCS Conjoint Dr Christopher Steer at Border Medical Oncology research unit (BMORU) has been recognized for innovation in clinical research particularly in delivering care to a rural/regional population. This includes leading pilot projects of supportive care in older adults and developing collaborative networks with the TCRN

(translational cancer research network).

Coffs Harbor: Mid North Coast Cancer Institute has signed a collaborative research agreement with Sydney Campus to provide research support. A number of published conference abstracts and manuscripts have emerged from this productive collaboration.

Sydney operates as a research hub that provides links to all Rural Clinical School campuses for collaborative research projects and ILP support. Seven out of eight PhD students are supervised or co-supervised from Sydney. We have also established ourselves as a global citizen obtaining an India-Australia council grant to explore collaborative models with the All Indian Public Health Institute and co-supervising an external PhD student exploring hypertension screening in rural Nepal. Sydney's key research programs focus on rural bio-banking to understand the role of genetics driving cardiovascular disease risk in vulnerable populations (see *Hypertension Research* (2013) 36, 381–382) and in translational research the role of resident stem cells in cardiac hypertrophy (see *J Physiol Pharmacol.* 2013 64(6):727-36).

With respect to our key RCS educational research, our BMC education publication has been now published and reports on our school's positive impact for training Rural Clinical School students in eventual rural practice (see *BMC Med Educ.* 2013 Mar 7;13:37). This international publication has attracted the attention of the French educational system where our UNSW RCS model has been cited as an ideal model for development of rural clinical schools across regional France. We have also started a longitudinal undergraduate destinations study tracking change in indentations and level of interest for rural practice, a draft manuscript has been submitted for peer review.

We have now developed a rich research ecosystem that is sustainable, continuing a broad research portfolio that produces some interesting and novel findings. I am looking forward to providing further updates with new and exciting research outcomes.



Rural Clinical School Publications – 2013

RCS is committed to promoting research excellence and aims to establish collaborative research relationships with government agencies, rural communities, other universities, health authorities and non-government agencies. We support a wide variety of research activities and projects including tobacco cessation, youth health, GP wellbeing and aged services.

We do ground-breaking research that improves the quality of healthcare across rural, regional and remote Australia, helping keep these communities healthy and safe from disease. This is reflected in the impressive range of journal articles published through the RCS each year. Read on to see the research articles published in 2013:

Journal articles – Scholarly Refereed

Aherne NJ, Mincham S, McKay MJ, Hill JD, Last A, Shakespeare TP. Rheumatoid nodules mimicking metastatic anal carcinoma in a patient undergoing multimodality treatment. *Int J Colorectal Dis.* 2013 Oct;28(10):1457-8.

Aherne NJ, Rangaswamy G, Thirion P. Prostate Cancer in a Male with Holt-Oram Syndrome: First Clinical Association of the TBX5 Mutation. *Case Rep Urol.* 2013;2013:405343.

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Christie L, Johnston J, Freeman D, Joshua F, Bird P, Chia K, Bagga H, Wong PKK. How well do our patients read and understand written instructions? Literacy assessment in regional and urban Rheumatology patients. Poster presentation at the Australian Rheumatology Association Annual Scientific Meeting, Perth, May 2013. Notable Poster Award.

Forster, L., Assareh, H., Watts, L. D. and McLachlan, C. S. (2013) 'Additional years of Australian Rural Clinical School undergraduate training is associated with rural practice', *BMC Med Educ*, 13, 37.

Hofferberth, S. C., Nixon, I. K., Boston, R. C., McLachlan, C. S. and Mossop, P. J. (2013) 'Stent-Assisted Balloon-Induced Intimal Disruption and Relamination in Aortic Dissection Repair: The STABILISE concept', *Journal of Thoracic and Cardiovascular Surgery*.

Karperien, A., Ahammer, H. and Jelinek, H. F. (2013) 'Quantitating the subtleties of microglial morphology with fractal analysis', *Front Cell Neurosci*, 7, 3.

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Ocsan RJ, Lai YN, Prabhu KV, Hambly BD, McLachlan CS. 'Chronic NG-nitro-L-arginine methyl ester (L-NAME) administration in C57BL/6J mice induces a sustained decrease in c-kit positive cells during development of cardiac hypertrophy'. *J Physiol Pharmacol.* 2013 Dec;64(6):727-36.

Parker, L. and Watts, L. (2013) 'Ethics ward rounds: a conduit to finding meaning and value in medical school', *Journal of Evaluation in Clinical Practice*, 559-561 (Letter in peer reviewed journal)

Steer, A. N., Aherne, N. J., Gorzyska, K., Hoffman, M., Last, A., Hill, J. and Shakespeare, T. P. (2013) 'Decision regret in men undergoing dose-escalated radiation therapy for prostate cancer', *International Journal of Radiation Oncology, Biology, Physics*, 86(4), 716-20.

Sutherland, J. R. and Ludbrook, G. I. (2013) 'Pre-admission processes and opportunities for improvement', *Anaesthesia & Intensive Care*, 41(3), 427-8.

Sutherland, Joanna Rae; Robertson-Malt, Suzanne; Stern, Cindy. (2013) 'All-cause 30-day postoperative mortality for older patients in developed countries presenting for elective colorectal surgery: a systematic review protocol.' *The JBI Database of Systematic Reviews and Implementation Reports*, [S.l.], v. 11, n. 8, p. 159 - 169, sep. 2013. ISSN 2202-4433. doi:10.11124/jbisrir-2013-995.

Tulk C, Lane P, Gilbey A, Johnston H, Chia K, Mitchell L, Bagga H, Wong PKK. Improving Osteoporosis Management following a Minimal Trauma Fracture – The Coffs Fracture Card Project. Poster presentation at the Australian Rheumatology Association Annual Scientific Meeting, Perth, May 2013.

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Williams JM, Jude MR, Levi CR. Recombinant tissue plasminogen activator (rt-PA) utilisation by rural clinicians in acute ischaemic stroke: a survey of barriers and enablers *Aust J Rural Health.* 2013 Oct;21(5):262-7. doi: 10.1111/ajr.12052.

Williams JM, Navin TJ, Jude MR, Levi CR. Recombinant tissue plasminogen activator (rt-PA) utilisation by rural clinicians in acute ischaemic stroke: an audit of current practice and clinical outcomes. *Aust J Rural Health.* 2013 Aug;21(4):203-7.

Wong, P. K., Borromeo, G. L. and Wark, J. D. (2013) 'Bisphosphonate-related osteonecrosis of the jaw in non-malignant bone disease', *Rheumatol Int*, 33(9), 2189-98.

Young JM, Butow PN, Walsh J, Abraham NS, Solomon MJ et al. (2013) 'Multicenter randomized trial of centralized nurse-led telephone-based care coordination to improve outcomes after surgical resection for colorectal cancer: the CONNECT intervention'. *J Clin Oncol.* 1;31(28):3585-91. doi: 10.1200/JCO.2012.48.1036.





UNSW's RCS has attracted a wonderful group of talented people on its staff. Below is a contact list for the RCS staff:

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OUR CONJOINTS

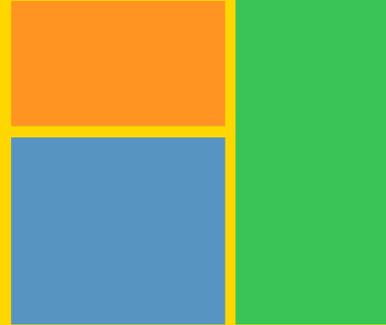
Name	Level
Alampieski,Blagoja	Associate Lecturer (Conjoint)
Atkinson,Kathleen May	Associate Professor (Conjoint)
Awardt,Russell B	Associate Professor (Conjoint)
Baggio,Louis	Lecturer (Conjoint)
Baranyay,Feerencz Jozsef	Associate Lecturer (Conjoint)
Bender,Kyle William	Associate Lecturer (Conjoint)
Benny,Richard	Associate Lecturer (Conjoint)
Bissessor,Naylin	Senior Lecturer (Conjoint)
Blaxland,David	Senior Lecturer (Conjoint)
Braid,Josephine	Lecturer (Conjoint)
Bright,Neil Francis	Associate Professor (Conjoint)
Brooder,Ronald James	Senior Lecturer (Conjoint)
Bruce,Lenert Desmond	Senior Lecturer (Conjoint)
Byrne,Bonita Beryl	Sydney Lecturer (Conjoint)
Byrne,Mark	Sydney Lecturer (Conjoint)
Cameron,Barbara Asha	Associate Lecturer (Conjoint)
Carroll,Gerard Edward	Professor (Conjoint)
Caton,Timothy David	Lecturer (Conjoint)
Cheung,Bernard	Lecturer (Conjoint)
Christie,David John Francis	Lecturer (Conjoint)
Chu,Kevin	Associate Lecturer (Conjoint)
Clarke,Deborah Anne	Lecturer (Conjoint)
Cook,Ian Francis	Associate Professor (Conjoint)
Cooper,Timothy David	Associate Lecturer (Conjoint)
Crompton,Daniel	Lecturer (Conjoint)
Curran,Shane William	Associate Professor (Conjoint)
Currie,Geoffrey	Associate Professor (Conjoint)
Currie,John	Associate Professor (Conjoint)
Davey,Ken	Lecturer (Conjoint)
Dempsey,Martin Michael	Associate Lecturer (Conjoint)
Dennis,Margaret	Associate Lecturer (Conjoint)
Douglas,John Robert	Associate Professor (Conjoint)
Dunn,Hamish	Associate Lecturer (Conjoint)
Eek,Richard Wilhelm	Lecturer (Conjoint)
Elsayed Foda,Mohamed Ahmed	Senior Lecturer (Conjoint)
England,Alan Stuart	Senior Lecturer (Conjoint)



Escott,Richard Norman	Lecturer (Conjoint)
Eversheim,Franz Josef	Senior Lecturer (Conjoint)
Farrell,Patrick Joseph	Lecturer (Conjoint)
Feron,Vincent	Associate Professor (Conjoint)
Frawley,Philip Andrew	Senior Lecturer (Conjoint)
Gautam,Bijender Kumar	Associate Lecturer (Conjoint)
Gilbey,Timothy Leigh	Associate Lecturer (Conjoint)
Gill,Preetjote	Associate Lecturer (Conjoint)
Gladman,Gregory John	Lecturer (Conjoint)
Graffen,Max Bernard	Lecturer (Conjoint)
Grant,Simon	Senior Lecturer (Conjoint)
Gupta,Katharine	Associate Lecturer (Conjoint)
Hamid,Celine	Senior Lecturer (Conjoint)
Harrison,Richard	Associate Professor (Conjoint)
Henman,Carl Eric	Associate Lecturer (Conjoint)
Hicks,Henry Douglas	Senior Lecturer (Conjoint)
Hogan,Sean D	Associate Lecturer (Conjoint)
Horky,Oscar Joseph	Senior Lecturer (Conjoint)
Hunt,David J.R	Senior Lecturer (Conjoint)
Hunter,Arnagretta	Lecturer (Conjoint)
Inglis,Holly	Associate Lecturer (Conjoint)
Jain,Paras	Lecturer (Conjoint)
Javid,Shaikh Muhammad	Associate Lecturer (Conjoint)
Jelinek,Herbert	Associate Professor (Conjoint)
Jelliffe,Robin	Senior Lecturer (Conjoint)
Jeri,Arturo	Senior Lecturer (Conjoint)
Jude,Martin	Associate Professor (Conjoint)
Keating,Thomas	Associate Professor (Conjoint)
Kelly,Melissa Louise	Associate Lecturer (Conjoint)
Khoury,Elie	Senior Lecturer (Conjoint)
Killen,Judith	Senior Lecturer (Conjoint)
Kim,Leo Kyung Pil	Associate Lecturer (Conjoint)
Kolt,Jeremy	Lecturer (Conjoint)
Kong,Kelvin Matthew	Sydney Associate Professor (Conjoint)
Lafith,Abdul	Senior Lecturer (Conjoint)
Latimer,Paul Raymond	Lecturer (Conjoint)

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OUR CONJOINTS



Le Plastrier, Kieran Trevor	Associate Lecturer (Conjoint)
Mackenzie, Tara Jane	Associate Professor (Conjoint)
Matthews, Simon	Associate Lecturer (Conjoint)
McCready, Michael	Associate Professor (Conjoint)
Merriman, Tracey	Lecturer (Conjoint)
Milliken, Andrew	Lecturer (Conjoint)
Mourik, Pieter Willem	Associate Professor (Conjoint)
Moyle, Eric	Senior Lecturer (Conjoint)
Mumme, Christopher James	Associate Lecturer (Conjoint)
Njovu, Michael	Lecturer (Conjoint)
Pilotto, Louis Stanley John	Professor (Conjoint)
Preddy, John	Associate Professor (Conjoint)
Rashid, Prem	Associate Professor (Conjoint)
Carolyn Anne	Senior Lecturer (Conjoint)
Reid, Alexander Lyon Arnaud	Professor (Conjoint)
Richardson, Graeme Douglas	Professor (Conjoint)
Rophael, John	Lecturer (Conjoint)
Ruchin, Peter	Senior Lecturer (Conjoint)
Russell, John McRae	Senior Lecturer (Conjoint)
Salmon, John Robert	Senior Lecturer (Conjoint)
Schlichtemeier, Steven M	Associate Lecturer (Conjoint)
Schmidt, Liu-Ming	Lecturer (Conjoint)
Schwalb, Heinrich	Associate Professor (Conjoint)
Smith, David J	Lecturer (Conjoint)
Smith, Vanda	Senior Lecturer (Conjoint)
Soniwala, Khalil	Associate Lecturer (Conjoint)
Spargo, Matthew	Associate Lecturer (Conjoint)
Stanton, Raymond	Senior Lecturer (Conjoint)
Steer, Christopher	Senior Lecturer (Conjoint)
Stephenson, Nicholas	Associate Professor (Conjoint)
Stewart, Tanya Victoria	Senior Lecturer (Conjoint)
Suttie, Joseph Julian	Associate Professor (Conjoint)
Suttie, Madeleine	Associate Professor (Conjoint)
Swift, Jeff	Senior Lecturer (Conjoint)
Tai, Kiat Seng	Lecturer (Conjoint)
Taylor, Michael	Senior Lecturer (Conjoint)

Thornley, Cassie	Associate Lecturer (Conjoint)
Thuraisingam, Kandiah Kandeepan	Senior Lecturer (Conjoint)
Tripet, Michael	Associate Lecturer (Conjoint)
Underhill, Craig Richard	Senior Lecturer (Conjoint)
Urquhart, Hamish	Associate Lecturer (Conjoint)
Van Aarsten, Margretha	Lecturer (Conjoint)
Van Den Bogaerde, Johan	Associate Professor (Conjoint)
Van Der Rijt, Adrian Johannes	Associate Professor (Conjoint)
Venter, Jan Adriaan	Associate Professor (Conjoint)
Williams, Geoffrey J	Lecturer (Conjoint)
Williams, Nicholas Edwin	Lecturer (Conjoint)
Wilson, Anthony Rodham	Lecturer (Conjoint)
Yu, Hong	Associate Professor (Conjoint)





UNSW RCS student, Suzannah Dewhurst, grew up 55 kilometres from Hermitdale, on a property with her family, and says she wouldn't change a thing about her country upbringing. Suzannah has had her story published in several local papers, and she has also featured in the Daily Telegraph. She talks about her dream of being a rural doctor, and how the RCS will help her reach that goal.

Local media covered many RCS events in 2013, and with a new media strategy we have established better relationships helping us get even more media attention.

With the depth and breadth of our activities and our talented and media-savvy students and staff it has been relatively easy to get local media to cover our events and showcase our activities to the wider community.

Our rural campuses have strong ties with their local communities, and are very active in getting out into those communities to raise awareness about important healthcare issues and inspire youth to consider a future in medicine.

We have had a range of success stories broadcast through local print, television (WIN, Prime 7), radio (ABC) and online media that highlight our school's wide scope of activities. Our stories have also been widely published in the UNSW and UNSW Medicine's online newsrooms. In 2013, stories covered areas such as:

- Our student-run Teddy Bear Hospital initiative, to inspire young kids to learn about healthcare and anatomy, as well as show them that doctor can be cool and fun.
- Students experiences living in rural areas and studying at a rural campus, and how this spurs them on to consider working as doctors in rural settings in the future.
- Former students, such as country-raised Shaun Foster and Maya Eamus, who have gone on to be successful clinicians working in the country.
- Our Indigenous students and former students, and their experiences studying and working in medicine, and with Indigenous communities.
- Big developments, like the health education centre - a joint venture led by UNSW being built next to our Port Macquarie campus. This centre will be completed by the end of 2014, and will be a major educational hub that integrates medicine and allied health. The centre will enable UNSW students to complete their entire six year medical degrees outside of Sydney, in a regional centre.

Below are some examples of RCS stories that were covered by the media in 2013:



Medical Students Praised

WAGGA - AN AWARDS evening for students from the UNSW Rural Clinical School was held in Wagga on Thursday night, which recognised their outstanding achievements over the course of the year. *Published in the Wagga Daily Advertiser.*



Groundbreaking event at joint health education site

THE SOD has been ceremoniously turned for the construction of the joint health education building in Highfields Circuit. Port News reported in March the plans for the \$20 million federally funded facility included two major lecture facilities, laboratories, a simulations suite, tutorial rooms, a clinical skills ward, and a scenario room. UNSW will be the leading partner in the running of this new facility. *Published in the Port News.*

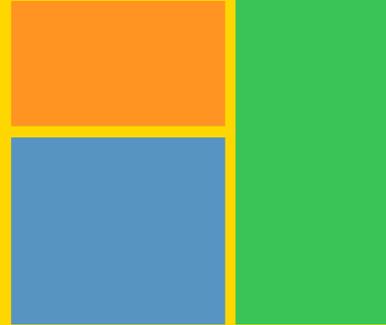


Former UNSW Student Overcomes Odds to Become Doctor in Wagga

Born in Fiji and raised in Darwin, Maya Eamus was aware of Indigenous and complex healthcare issues from an early age. As a young girl she often saw people from marginalised communities struggling to get access to healthcare, and dreamed of being a doctor so she could help. In 2010, Maya joined the UNSW Rural Clinical School at Wagga Wagga to pursue her dream. But her journey was difficult at times, and with her husband and two young kids, she worked hard juggling her family commitments, medical studies and part-time work. *Published in the Wagga Daily Advertiser.*

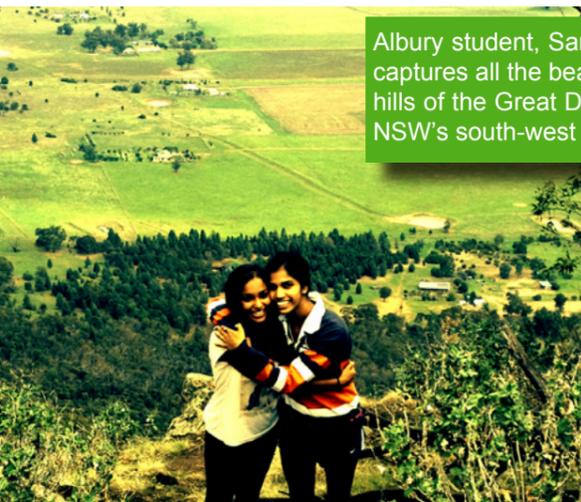
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STUDENTS 'RURAL LIFE' PHOTO GALLERY



Amanda Cohn snapped this magical night-sky shot near Albury.

In 2013 RCS launched a Photo comp — and students jumped on board with gusto. They submitted some cracking photos, that could even be seen on the front of National Geographic. On this 2-page spread is a small taste of the fantastic photos that students sent in, revealing the charms and beauty of country life in all its varied splendour. You can see more on our [website](#) or [Facebook](#) page.



Albury student, Samantha Bobba, captures all the beauty of the foothills of the Great Diving Range, in NSW's south-west



Matthew Hannaford captures this dusty cattle rustlin' scene at his family property in Braidwood in NSW's Southern Tablelands.



Serious 'tude - Country girls own this shot. By Isobel Pye, Walgett, NSW



Award-winning shot by Sally Newton of super cute corgi superimposed on her family property in Walgett, NSW.



Wet dog. By Ben Cumming, Albury.



Nathan Jamieson snapped RCS students, Emma Mason and Nadia Perera, as they soak up rays and knowledge on Diggers Beach in Coffs Harbour - arguably the best study spot ever.



Coffs students looking cool under jetty. By Nathan Jamieson, Coffs Harbour.

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