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01 MISSION STATEMENT

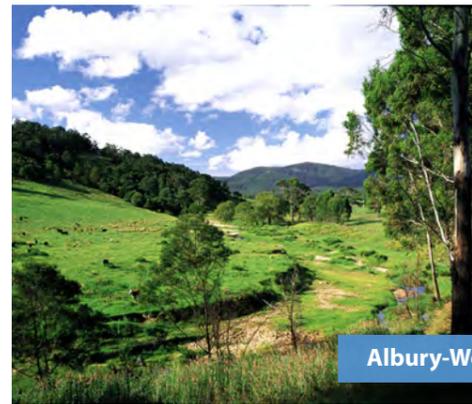
Acknowledgment of Country

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.

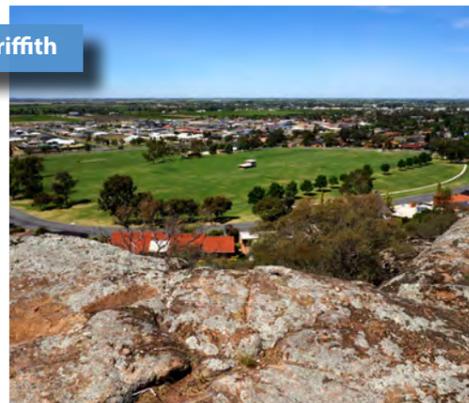
Port Macquarie



Albury-Wodonga



Griffith



Sydney



Coffs Harbour



Wagga Wagga



Our School

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

We help set the agenda for medical education across the State and university-wide, taking part in important decision-making committees in the medical profession and UNSW – with a focus on rural and Indigenous healthcare.

We do cutting-edge research in rural health, Indigenous health and rural medical education.

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

Exit surveys show that many of our new graduates plan to spend time practising in the country, and graduate with a strong bond to the country and rural medicine.

Our staff and students work closely with the local community, hospitals and doctors to raise awareness about important healthcare issues, and help improve the quality of rural healthcare.

We seek strategic partnerships that bolster RCS's standing in the community and ensure we give our medical students the very best medical training possible – training that encompasses patient care, and rural and Indigenous healthcare.

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

Our Vision

RCS will transition into a *medical school* — students will be able to study the *initial two years* of their medical degree at a rural campus, as well as the final four years. This will help lessen the financial and social burden of moving to the city for rural-based students. It will also inspire students even more to stay on and work as doctors in the country after they complete their medical training.

02 ABOUT US

Our Campuses

RCS has five rural campuses spread across New South Wales, in Albury, Griffith and Wagga Wagga in the south-west, and Coffs Harbour and Port Macquarie on the north coast. We also have sub-campuses in Kempsey and Grafton, and a campus in Sydney at the Kensington campus. All our campuses are located near or on the grounds of local hospitals.

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 2014, 54 students in total entered through the Rural Student Entry Scheme and 6 students entered through the Indigenous Pre-Medicine Program. Of the students who graduated from UNSW Medicine in 2014, 32% had spent a year or more studying at a RCS campus. The number of students studying at RCS has increased significantly since our inception.

In 2014 188 students were studying at a RCS campus, while in 2015 189 students were studying at one of our rural campuses. In 2015 there were 47 students studying medicine at UNSW who had entered through the Indigenous entry program.



This project was possible due to funding made available by Health Workforce Australia.

03 FOREWORD BY HEAD OF SCHOOL



FOREWORD BY HEAD OF SCHOOL 2014-15

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

Welcome to the Rural Clinical School.

In this report, we have highlighted some of the many achievements of our students and staff placing the Rural Clinical School at the forefront in training rural and Indigenous students to become doctors by bringing a world-class medical education to rural Australia.

Our successes have been far-reaching, from graduating world-class doctors, to the completion of our shared multi-disciplinary teaching hub in Port Macquarie, and lots in between.

The construction of the Port Macquarie Shared Health Research and Education Campus (PMSHREC) was completed in the first half of 2015. This new \$20m Medicine and Allied Health building, funded through the Federal Government's Education Investment Fund is the culmination of over four-years of planning and commitment from our staff and those of our partners, the University of Newcastle and North Coast TAFE. It brings to Port Macquarie and indeed the wider Mid North Coast region, state-of-the-art medical and allied health teaching facilities offering rural students an opportunity to study new programs not previously available in the area, close to home and close to family. Emphasising the quality of the new facilities, the PMSHREC building was chosen as the winner of the 'Best Tertiary Education Building NSW' in the \$10-\$20m category at the Master Builders Awards held at Star Entertainment Centre Sydney in October. Such a wonderful achievement for all involved with this building and one we are sure will provide positive and lasting tertiary educational outcomes for the Port Macquarie area.

For the Rural Clinical School, the PMSHREC will provide the opportunity to deliver the full six-year Medicine degree from one rural location. This model will allow our rural medical students the longest time possible studying in the country -- research shows that the longer students spend studying in the country, the more likely they are to return to a rural area as a practising doctor. This new milestone is another step in achieving our wider vision to help redress the imbalance in the access to quality healthcare between urban populations, and rural and Indigenous communities.

Once again our students have achieved outstanding success. From Coffs Harbour, Joshua Mortimer was recognised at the Dean's Awards ceremony with his inclusion on the 'Dean's List 2015' and in 2014, six Indigenous

students, all of whom were part of our Indigenous Entry Scheme, graduated as doctors – the most to graduate from UNSW in one year. In 2015, that number has increased and we are very proud to have been a part of the medical education of eight more of our Indigenous medical students who are preparing to graduate. At the Rural Clinical School, we are committed to selecting and supporting Indigenous students into the Medicine Program in order to redress the shortage of Indigenous doctors.

Our academic and campus staff are consistently recognised for their high levels of professionalism and ability to engage, inspire and support students. Reflecting this success at the 2015 Dean's Awards, Dr Eric Moyle from our Albury campus was presented with the award, 'Best Innovation by Conjoint Staff Member in Teaching Program' and Coffs Harbour campus Administration Manager, Karen Jackson received the Dean's Award for 'Professional and Technical Staff'. Also in 2015 Dr Sandy McColl, Head of Port Macquarie campus was promoted to Associate Professor in recognition of his teaching and research. In 2015 we also said farewell to Dr Peter Vine, the founding Head of Campus in Albury. In recognition of his outstanding work with the community Peter was awarded the Order of Australia in 2014 and upon his retirement, the UNSW appointed him Hon. Associate Professor. A special milestone for the Rural Clinical School was reached in 2014 when Associate Professor Craig McLachlan was awarded the School's first NHMRC grant to further his research work on cardiology.

The Rural Clinical School continues to promote discussion and community engagement in the rural health conversation. Our rural campuses run many outreach activities such as Community Liaison forums that seek to involve members of the community, local health professionals, local government and members of parliament, in the important health care issues that exist for each respective community and through our schools programs we are able to provide information and guidance to local high school students about the rewards of studying medicine and becoming a rural doctor

We have found high school students respond positively to the information sessions and workshops that are run by current Rural Clinical School students: they themselves were at high school not long ago, and so can develop a connection with their younger audience that makes medicine and healthcare more relevant. Some of our other school programs include teaching biology lessons on campus for visiting high school students, and our ever-popular Teddy Bear Hospitals that target younger children – here kindergarten and first graders learning about topics such as human anatomy and nutrition in a fun environment, with our own Dr Teddy Bear at the helm.

Our students fully immerse themselves in the local community, joining sports teams and volunteering for charities, helping strengthen the bond between the student and their surroundings thus making it more appealing to return after their post degree medical training to live and work in a rural country setting.

We continue to forge strong ties with the Indigenous community, and our students and staff regularly attend Indigenous events, such as the Desert Harmony Indigenous Festival in Tennant Creek, where they set up stalls that showcase our program, and engage the Indigenous community on important healthcare issues.

Our rural health club, the Rural Allied Health and Medical Society (RAHMS), leads the way in promoting a country lifestyle and rural health careers to high school and university students nationwide. RAHMS has had great success sending this message to students from the city and country – their flagship Rural Appreciation Weekend in Wagga Wagga every year gives students a taste of rural life and an insight into important healthcare issues often faced by rural communities.

None of our achievements would be possible without the dedication of our wonderful staff. I would like to thank our Academic and Professional staff for their enormous contribution to the Rural Clinical School. I would also like to thank Professor Peter Smith, who retired as Dean of Medicine in 2015. He has been unfailing in his support for the Rural Clinical School. I also welcome our new Dean of Medicine, Professor Rodney Phillips and we look forward to working with him to continue to build and develop our world-class rural medicine program.

Lastly, but most importantly, I'd like to thank our friends at the Department of Health who continue to support this wonderful program.

Look for us online ... You can discover more at rcs.med.unsw.edu.au.

04 PROMOTION OF RURAL HEALTH CAREERS



Coffs Harbour high school students spent two days doing work experience at Coffs campus. Many of them said the experience inspired them to go on and study Medicine.

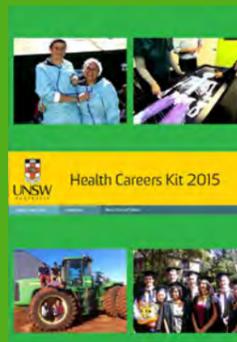
Our Health Careers Kit

Our Health Careers Kit covers information about all the allied health, medicine and nursing programs offered at universities across the state, and a description of each profession. Our kit also covers scholarships, accommodation, rural and Indigenous entry programs, bridging courses, financial assistance available, and the costs of studying at university.

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

The 2015 Health Careers Kit can be accessed and downloaded by students on the RCS website.

Current UNSW medical and allied health students 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 UNSW's rural student health club - the Rural Allied Health and Medical Society (RAHMS).



2015 Health Careers Kit



SECTION 04 PROMOTION OF RURAL HEALTH CAREERS

Promoting Medicine as a Career to Local High School Students

Our rural campuses often host work experience programs 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.

Our Sydney campus runs information sessions for visiting rural high school students where they can ask questions about the application and selection process of the Rural Student Entry Scheme (RSES), scholarships, and accommodation at UNSW.

Our rural campuses regularly run 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, while Coffs Harbour holds a 2-day work experience program every year.



A Port Macquarie medicine student explains how the heart functions to local high school students as part of their biology class.

05 RURAL STUDENT ENTRY SCHEME (RSES)



Overview of RSES

The Rural Student Entry Scheme (RSES) Program is managed by our Sydney campus, and is an alternative pathway into Medicine for rural students.

The scheme aims to increase the number 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 2014, 54 students entered Medicine through the RSES, while in 2015 there were 48 students that started through the scheme. Students who enter the RSES 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 completed training sessions with UNSW Medicine on the interview process.

RCS Sydney campus Executive Officer, Justine Brindle, talks about the RSES Program interview process for students who started in 2015:

“For entry into Medicine for 2015 the RCS had 93 main round interviews in November 2014 and 29 more in January — a total of 122 interviews. Overall we received 219 applications. We had 48 students come through the Rural Student Entry Scheme (RSES) – 33 NSW, 7 QLD, 6 VIC and 2 from NT.

The mean ATAR of applicants who accepted an offer in Medicine through the RSES to start in 2015 was 96.53.

The number of RSES students entering Medicine each year has steadily increased from less than 10 in 1998 to 48 in 2015.”

RCS students show local high school students the ropes during a work experience program at one of our rural campuses. Our medical students guided local youth through many sessions, like taking blood and blood pressure, simulated baby deliveries, testing reflexes and more. Over the years, the RCS has forged strong ties with the local community, and our students continue to inspire local youth to be passionate about healthcare.



RSES Student Profile: Jean Littlewood



Jean helps out with fencing and putting in troughs at her family property in Somerton, northern NSW.

GETTING knocked back from doing her dream university course the first time around didn't put UNSW Rural Clinical School student Jean Littlewood off.

The 20-year-old, originally from Somerton, west of Tamworth, decided against taking a gap year and instead embarked upon a medical science degree at the University of NSW, Sydney.

She then re-applied to study medicine at University of New South Wales (UNSW) a year later, using the university marks she'd gained in the interim and resitting the exams and interviews.

"It was really stressful... but I was lucky enough to get into my dream course," Jean said.

Now in her second year of medicine, Jean has also become a recipient of a 2015 The Land Rural Medical Scholarship.

"I do love the city life, but I think I'll ultimately end up in the country – I love the community at home and the feeling of when you go to a small country town," she said.

Jean grew up with her brother Bryon on a 243-hectare Dorper sheep and cropping property, "Willow View", at Somerton run by her parents Mary and Ian.

She wasn't sure what she wanted to do throughout her final years in high school, but work experience with Dr Cameron Henderson at Manilla changed all that.

"It was such a great experience – he really inspired me," Jean said.

"He has such a varied day, which is challenging I guess, but it was something I really enjoyed.

"It's a constantly changing field, so it would be really interesting as a career."

Jean said just a few days with him highlighted the problem of the doctor shortage in regional NSW.

"There were times when he had to be called out, and while there might have been a patient there (in the prac-

lice) but he just had to go – that's the other reason I want to become a rural general practitioner, because there is such a shortage."

While coming to Sydney was a big change Jean said it was one she had been ready for.

"It was different, but I was looking forward to change and I wanted to experience the city," she said.

Jean said the year of medical science reaffirmed her desire to do medicine, and while she enjoyed living in the city, it had also driven her to want to head back to the country.

"I do love the city life, but I think I'll ultimately end up in the country – I love the community at home and the feeling of when you go to a small country town," she said.

Jean said there were a range of things she enjoyed about the city – from being able to participate in sports without having to travel hours from home to being able to "pop" to the shops.

"It's the weirdly small things, like going shopping isn't a daylong trip," she said.

"I don't even have to make a shopping list, because if I forget something I can just walk back down again – it sounds silly, but it's a godsend."

Jean plans to specialise in the rural generalist field and is open to working anywhere in the country.

"I'd love to work in a couple of different places – the idea of moving about the country and seeing a few different country towns sounds good to me."

Jean said remote and outer regional work would also be good experiences, while working for the Royal Flying Doctor Service would be "an honour if that opportunity ever came up."

She also liked the idea of working in a townbased practice and travelling out to more remote places to work a

few days a week to help alleviate doctor shortages in remote areas.

But before she can embark on any full-time work, she has five years of study to go, including this year.

And while Jean has a long road of hard work ahead of her, she has her heart set on working in the rural generalist field.

She said all the doctors she'd spoken to enjoyed their work, although the common thread was "hard work".

"But I suppose if you get into this field you want the challenge," she said.

"I think after doing that one year of medical science I appreciate getting into the course more and how privileged I am to be there.

"Even though it's hard work, it's well worth it and the things we're learning are incredibly interesting."

At the moment she said students headed to a hospital every fortnight for a few hours to chat to patients and do some basic examinations, but the hands-on component would increase as her degree went on.

Next year she would be heading to one of UNSW's Rural Clinical Schools to spend time with doctors and tutors.

"It'll be great to get out and try something new and at a lot of the rural hospitals you get more experience simply because there are less students and so it's more hands-on."

Article by Kim Chappell of The Land, 30 April 2015.



The 2014 Winter School crew go all Crime Scene Investigation, CSI, solving a crime with the help of genetic testing.

Indigenous Student Policy

RCS strives hard to boost the number of Indigenous students studying Medicine at UNSW. Our Sydney Campus recruits, selects, and supports the 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.

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

Each year the Winter School program promotes Medicine to Indigenous high school

students. Co-ordinated by RCS and Nura Gili Indigenous Programs, Winter School is for students who are keen to pursue a career in medicine.

Many UNSW faculties offer Winter School Programs, from Business to Social Work, and successful candidates travel to Sydney to take part in the program. In 2015, 10 Indigenous students from years 10-12 took part in the Medicine Program.

For three days of the Winter School week, RCS organised activities such as 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 tried their hand at suturing sessions, took blood pressures, visited the Museum of Human Diseases, and did a scenario group activity.

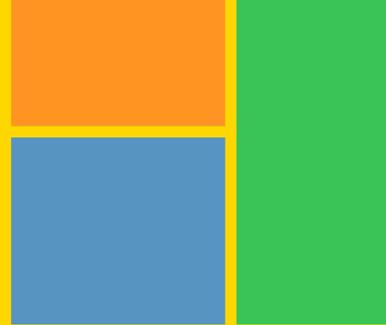


The 2014 Pre-Medicine crew get an in-depth look at human anatomy and physiology during one of the practical sessions.

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 1 Medicine Program.

Students 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.



Breaking records: Six new Indigenous Australian doctors graduated from UNSW in 2014, the highest number in a single year. Out of the six, three plan to go on and practice in a rural area.

Indigenous Entry in 2014 - 2015

In 2013, 13 Indigenous students were accepted into UNSW's Pre-Medicine Program (PMP). Of these students, seven successfully completed the PMP and were offered a place in UNSW's Medicine program for 2014, however two withdrew before the program started. Students who were not offered a place were encouraged to look into a Bachelor of Science degree at UNSW with the RCS helping to select subjects, or to do a bridging program at a university close to their home and to re-apply to the PMP the next year.

In 2014, 10 Indigenous students were accepted into UNSW's PMP. Of these students, seven successfully completed the PMP and were offered a place in UNSW's Medicine program for 2015.

In 2015, 47 Indigenous students were enrolled in UNSW's Medicine program. In 2014, six students graduated - the highest number in one year for UNSW. In 2015, we are set to break this record again, with eight Indigenous students gearing up to graduate.

Balnaves Scholarships

Every year an Indigenous student is awarded the Balnaves scholarship, which gives the student \$25,000 a year over the course of their entire degree. UNSW now has five Balnaves scholars thanks to the generosity of Dr Neil Balnaves (OA) of the Balnaves Foundation.

In 2015 the new Balnaves scholar was Hamish Fejo. Hamish says the scholarship has helped him reach unimaginable heights:

Coming out of high school with aspirations to study medicine, I never thought that I'd successfully see out my first year. Even once I was accepted into the UNSW Medicine program, I was scared to face the challenge due to my own doubt in my academic abilities, and the added pressures of financial stress and the four hour daily commute. The Balnaves scholarship program has supported

me immensely, allowing me to live on campus at college and fully apply myself to my studies. I can proudly say that this support from the Balnaves scholarship has given me the opportunity to thrive academically this year, exceeding even my own expectations.

With the continuous support of the Balnaves Foundation scholarship, it is my hope to study at one of UNSW Rural Clinical School's rural campuses. I believe that this experience will really help me in my future career, as it is my goal to work in rural and remote communities to improve Indigenous health in these areas.

I'm extremely grateful for the support I've received from Neil Balnaves, the Balnaves Foundation and Nura Gili, and I feel extremely proud to be one of the many Indigenous students who are representing our people in tertiary education.

Pre-Medicine students chat about their experience in 2014:

So glad that I participated in the program, was definitely worthwhile. Had a very enjoyable time and made plenty of new friends!

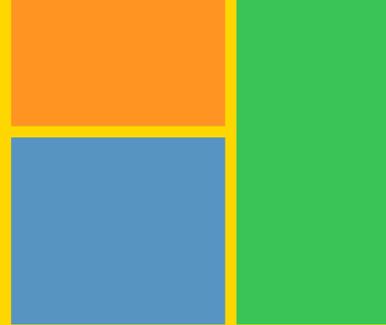
Experiencing the lifestyle of a Medicine student, living on campus, completing assignments and regular study routines. These components have allowed me to understand what is required to study Medicine at UNSW and prepared me for future studies.

It's been an educational experience and I definitely want to study at this university. This program is a wonderful opportunity for indigenous people and should be supported fully by the university.



Anatomy was an extremely interesting subject - I enjoyed the practical learning environment!

The best features were the practicals; and the tutoring was very helpful for our lectures



Indigenous high school students try their hand at a plastering session during RCS's 2015 Winter School.

Australian Indigenous Doctors Association (AIDA) UNSW student 2015 representative – Christian Kunde

My ILP was initially planned to analyse the ethical considerations of the implementation of co-payments for primary healthcare, as was being proposed by the Abbott Government.

However, when the policy was altered, the ILP shifted to a more general examination of the value of bulk-billed services in Medicare. After receiving a research scholarship from the Balnaves Foundation, my supervisor and I wanted to ensure that there were clear Aboriginal voices in the study, not just an extrapolation based upon existing data.

“One such issue was the impact that shame has in limiting the access of Aboriginal people to healthcare, particularly in exacerbating pre-existing barriers.”

I interviewed several doctors and allied health workers, and two Federal politicians, to elicit their experiences pertaining to bulk-billing in Medicare, which revealed some interesting ethical issues rarely or never discussed.

One such issue was the impact that shame has in limiting the access of Aboriginal people to healthcare, particularly in exacerbating pre-existing barriers. I had the opportunity to present this sec-



Indigenous student and Balnaves recipient talks about his ILP at the 2015 AIDA Conference.

tion of my ILP at the AIDA Symposium, and the discussions I had there with other clinicians aided in composition of my final report.

I would like to acknowledge my supervisor, Dr. Bridget Haire, for her strong personal support and commitment to conducting research in a culturally appropriate manner. I would also like to thank the Rural Clinical School staff for their ongoing and critical support, especially Gen McKay and Justine Brindle, and the Balnaves Foundation, whose contribution facilitated my research having a strong Aboriginal health focus.



Our Indigenous medical students often take part in community outreach programs, like ASPIRE's campus tour for Indigenous parents and community members to show them what uni life is like. These influential people then return to their communities and inspire youth to study at uni.

07

SUPPORT FOR RURAL & INDIGENOUS STUDENTS



Students take advantage of our resources room.

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 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 talk about the benefits of the resources room and tutoring sessions:

"The resources room helps lots with my studies -- it's a quiet, stimulating environment where I can always find a place to sit, use the computers, printer, text books and the other good resources."

"Yeah - it's great. Especially knowing it's a quiet place where I can meet other students and get stuck into some serious study sessions - you know, really talk through problems and more."

"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

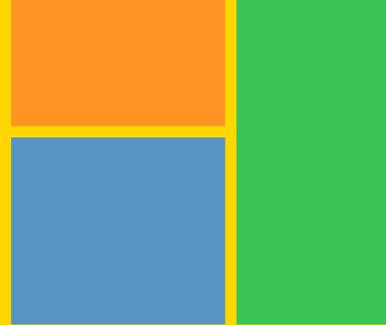
RSES and Indigenous students can also borrow a range of resources, to assist them in their studies while they are on campus or at home. There are educational DVDs and videos, prescribed textbooks for Phase 1, stethoscopes, sphygmomanometers, otoscopes and lab coats. Students can also borrow a laptop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



Albury RCS medical students strike a pose.

Here are some of the high points from our rural campuses from 2014-15.

Albury

Summary by Head of Campus, Associate Professor Neil Bright

2014-2015 have been two years of significant change at the Albury Campus and for the Rural Clinical School as a whole with the retirement of Dr Peter Vine who was Head of Campus here for 14 years, and his replacement with a part-time academic/clinician.

Although he has retired Peter has remained as a con-joint and has been an invaluable source of help and advice during the changeover. We've also had a change in administrative staff and welcome Diana Potocnik to the role as administrative officer.

The students continue to be involved in the community with activities such as the Teddy Bear Hospital, tutoring in the high school and fund raising at The Big Splash as well as having teams in local sporting events and the

annual Nail Can Hill run. More recently they have initiated a program they have called Doctors for Doctors, to try and ensure that all students have their own GP. In a classic example of the students teaching the teachers this was discussed by the local Border Medical Association and looks like becoming one of the initiatives for the broader medical community in Albury. Our tutors have continued to give generously of their time, knowledge and experience. Some have had to cut back their workload because of their commitments but we have been fortunate to welcome new tutors, particularly in the GP sphere.

"We're grateful to all who contributed and look forward to continuing with the program during the coming years and using the things learnt from it to develop new initiatives over the next year or two."

In particular I welcome Dr Catherine Orr and Dr Alfeen Varghase to the program and thank Dr Rebecca McGowan and Dr Christopher Johnson for their efforts to date. We look forward to continue to work with them in the future. I would also like to thank Dr Gillian Coleclough and wish her well in her new venture. A significant focus this year has been an attempt to bring as much of the biomedical science program as possible in house. Until this year much of the program was delivered by video conference but with the aid of almost 25 clinicians, some who have never taught for us in the past, we've been

able to have the majority of the program delivered by people whose practise speciality is related to each of the topics. We're grateful to all who contributed and look forward to continuing with the program during the coming years and using the things learnt from it to develop new initiatives over the next year or two.

SECTION 08 RURAL CAMPUSES



Albury students dazzle at the Big Splash, a charity which supports children with disabilities



RCS students and staff take a breather from the 14km Westpac Helicopter Coastal Charity Walk to help raise \$250,000 for The Westpac Life Saver Rescue Helicopter.

Coffs Harbour

Summary by Head of Campus, Dr Alison Seccull - 2014

Student Achievements

We were pleased and proud to graduate 16 students and welcome 48 students across Phase 2 and Phase 3 of Medicine for 2014.

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 one of our graduates Dr Belinda White taking up internship at Coffs Harbour Health Campus. Many of our other graduates also headed to other areas of regional New South Wales to take up their internship. Some chose city life but were keen to return to a rural area once they got some more experience in their chosen field of Medicine.

Every year we see graduates return to us, with several now holding permanent positions in the area.

Community events

Our campus has successfully embedded itself into the Coffs Harbour community, taking part in many community events.

All of the staff and students came together to offer a 2-day work experience program on campus for high school students from an area stretching from Byron Bay to Macksville. This was a successful program with great feedback from the high school students involved and one that we wish to continue and improve on each year.

Our students and staff also took part in the Health Careers expo, and the post-secondary schools options expo. Students and staff were on hand to answer questions and offer advice to local school students hoping to study Medicine. These are great opportunities for us to introduce students to the Rural Student Entry Scheme to Medicine at UNSW. A number of locals who attended these days have returned to us as medical students.

A specialties career night was held for our own students. This was well supported by our local consultants, who enjoyed promoting their specialty and has become a regular feature on the Coffs calendar.

Phase 3 student Nigel Beetson and staff represented the RCS at the "Who Ya Gunna Call Forum", a health and disabilities forum for the Coffs Aboriginal community. Here we promoted the Indigenous Entry to Medicine Scheme to the local Aboriginal community and offered free blood pressure checks to the community. Nigel also took part in cultural awareness training for local hospital staff and also for our Phase 2 students.

Our campus ran our first ever Teddy Bear hospital this year. An enthusiastic team of students and staff put about 80 kindergarten and Year 1 students from Sandy Beach Public School through the Teddy Bear Hospital, which promotes a healthy life style and dispels the fear of hospitals and doctors by introducing the children to medical staff and procedures in a fun and friendly environment. The school had lots of great feedback about the event and we plan to make this a regular activity. Special thanks go to RCS student James Millhouse who donned the Teddy Bear costume on an unseasonably hot day and still managed to entertain his fans!

Students organised a trivia night for the Coffs Harbour branch of Make A Wish, raising lots of money for the worthy cause, which grants the wishes of local children with life threatening illnesses.

The Coffs crew jumped on board for Coffs Coast Dragon Boat Regatta, picking up an admirable bronze at the event. Our students have thrown themselves into the local sporting and community scene doing triathlons, biking, basketball, netball and multi sports, and taking part in charity walks and events.

Some of our other great events included the RSPCA Cupcake Day, Beyond Blue Depression Awareness day, Medical Indemnity events and the annual State of Origin extravaganza.

Our students have access to world-class facilities at our campus, but many community groups can take advantage of these too - another example of how we support our local community. We continue to be the facility of choice for our local GP training network, and are delighted to facilitate the work of many outreach services, such as the Paediatric Oncology team from SCH, Cochlear Implant clinic, and the Spinal Injury outreach service. The Spinal Injury service means many patients and their families are saved the trouble and expense of a 1200km return trip to Sydney which can make the difference between receiving health care or not.

Staff events

Our campus welcomed Administration Assistant Tracy Rampant to the campus in 2014. Tracy came to us as a temp but soon became a permanent team member and is the friendly face of the campus at the reception desk. Tracy has held a number of interesting positions before she came to the RCS, the most recent being an assistant to the naval attache in Washington DC. Tracy is a driving force behind the sporting achievements of the students, especially in the netball arena.

I was very honoured to be appointed as Head of Campus in the second half of 2014. As a long time lecturer at the school, I took over the reins from Dr Narelle Mackay, who returns to clinical practice.

We have been lucky to have many of the consultants and hospital staff teaching our students not only this year but for many years. As the number of hospital and VMO staff grow, we have increasing local teaching opportunities for our students. We are very grateful to all the medical, nursing and allied health professionals involved in this teaching and we are lucky to have such a welcoming and enthusiastic local health community.



Griffith campus' 2015 crew enjoy studying and living in Griffith, they say.

Griffith

Summary by Head of Campus, Dr Damien Limberger - 2015

The Rural Clinical School, Griffith Campus is now into its third cohort of full-time phase two students, in addition to our students undertaking rural rotation placements. To cater for our increasing number of students, the Griffith Campus has furnished an additional student house to accommodate our rotating students.

Students and staff have had a busy academic and social year. Our cohort of phase two students were welcomed to Griffith by Mayor John Dal Broi over a typical Griffith

lunch of pizza, pasta and the famous 'Cathy's lasagna', cooked by our very own Administration Officer, Cathy Piana. Griffith City Council then took students and staff on a tour of the town, with a stop off at the Catania Fruit Salad Farm.

Our students were quickly immersed into rural life with a visit to Farmer Tom's dry area farm. Farmer Tom quickly enlightened everyone on the hazards and health impacts of farming, and the truth about steel cut oats. Fortunately for our SimMan, our students were well prepared to save him following a severe on farm trauma.

This year we welcomed Kyla Brooks onto our team as Clinical Skills Educator. Kyla brings her experience as a rural nurse, midwife and educator to our clinical skills training program. Our academics have continued to generously give their time to teach and mentor our students.

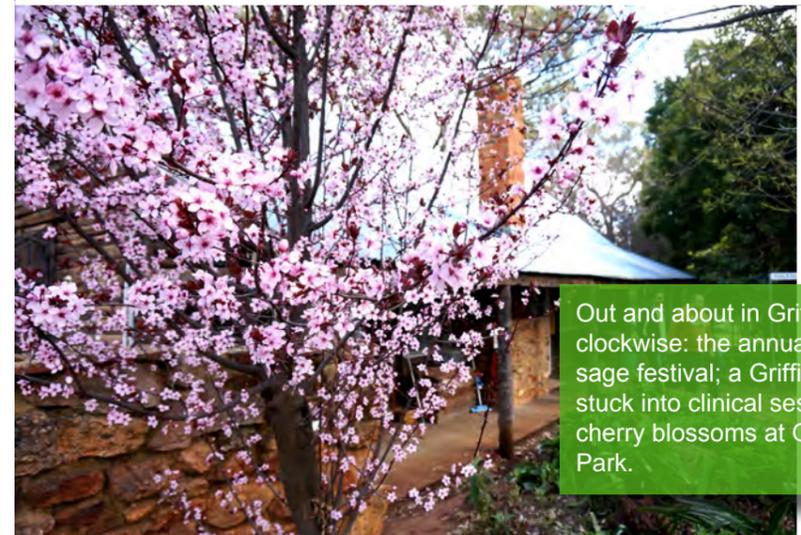
Having a passion for good food is a prerequisite when coming to Griffith. Students this year have been able to relax and network with staff and academics over campus lunches, taste regional foods at 'La Festa' and experience the famous 'Festa della Salsicce' or festival of the home-made salamis. Students this year have been privileged to even jam with our local singing surgeon and muso, Dr Jaya.

No rural training is complete without experiencing the largest agricultural field days in the southern hemisphere, the Henty Machinery Field Days. And as one of our rotating students said "there ain't no high heels and

handbags here", but it didn't seem to stop her visiting and shopping at many of the stalls on display.

Our trip to Mungo National Park, in the Willandra Lakes World Heritage Area provided an amazing experience. Our guide and local traditional custodian provided a unique insight into the culture of the Aboriginal people who lived and cared for this traditional Country.

We have continued to offer students a unique and positive experience of rural medicine and life in a rural community. This year we look forward to celebrating the graduation of our first cohort of fulltime phase two students who studied at the Griffith Campus in 2013.



Out and about in Griffith - from top clockwise: the annual Italian sausage festival; a Griffith student gets stuck into clinical sessions; and cherry blossoms at Griffith's Pioneer Park.



Kathy guides students during sims lab

Port Macquarie

Summary by Head of Campus, Dr Alexander McColl

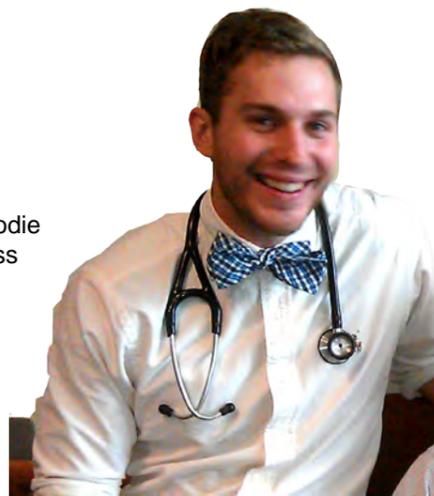
2014 and 2015 were exciting times at RCS's Port Macquarie campus. Academically, 18 bright young doctors graduated from our campus in 2014 to continue their medical training. Notable among the graduates were:

- William Yates who won a number of Faculty prizes as well as the Rural Clinical School prizes.
 - Overall Performance in Paediatrics - Faculty
 - Prize for Phase 3 Integrated Clinical Examination - Faculty
 - Sandy Reid Prize: Best Overall Performance in Phase 3 - RCS
 - James Curran Prize for Medicine – RCS
 - Port Macquarie Head of Campus Award
- Clare McClennan won the faculty prize for Obstetrics and Gynaecology.

William Yates.

And our successes didn't stop there — William Yates, Clare McClennan, Jodie Wheatley, Ashfaque Qadri and Madeleine Sheppard graduated with First Class Honours and finished in the top 10% of the entire faculty.

Congratulations and best wishes to all the graduates.



The present Year 6 cohort has recently completed final exams and is awaiting results. Three of this year's class have taken positions at the Port Macquarie Base hospital in 2016 for their internships. Best wishes to all the 2015 grads.

MediSIM Port Macquarie – the state-of-the-art simulated learning area which allows students to gain practical experience through clinical scenarios in a risk-free environment – welcomed new staff member, Kathy Barnett, to provide simulated learning sessions for students from Years 4 to Year 6.

The Shared Health Research and Education Campus (SHREC) was completed in early 2015. This exciting facility will hold an anatomy lab, a biochemistry/physiology lab, a pathology museum and a full simulation centre as well as up-to-date teaching facilities and a 170 seat lecture theatre.

This facility will provide the infrastructure for Port Macquarie to deliver all six years of the UNSW medical program. Thus, a student would be able to undertake their entire six year UNSW medical program at the Port Macquarie campus.

Students managed to take a break from studies and get involved in the local community – sporting teams, volunteers at Port Macquarie Ironman, Trivia Night and the Teddy

Bear Hospital.

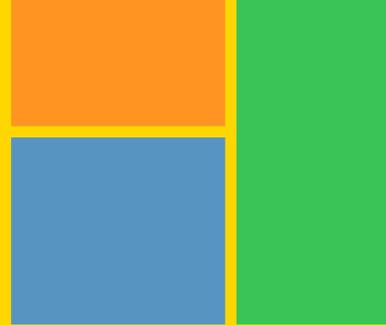
On December 9th 2013, fifth-year student James Kelly died while on elective in Tanzania. James arrived in Port Macquarie in March 2012. He completed two years of his medical degree with us in Port Macquarie.

James touched the lives of many of us in Port Macquarie and we are all better for it. From all of us in Port Macquarie – the Rural Clinical School and the community – James, we will miss you very much.

A memorial for James was held on March 21, 2014 at the Port Macquarie Rural Clinical School.

Graduating class of 2014





Breaking new ground: UNSW's newly completed SHREC building brings state-of-the-art medical teaching facilities to New South Wales' mid-north coast, and will play host to the full six-year medical degree for local students who are keen to study medicine.



The new building boasts a modern look and first-rate medical training facilities so students will experience world-class teaching in a comfy, relaxing but also inspiring setting.





Wagga Wagga

Summary by Head of Campus, A/Prof John Preddy

2014-2015 have been two more exciting years for Wagga Wagga campus. We are very proud of our 17 graduating students in 2014, as a group they've been extremely cohesive and supportive of each other. Seven of our graduates will be taking up Intern places in Wagga Wagga and will continue the tradition of our graduates teaching our students.

Wagga Wagga will soon be opening our new hospital. It is a state-of-the-art facility which will open at the beginning of 2016 and has been designed as a teaching hospital with plenty of spaces on wards and in departments for small group teaching activities. I have no doubt that the new hospital will enhance the educational experience for our students and provide an excellent health facility for the community, which is long overdue.

Student Awards 2014

The 2014 Student Awards Evening was held in November 2014, and notable students were:

Peter Reed Prize for Surgery (RCS): Courtney Noon
Peter Vine Prize for Best Performance in Phase 2 exam (RCS): Matthew Lennon
Head of Campus Award Wagga Wagga: Robert Dickson
Best All-Round Student Phase 3 Wagga Wagga campus: Arthavan Selvanathan

Staff Updates

Dr Laverne Lok, Paediatrician, has been appointed as an academic in Paediatrics and has been involved in completely revamping the Paediatric teaching program. Another recent appointment includes Andrew Pidgeon as Clinical Skills Coordinator at Wagga Wagga campus. Andrew's teaching interest and experience is related to anatomy, pathology and Radiology. Zoe Steiner has been appointed to coordinate the Women's and Children's Health timetable and academic activities.

We're currently seeking a part time researcher in the discipline of Paediatrics to develop a robust research program.

RCS continues to widen its focus in connecting with the local community and increasing its role as an educational leader and collaborative partner. Our aim is to provide practical support and informative advice to rural and regional students.

Eyes Wide Open 2015

We hosted "Eyes Wide Open" in April 2015 where RCS students talked to high achieving local school students with aspirations to study at university. Four RCS students shared their stories on the obstacles and triumphs of their own experiences through high school and entry to Medicine. The event was a great success, and students learned about entry into Medicine through a mentoring program that matches rural high school high achievers with Wagga Wagga campus medical students providing advice and support throughout the year.

Medicine Information Evening 2015

An annual event on our calendar, this is for senior high school students who are looking into a career in Medicine at UNSW.

RAW 2015

In October every year medical, nursing and allied health students come together to learn about health issues facing rural communities. The event is run by UNSW's rural health club, Rural Allied Health and Medicine Society (RAHMS). In 2015 it was co-convened by Wagga Wagga campus student, Jaime Fox. RAHMS has extended an invitation to Wagga Wagga RCS staff and families to attend the RAW "Farm Day". Activities included the operation of the Jaws of Life, a round-robin of farm experiences along with an emergency scenario. The day concluded with a wine tasting and canapes at the nearby Borambola Winery.

Independent Learning Projects (ILP)

Wagga Wagga campus students presented results of their 2014 research projects. Elaine Ng presented at the Perinatal Society of Australia & New Zealand Congress in Melbourne. Her study highlighted the need for uniform guidelines to optimise the management of respiratory

distress in regional special care nurseries. Julia Fattore presented to the Executive and senior managers of Murrumbidgee Local Health District (MLHD). Julia reported her project results where a range of measures were developed to increase the utilisation of NSW Health paediatric clinical guidelines. Jaime Fox presented "rural traumatic brain injury transport protocols" at the Critical Care Conference, Hunter Valley, in May 2015. Jaime was awarded the Winner Best Research/Quality Presentation.

Chariots for Charity Race

In April each year, Wagga Wagga's main street is closed for the Chariots for Charity race raising funds for Wagga Wagga charities. In 2014, five Phase 3 students of the RCS Wagga Wagga campus took part to raise funds for Wagga Wagga Base Hospital's Maternity and Children's Wards. They competed against teams from the Army and Navy Defence Force, CSU Veterinary students and various local business houses. The RCS students were outright winners claiming the Community Cup and prize money of \$400 which they donated to the hospital.

In 2015, last year's champs lined up again to compete and were challenged by a very competitive Phase 2 team. The thrilling final race saw the 2014 champions win and claim the Community Trophy with the Phase 2 challengers nabbing "Runners Up". 2015's fundraising went to Lillier Lodge – specialised accommodation for Riverina country people receiving cancer treatment in Wagga Wagga.



09 OUR GRADUATES



RCS graduates keen to practise in the country

Of the 2014 UNSW medicine graduating class, 70 students spent at least one year studying at a rural campus (see Figure 1).

This clearly reflects our success at 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 188, an increase of 63%.

"This reflects RCS's success at exposing students to country life and a world-class medical education, which inspires many students to settle in the country to work as doctors."

In a 2014 exit survey for new graduates, 60% said they intended to spend time working in a regional, rural or remote location after they completed their training (see Figure 2).

This reflects RCS's success at exposing students to country life and a world-class medical education, which inspires many students to settle in the country to work as doctors. This helps ensure rural communities have access to highly-trained doctors and quality health services, redressing the imbalance in healthcare between city and country.

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

UNSW Medicine Graduates who have spent at least one year at a RCS

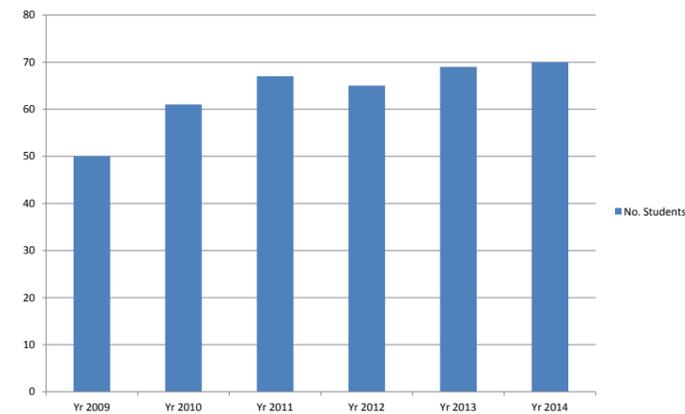
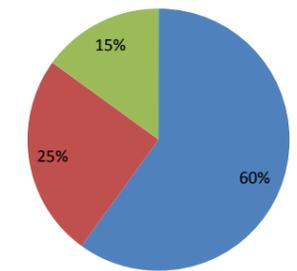


Figure 2 shows that 60% of new our medical graduates plan to spend time working in the country after they finish their training.

■ Rural, remote or regional area ■ Inner Urban ■ Outer Metro



The graduating class of 2014 celebrate.

10 AWARDS & ACHIEVEMENTS



Wagga students at 2014 Awards night.

2014 Awards - Rural Clinical School

James Curran Prize for Medicine	William Yates
Peter Reed Prize for Surgery	Courtney Noon
Sandy Reid Prize	William Yates
Peter Vine Prize for Best Performance in Phase 2 Exam	Matthew Lennon
P3 Integrated Clinical Examination Prize 2014	William Yates
Researcher of the Year	Noel Aherne
Teacher of the Year	Dr Damien Limberger



Dr Lesley Forster presents Matthew Lennon with the Peter Vine Award



Are these A-listers at Hollywood's glitziest event? No, it's end-of-year awards ceremony at Albury campus.

2015 Awards - Rural Clinical School

Dean's Award: Best innovation by conjoint staff member in teaching program	Dr Eric Moyle, Albury Campus
Dean's Award for Professional & Technical Staff	Karen Jackson, Coffs Harbour Campus
Dean's List student Award	Joshua Mortimer, Coffs Harbour Campus
Peter Reed Prize for Best Performance in Surgery	Jamie Cham, Wagga Campus
Jim Curran Prize for Best Performance in Medicine	Jamie Cham, Wagga Campus
Sandy Reid Prize for Best Performance in Phase 3	Wui-Kwan Wong, Wagga Campus
Teacher of the Year	Dr Ray Hodgson



Dr Lesley Forster (left) with 2015 Dean's Awards winners Karen Jackson and Joshua Mortimer



Alumni Profile: Dr Ashlea Broomfield - GP Registrar of 2015

Dr Broomfield, centre, celebrates with family and friends after picking up the GP Registrar of 2015 award.

Dr Broomfield receives her award.



Coffs Harbour RCS graduate Dr Ashlea Broomfield was named the 'Australian GP Registrar of the Year' in late 2015.

A Coffs Harbour local, Ashlea's parents are teachers at local schools. She completed three of her six years at the UNSW RCS Coffs Harbour campus and graduated in 2011. She then went on to do her internship in Coffs Harbour.

Since she graduated, Ashlea has been working in local GP practices in Coffs Harbour and has married a local builder.

"I feel very honoured to receive the GP Registrar of the Year award," Dr Broomfield said. "It is very touching to receive this award when I do my work without expectation of reward."

"My years with the RCS were definitely formative and inspired me to become involved in a community and be

a health care practitioner within a community, delivering health care at a preventative and population level.

"The RCS program is of a very high standard and I was very lucky to be a part of it. I hope to remain in Coffs for many years to come."



Alumni Profile: Dr Damien Limberger

As head of the Rural Clinical School's Griffith campus, Dr Limberger is working to encourage more students to consider a career in the bush.

UNSW Medicine alumnus and RCS Wagga Wagga graduate Dr Damien Limberger has been committed to the education of rural doctors since he joined the second cohort of students to undertake Medicine via the Rural Student Entry Scheme.

Today, as Executive Medical Director of Griffith Base Hospital and head of the Griffith campus of UNSW's Rural Clinical School, 36-year-old Dr Limberger is working to encourage more Medicine students to consider careers in the bush.

"Our students get lots of hands on experience, with ward rounds in the hospital every day, a lot of procedural training in theatre, and because we only have six students there's a really good teacher to student ratio," he says.

"Most rural doctors are generalists who have to deal with everything that comes through the door, from road traumas to big farming accidents and mental health. They get the full range of surgical and medical exposure."

Griffith joined Albury-Wodonga, Coffs Harbour, Port Macquarie and Wagga Wagga as the fifth campus of UNSW's Rural Clinical School in 2013. With a \$700,000 investment from the Federal Government, the School purchased a former doctor's surgery opposite the hospital and upgraded it into a state-of-the-art medical teaching facility.

The funding was also used to purchase a large, Griffith-style house to accommodate all six students. "It has big living areas and nice kitchen – and the neighbours bring them home made salami and olive oil and even put out their rubbish," Dr Limberger says.

Dr Limberger is now recruiting the second intake of students and plans to expand the program to enable them to undertake their Independent Learning Project at the campus. He would also like to see more specialist training available in the bush.

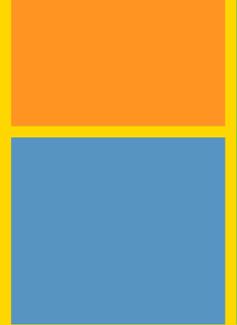
Born in Wagga Wagga, Dr Limberger studied for three years at UNSW Medicine in Sydney before completing his degree in Wagga Wagga, where he stayed on as an intern and resident. He then undertook general practice surgical training in Griffith and set up a GP obstetrics training post there, and worked as a GP obstetrician for several years.

He now conducts surgery at Griffith Base Hospital, focuses on safety and quality as Executive Medical Director, and also works with the Clinical Excellence Commission. As head of campus, he is involved in guiding a multidisciplinary teaching staff to deliver the curriculum to six full time and three rotating students.

"My rural background makes working here appealing – it's all about the rural lifestyle, knowing the community and, even in the hospital setting, the sense of teamwork and camaraderie that you don't get in the big cities," he says.

12

SHORT-TERM PLACEMENTS



Sarah Kahn on Grafton



Most local UNSW medical students do at least four weeks placement in a rural location. Here's what UNSW student Sarah Kahn had to say about Grafton:

It was the afternoon of a warm, sunny day when my REX flight from Sydney landed in Grafton Airport. The 2.5 hours flight to Grafton via Lismore was pleasant, even though it was on quite a small airplane.

I had organised a hire car at the airport, to make my way to the hospital accommodation centre where I would be staying during my stay in Grafton. While driving through the roads leading to the town, I was amazed by the greenery and nature. Once I actually reached the town itself, I was pleasantly surprised by the amenities that they had available.

The hospital accommodation centre was well equipped and a great value for price. But the highlight of my term in Grafton was the hospital itself and the wonderful staff there. All of the staff in Grafton hospital, and the people in general are extremely friendly and kind.

The teaching that I received from the team and the cases that I saw were some of the best in my life. Not only were there a lot of learning opportunities, but also there was always something to do over the weekend, like exploring the many nearby beaches, which are wonderfully secluded and pristine. Even though four weeks in a rural town seemed long to begin with, it went faster than anticipated and I made some lifelong memories.

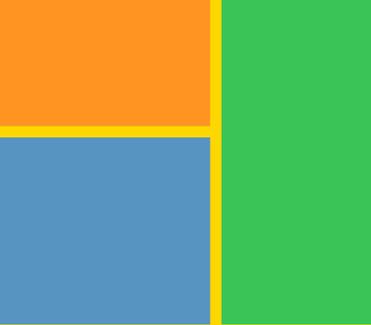
Grafton's Jacaranda Festival



UNSW students enjoy biking - a great way to take in Grafton's stunning scenery.

13

REMOTE & OVERSEAS PLACEMENTS



21-year-old Naronda William Loy with her one-year-old daughter Karlishia Raggatt, at their home in Mosquito Bore, Utopia, in 2011. Photograph: AAP and the Guardian.

RCS student learns life lessons from Utopia Indigenous Community, NT

Utopia Homelands, a Northern Territory Indigenous community, is set in a stark yet stunning desert landscape. About 320 km north of Alice Springs, it covers more than the area of Hong Kong, but unlike the bustling city there are only about 1,200 inhabitants.

Like many remote communities, Utopia faces challenges, like lack of services and limited access to healthcare. But on her John Flynn medical placement Jaime Fox also saw a sense of community and respect for elders that was woven into the fabric of their daily life - values that are fading from mainstream Australian society. Jaime, a UNSW Rural Clinical School medical student, tells us about experience:

Two years ago, I asked to be considered for an Indigenous community placement because I wanted to develop health-care skills to address the many issues facing the Indigenous community such as reduced life expectancy, otitis media, diabetes, and rheumatic heart disease.

Early in my first placement it became clear to me that my placements would be best spent learning from the community and their way of life: walking in their shoes.

Much is written about problems in Indigenous communities, but there are many positive aspects of Indigenous culture that often aren't shared with the average Australian. It is my belief that much can be learnt from communities such as Utopia, who have striven to preserve their culture.

The traditional language Alyawarr, is passed down the gen-

erations through a rich oral tradition, facilitated by community elders. Family groups still live with elders that care for their family in a tribal manner.

The community still hunts and gathers traditional foods, and has 'women's' and 'mens' business, in which the elders pass on necessary life skills and wisdom to the tribes' youth to ensure that they are prepared for adulthood, and their role in the community. They ensure that they can feed and care for their tribal companions.

In mainstream Australian society we award the best. The best at sport, schooling and many other physical, tangible measurable characteristics. It does not seem to be so here - character is most important - who a person is, and how they treat others. Everyone in the tribe contributes and supports each other and this is the key to its success and sustainability: there is onus upon nurturing and passing on skills that can benefit the group as a whole. Those that have superior expertise are honoured by being enabled to cultivate others within the community. Children are happy and playful, childcare is a shared responsibility enjoyed by all.

Everyone knows everyone else, and cares for individual community members as necessity dictates, no-one seems to be 'too busy'. When a community member is sick, there is usually an entourage of concerned relatives, waiting to provide care and support for their loved ones.

Aboriginal culture is the world's oldest known culture, and has existed for over 40,000 years, living in harmony with the land. I believe this chain of existence was only recently broken due to a lack of appreciation and understanding of the value and importance of such a holistic approach to life. Land rights and native title are a relatively recent advent, designed to give Indigenous people the opportunity to live traditionally if they so choose. The Australian government has rightly apologised for generations of atrocities. So, by my reckoning, it is time for both cultures to put the past behind and walk together with mutual respect into the future. But what should this future look like?

I think some of the answers to this question can be found here, in Utopia, embodied by the elders, though advanced in years, they are sound of mind and body. Those that have reached this milestone have lived off the land on a supplemented traditional diet, and continue to hunt and gather. They have engaged in, and been supported by their com-

munity throughout their lives. Many have lived rough, under the stars in humpies, sleeping in car bodies when the rains come - but their faces are lined with years of happiness, and their eyes have a lively sparkle that conveys a sense of contentment, peace and nobility.

On completion of my third John Flynn placement in Utopia, NT, I feel very privileged to have been afforded such an experience. Over the past two years, I've seen individuals grow and change; the cycle of life; and seen relationships develop and the clinic grow and prosper.

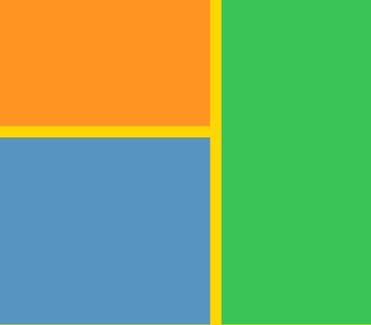
Often when you are in the one place you cannot see the impact you are having, but for an outsider such as myself, the snowball of positive change is obvious. I'd like to thank the John Flynn Program, the community, and all clinic staff, past and present for providing me with such a unique opportunity to gain insight into Indigenous Australia, and to develop as a person and future medical practitioner. I hope our paths cross again in the future.

Learn more about the John Flynn Placement Program @ <http://www.acrrm.org.au/preparing-for-your-career/john-flynn-placement-program>



Jaime Fox makes a new friend during her placement at Utopia, NT.

SECTION 13 REMOTE & OVERSEAS PLACEMENTS



Many of our students travel overseas for their elective term, giving them a rare and privileged glimpse into how medicine is practiced around the world.

Georgina Dixon travelled to Tanzania in east Africa for her placement in 2015. The Port Macquarie student says it was a life-changing experience:

I was lucky enough to win a competition that has afforded me one of the most incredible adventures of my life - a "bonus" elective in Arusha, Tanzania. I don't think that there are words to accurately capture just how awesome my time here has been. The Work the World team has looked after me incredibly well; it is comforting to know there is a fantastic team of people to support you every step of the way.

The UK office prepared me well, helping me with what I would need and also what to expect. The frequent contact and access to your own personal online elective tracker will make organising your trip really simple.

The Arusha team is beyond fantastic - you will always

be greeted with a friendly smile and they'll do anything they can to ensure you're doing everything you want to do. No effort is too much for the wonderful guys here - they'll help you with your placement and any exploring you want to do in your free time. They bend over backwards to sort out even the smallest of hiccups. We are spoilt rotten here with beautiful food, facilities, friendly smiles and a wonderful atmosphere.

"I have been challenged on every level, frustrated, heartbroken and distressed by some of the things that I have seen. Despite this, it is rewarding, interesting, and uplifting to spend time in the wards and with the patients."

My placement in Mount Meru Hospital starkly contrasted anything I had previously experienced. I have been challenged on every level, frustrated, heartbroken and distressed by some of the things that I have seen. Despite this, it is rewarding, interesting, and uplifting to spend time in the wards and with the patients. Making the children in the paediatric wards laugh was such a privilege and being able to support and comfort patients in other wards was also gratifying. I have been struck by the ingenuity of the doctors and their ability to work with such limited resources.

During my time here, I have seen many interesting and

"You cannot judge the systems and methods here by the standards that are applied at home; it is a completely different and incomparable world."

rare conditions that I wouldn't have otherwise been exposed to and I have had the chance to get some excellent hands-on experience. Some of the patient management can be difficult to witness and it is important to remember that there is always a method behind the apparent madness. We are here to learn and to experience, not to judge or teach.

I have loved living in the Arusha house and getting to know students from all over the world. It is amazing how quickly we have bonded and I know that I have made some friends that will stay with me forever. It was really fun and so helpful to have such a great group of students at home, as we were able to support each other

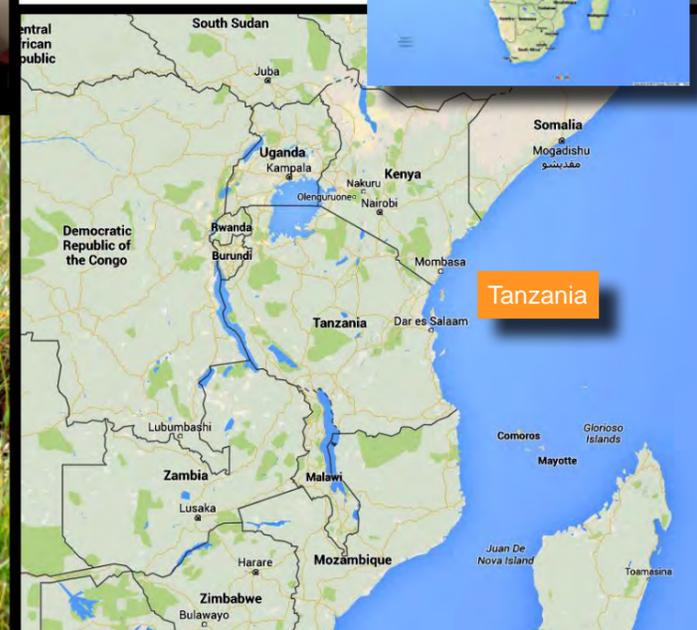
while on placement and after the more difficult days in the hospital. It is an automatic group of travel buddies with whom you can explore Arusha and hang out with. Be sure to make the most of your time with your housemates, because it will fly past and suddenly you will be saying tearful farewells to your new friends.

Tanzania is a beautiful and fascinating country. In and around Arusha there are many fantastic activities to keep you entertained in your spare time and on the weekends. I have seen everything from beautiful waterfalls, snakes and reptiles, mountains, Maasai villages, and more people than I thought conceivable jammed into a small dala dala van!

We saw so many beautiful animals and landscapes and it was a really fun little group of us from the house. Definitely put that on the to-do list for when you're here.

My time in Arusha has absolutely flown past and my experiences and interactions with Work the World have been unremittingly positive. I would strongly encourage you to let Work the World organise your elective for you. When you arrive, approach life here with an open mind and a positive attitude and you will be rewarded with some of the most amazing experiences and friends that you could hope to have in a lifetime.

Read original story @ <http://www.worktheworld.com.au/reviews/medical-elective-tanzania-arusha>



14 RURAL ALLIED HEALTH & MEDICAL SOCIETY (RAHMS)



2015 RAW crew took part in emergency accident scenarios and many other rural health related activities.

2014 Summary - Joshua Mortimer, 2014 RAHMS President

I'm excited to be able to write this report on RAHMS' activities in 2014, which was a huge year of growth where the Society built heavily on past successes. A lot happened in 2014, with the streamlining of RAHMS' executive structure, unprecedented Allied Health representation, a successful RAW, the most ambitious Indigenous festival trip to date, as well as new and continued partnerships with external organisations including ACRRM, ASPIRE, GPSN and GPSynergy. This was also the first year that RAHMS applied for ARC affiliation – increasing our ability to collaborate with and utilise university resources to be the best rural health club we could be.

RAHMS got off to a flying start in 2014 with a strong O-week push to raise our profile and sign up over 140 new

members. We showed off our newly designed merchandise at our stall on UniWalk, presented to first years at a number of faculty talks and held an open meeting to let new members in on some of the behind the scenes action. With the exhaustion of O-week barely wearing off, we hit the ground running in the following weeks with our introductory tour of Sydney for international students, clinical skills session at Medcamp and beginning of year networking function.

On the social front, RAHMS was able to expand our collaboration with Medsoc to bring our Sh'outback Gala Day to campus – a country fair themed event on Physics lawn which saw over 250 students from all health disciplines enjoying fairy floss, snow cones, jumping castles and a delicious barbecue, all while raising awareness of the difficulties faced by rural communities.

Other socials focused on networking, with a pizza dinner being organised for Rural Clinical School (RCS) students in Sydney for Anatomy Week and a Rural Meet & Greet being run for students going to the RCS's in the

following year. Our end of year social and AGM made sure RAHMS 2014 went out in a flourish of canapés, pizza and fond memories.

On the more academic side of things, RAHMS ran a number of scholarship information evenings and networking events throughout 2014, as well as clinical skills nights and attendance at the NRHSN's Spring Workshop. RAHMS also ran Rural High School Visits to schools in Port Macquarie, Dorrigo, Bellingen, Macksville and even Tennant Creek in an attempt to spread positive health messages and encourage more rural students to take up health careers.

2014 was also the first year that RAHMS attended the Desert Harmony Indigenous Festival in Tennant Creek. This was an eye-opening cultural experience for all those involved and created a great opportunity to expose health students to the varied nature of rural Australia's geography and people.

Meanwhile, RAHMS' Rural Clinical School representatives were busy organising documentary screenings, laser tag sessions for positive mental health, trips to the

obligatory country races, 'laughing yoga' sessions and morning teas.

Altogether, 2014 was a hugely successful year for RAHMS – a feat which wouldn't have been possible without the tireless efforts of an amazing team of dedicated individuals on the RAHMS executive. Rural health – you never know where it might take you!

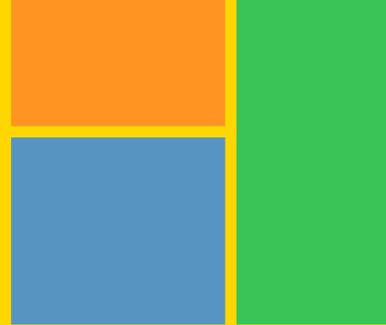
2015 Summary - Georgia Diebold, 2015 RAHMS President

RAHMS has had a killer of a year in 2015. From visiting new areas during our Rural High School Visits to a revamped Rural Appreciation Weekend in Tarcutta, here are some of the highlights of our year:

- The Start of Year Social - at the campus favourite Coco Cubano. Food was aplenty, company good, and by the end of the evening, everyone had met at least another member from a different degree. Multidisciplinary teamwork at its finest.

RAW 2015 attracted more than 100 allied health and medical students who got a taste of rural life and an insight into important rural healthcare issues.





- Our Rural High School Visits – to the Southern Highlands and South Coast. Five dedicated members drove down to inspire future medical and allied health students from six different country town high schools.
- The Interdisciplinary Clinical Skills Night – this is a great way to meet students from other faculties, and learn how much you'll appreciate having allied health colleagues supporting you in the future.
- Our combined Clinical Skills Night with General Practice Students Network (GPSN) - gave students an opportunity to practice suturing, plastering, cannulation and OSCE skills and hear from Dr Nicholas Moore, an ED registrar from Orange and RAHMS alumni.
- The Desert Harmony Festival Trip - Tennant Creek in the NT. Five lucky students got to travel to the Red Centre to experience Aboriginal culture and

arts in a beautiful and unique remote Australian setting -- during the festival we set up a stall to promote UNSW's Indigenous entry to medicine program and inspire youth about important healthcare issues.

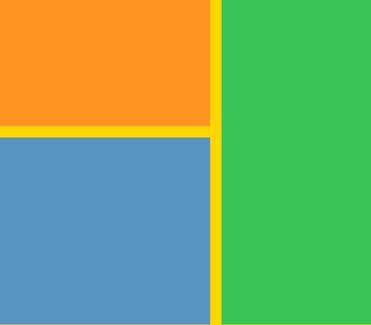
Last but not least, our biggest event of the year, the Rural Appreciation Weekend (RAW) was held over the October long weekend. Over 100 health students from across NSW and Victoria converged in Tarcutta (near Wagga Wagga) to learn about rural health and lifestyle, farming practices and clinical skills.

Next year we look forward to involving more of our general members in our new Events Subcommittee, increasing our advocate role for international students, developing a database for rural placement opportunities and maybe even replacing our dearly-missed-but-never-forgotten long-lost mascot!

One of the many activities RAHMS organises is the combined clinical skills night with the GPSN.



RAHMS members (from left to right) Gemma Bylos, Amy Cooper, Brittany Hill, Yvette Homann and Liam Mason in Alice Creek on the Desert Harmony Festival trip.



RAHMS Executive 2014

Position	Name
Sydney Co-chair	Shane Rosenzweig
Rural Co-chair	Joshua Mortimer
VP Medicine	Olivia Chua
VP Allied Health	Rose Gu
Secretary	Gemma Goodwin
Senior NRHSN Representative	Bridget Cavanagh
Junior NRHSN Representative	Emily Sisson
Indigenous Representative	Tayla Coles Georgia Diebold Sarah Parker
RHSV Coordinator	Haisley Formosa Thom Finnerty
Clinical Skills Director	Grace Butel-Simoes
Academic Director	Michelle Jayasuriya Michelle Lin
Social Director	Raman Kaur Monisha Prakash
IT/Publicity Officer	Nathan Jamieson
Merchandise and Sponsorship Officer	Emily Heffernan
Optometry Rep	Cinda Lam
Exercise Physiology Rep	Deborah Finlayson
Medical Science Rep	Adam Wilkinson
Social Work Rep	Bess McMahon-Hogan
Psychology Rep	Janice Lam
Albury Rep	Laavanya Aruneswaran
Coffs Harbour Rep	Melissa Weston
Port Macquarie Rep	Marjy Grealish
Wagga Wagga Rep	Ellen Hinch Hilary Watt
RAW Co-convenor	Laavanya Aruneswaran Lucy McMullen

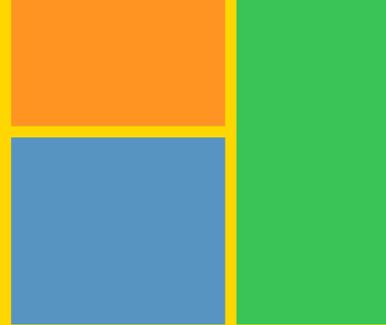
RAHMS Executive 2015

Position	Name
President	Georgia Diebold
Vice Presidents	Olivia Chua
Secretary	Emily Kozera
NRHSN Representatives	Emily Sisson
IT and Communications Officer	Wyatt Ng
Social Media and Merchandise Officer	Jean Littlewood
Indigenous Director	Gemma Bylos
Rural High School Visits Director	Digby Allen
Clinical Skills Director	Kelly Easey
Academic Director	Katherine Christie
Optometry Rep	Dharani Nadarajah
Medical Science Rep	Tin Yau Ngan
Social Work Rep	Leah Read
Psychology Rep	Georgia Dillon
Exercise Physiology Rep	Muneeba Tariq Chaudhry
Albury Reps	Ramandeep Kaur Claire Monaghan
Coffs Harbour Rep	Dominic Bull
Port Macquarie Reps	Andrew McKeown Renae Lawrence
RAW Convenor	Jaime Fox



Fire ceremony at Indigenous Festival which RAHMS took part in to raise awareness about important healthcare issues.





2014-15 Research Update - A/Professor Craig McLachlan, RCS Research Director

I'd like to congratulate our hard working research academics who have contributed to the wider scientific knowledge base and our school's research metrics. Our RCS research outputs over the last two years represent impressive and competitive outcomes and we compare favourably to other schools in the faculty.

The number of enrolled PhD students in RCS has increased, and mirroring this there has been an increase in publications in high impact journals, not to mention the award of three Category-A Commonwealth grants.

In the last two years RCS has been awarded research funding that has topped one million dollars.

Some good news stories include Karen Chia obtaining ethics approval for a complex pulmonary hypertension

intervention and receiving a \$15,000 dollar grant from the Mid North Coast research collaborative hub to support these studies.

Yuling Zhou our PhD student is ending a four year journey, where she has been exploring the role of genetic interactions on telomere regulation in rural populations. This work will be presented at the EMBO workshop in Singapore in December.

Vivian Isaac is also nearing the completion of his PhD, and with a string of solid international publications in Medicine and BMJ open, has been focusing his research on psychosocial factors and their influence on hospital readmissions and rural medical career decision-making.

Dr Alex Gavino, a recent PhD student, has just submit-

ted an ethics application on a rural public health survey and is linking this to cardiovascular risk and genetic population markers. Associate Professor Tom Shakespeare has developed self-sustaining models of research by encouraging staff, as well as himself, to undertake PhD training.

In Sydney, the McLachlan Group has coordinated the testing of a first-in-human aortic assist device in India with Indian cardiac transplant pioneer Dr Cherian.

Meanwhile, in Wagga Wagga there is momentum building in paediatrics research with a new research officer soon to be appointed.

Coffs Harbour campus RCS honours student Joshua Mortimer has determined that hypofractionated post-mastectomy radiotherapy compared to more conventional radiotherapy can reduce health care costs by around \$2,000 per patient. This work translates to cost

savings and reducing the need for more long distance frequent travel for rural based populations to receive treatment.

Importantly, our research is starting to align with and within health service networks. Through academic-health network collaborations and partnerships a focus on health systems and policy reform can begin in earnest. A formal collaboration has been established between the Mid North Coast LHD and our school, and as such founding members of the Mid North Coast collaborative research hub.

Current wisdom dictates that research should not simply evaluate; it must also influence and result in positive pragmatic outcomes for communities. Over the next five years I predict that RCS research will begin to influence health systems and communities through implementation science, precision medicine, and health policy reform via scalability of piloted interventions.



Indian cardiac doctors test a RCS-developed aortic assist device for the first time in a human.

Rural Clinical School Publications – 2014-15

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 2014 and 2015:

2015

Cohn SL, Gautam B, Preddy JS, Connors JR, Kennedy SE Barriers to the use of paediatric clinical practice guidelines in rural and regional New South Wales Australia. *Aust J Rural Health*. 2015 May 6. doi: 10.1111/ajr.12190. [Epub ahead of print]

Conway A, Douglas C, Sutherland J. Capnography monitoring during procedural sedation and analgesia: a systematic review protocol. *Syst Rev*. 2015 Jul 14;4:92. doi: 10.1186/s13643-015-0085-4.

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Fulde GW, Smith M and Forster SL. Presentations with alcohol-related serious injury to a major Sydney trauma hospital after 2014 changes to liquor laws. *Med J Aust* 2015; 203 (9): 366

Garcia C, Chin P, Rashid P, Woo HH. Prostatic urethral lift: A minimally invasive treatment for benign prostatic hyperplasia. *Prostate Int*. 2015 Mar;3(1):1-5. doi: 10.1016/j.pnil.2015.02.002. Epub 2015 Feb 13.

Horsley PJ, Aherne NJ, Edwards GV, Benjamin LC, Wilcox SW, McLachlan CS, Assareh H, Welshman R, McKay MJ, Shakespeare TP. Planning magnetic resonance imaging for prostate cancer intensity-modulated radiation therapy: Impact on target volumes, radiotherapy dose and androgen deprivation administration. *Asia Pac J Clin Oncol*. 2015 Mar;11(1):15-21

Isaac V, McLachlan CS, Baune BT, Huang CT, Wu CY. Poor Self-Rated Health Influences Hospital Service Use in Hospitalized Inpatients With Chronic Conditions in Taiwan. *Medicine (Baltimore)*. 2015 Sep;94(36):e1477. doi: 10.1097/MD.0000000000001477.

Joplin S, van der Zwan R, Joshua F, Wong PK. Medication adherence in patients with rheumatoid arthritis: the effect of patient education, health literacy, and musculoskeletal ultrasound. *Biomed Res Int*. 2015;2015:150658. doi:

10.1155/2015/150658.

Leng YL, Zhou Y, Ke H, Jelinek H, McCabe J, Assareh H, McLachlan CS. Electrocardiogram Derived QRS Duration >120 ms is Associated With Elevated Plasma Homocysteine Levels in a Rural Australian Cross-Sectional Population. *Medicine (Baltimore)*. 2015 Jul;94(27):e1080. doi: 10.1097/MD.0000000000001080

Mol B, Odani J, Perera M. Erotomania and psychotic depression. *Aust N Z J Psychiatry*. 2015 Aug 10. pii: 0004867415597306. [Epub ahead of print]

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Mumme AM, Cham J. Filshie clip migration with multiple groin hernias: a case report. *J Med Case Rep*. 2015 Sep 7;9:187. doi: 10.1186/s13256-015-0665-x.

Neupane D, Panthi B, McLachlan CS, Mishra SR, Kohrt BA, Kallestrup P. Prevalence of undiagnosed depression among persons with hypertension and associated risk factors: a cross-sectional study in urban Nepal. *PLoS One*. 2015 Feb 11;10(2):e0117329. doi: 10.1371/journal.pone.0117329. eCollection 2015.

Rashid P, Narra M, Woo H. Mentoring in surgical training. *ANZ J Surg*. 2015 Apr;85(4):225-9.

Rashid P, Grills R, Kuan M, Klein D. Trainee underperformance: a guide to achieving resolution. *ANZ J Surg*. 2015 May;85(5):303-7.

Wilcox SW, Aherne NJ, McLachlan CS, McKay MJ, Last AJ, Shakespeare TP. Is modern external beam radiotherapy with androgen deprivation therapy still a viable alternative for prostate cancer in an era of robotic surgery and brachytherapy: a comparison of Australian series. *J Med Imaging Radiat Oncol*. 2015 Feb;59(1):125-33.

2014

Journal Articles - Scholarly Refereed

Carroll GE, Thompson PL. Cardiology networks: improving the management of acute coronary syndromes



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Elliott-Rudder M, Pilotto L, McIntyre E, Ramanathan S. 'Motivational interviewing improves exclusive breastfeeding in an Australian randomised controlled trial'. *Acta Paediatr*. 2014 Jan;103(1):e11-6.

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Isaac V, Watts L, Forster L, McLachlan CS. The influence of rural clinical school experiences on medical students' levels of interest in rural careers. *Hum Resour Health*. 2014 Aug 28;12(1):48.

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Olupeliyawa, A. M., O'Sullivan, A. J., Hughes, C., & Balasooriya, C. D. (2014). The teamwork mini-clinical evaluation exercise (T-MEX): a workplace-based assessment focusing on collaborative competencies in health care. *Academic Medicine*, 89(2), 359-365.

Olupeliyawa, A., Balasooriya, C., Hughes, C., & O'Sullivan, A. (2014). Educational impact of an assessment of medical students' collaboration in health care teams. *Medical education*, 48(2), 146-156.

Parker LM & Watts LD (2014). "They liked it if you said you cried": how medical students perceive the teaching of professionalism. *Med J Aust* 2014, 200 (1): 22.

Parker, L., & Watts, L. D. (2014). How we involved rural clinicians in teaching ethics to medical students on rural clinical placements. *Medical teacher*, (0), 1-4.

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Whitby L, McLachlan CS. 'Inconsistent approach to providing care worker assistance to the falling patient'. *Ergonomics Australia* 2014, 1:3

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Wong PK, Christie L, Johnston J, Bowling A, Freeman D, Joshua F, Bird P, Chia K, Bagga H. How well do patients understand written instructions? Health literacy assessment in rural and urban rheumatology outpatients. *Medicine (Baltimore)*. 2014 Nov;93(25):e129. doi: 10.1097/MD.000000000000129.

Books

Cardiac Arrhythmias From Basic Mechanism to State-of-the-Art Management, Editors: Ambrose S. Kibos, Bradley P. Knight, Vidal Essebag, Steven B. Fishberger, Mark Slevin, Ion C. Țintoiu. Chapter: Late Open Artery Hypothesis and Cardiac Electrical Stability, Craig Steven McLachlan PhD, Brett Hambly MBBS, PhD, DipAnt, Mark McGuire MBBS, PhD, FRACP

Coffs students jump for joy after final exams



Media Report Joel Katz, RCS Media Officer 2014-15

Since the launch of our new media strategy in 2013 we have grown our audience significantly, and reached out to many new target viewers. By doing this more people know who we are and what we do, and the impact our medical programs have in boosting the quality of rural and Indigenous healthcare nationwide.

Our approach merges

digital and traditional media in one seamless package to engage, inform and energise our target audiences — audiences that include rural and Indigenous healthcare peak bodies, policy-makers, researchers, academics, rural clinicians, and future and current students.

Through our social media channels students can share their experiences of life in the country, interact with peers, and show future rural and city-based medical students the rewards of rural life, for both studying *and* practising medicine.

Our media strategy promotes RCS's activities and raises UNSW Medicine's profile locally, nationally, and even globally. In 2014-2015 our ties with the media have only grown stronger, and media outlets run many of our success stories on a regular basis. 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, academic 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, and from January 2014 to October 2015 has had 148,007 page views and 72,622 sessions.

For the reasonably small size of our school compared to other larger schools and faculties at UNSW, these numbers are impressive and show that we are getting our message to a wide audience, as well as providing current and future students with information that will help them enter medicine and ease their journey once they have started their degrees.

Facebook

Since we launched our [Facebook](#) page it has received over 650 'Likes' and over its lifetime has had a combined 'daily reach' in the thousands. Through Facebook we can quickly broadcast stories to a big audience covering future and current students, and other target audiences. Our Facebook page is a fun and dynamic forum where students are engaged, entertained and informed about past and future events. We promote our own events and success stories, and cross-promote other relevant content. Some examples of content we post are annual photo comp photos, media stories, and in-house video productions.

We upload our videos separately onto the Facebook feed, and these typically get many more views than on our YouTube channel. On average videos attract about 200 views each, which is a large viewership for a relatively small combined audience compared to some of the other bigger schools at UNSW.

Our Facebook page lets students, staff and alumni easily connect with peers, our campuses and UNSW's Rural Clinical School as a whole, giving everyone a sense of ownership - this is their space to express themselves and their successes, and also challenges they may face.

Twitter

Our [Twitter](#) feed now has over 700 followers. As well as our core target audiences, through Twitter we can 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

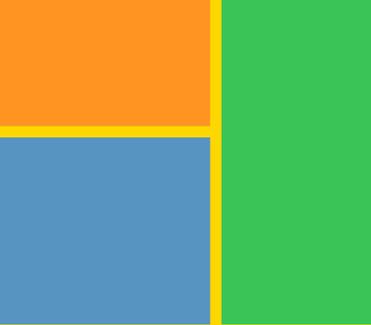
other digital platforms. Our top tweets can get thousands of impressions and scores of engagements, and have been effective in promoting important events and success stories that capture our core goals. From August 1 to Oct 30 2015 we got 52.7 thousand impressions, which is a consistent with other periods over our Twitter account's lifetime.

YouTube

We have posted a series of videos on our [YouTube channel](#) that showcase the world-class education students experience at our rural campuses, with students sharing their positive experiences of studying and living at a rural campus in their own words. Over the lifetime of our YouTube channel our videos have had a combined total of 5,942 views and 12,051 minutes watched. These videos are embedded in the RCS website to attract more viewers. They are also posted on the [UNSW Community YouTube](#) channel, which helps broadcast our stories to viewers outside our core audience, further raising our profile, reinforcing our core messages and engaging new audiences.

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 regional newspapers, television networks (WIN, Prime 7, NBN), radio and online media outlets across New South Wales, as well as newsletters and magazines published by peak health and Indigenous organisations, and UNSW media. Through this proactive media campaign, we have continued to raise our profile and boost brand recognition of UNSW Medicine to rural communities across Australia. See 'Section 17: In the News' for some samples of our stories.



IT Report - Jason Vincent, ICT Manager

2015 has been a year of quiet, but steady progress, all the while maintaining a high level of focus on customer satisfaction and quality of 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 in Wagga, Steve in Port Macquarie, Shanker in Coffs Harbour and myself in Albury.

A big congratulations went out to Scott in Wagga late in 2014, with the presentation of the annual John Abbott Staff Excellence Award – this tied in with Scott achieving ten years of continuous service to the Rural Clinical School – in all, a very rewarding year. Well done Scott.

Capital works were finished in Port Macquarie with the completion of the the Shared Health Research and Education Campus (SHREC) in early 2015. My sincere thanks goes out to the electrical contractors (Carter & Osborne and KELSO Services) both of whom worked exceedingly hard to meet UNSW's high expectations. Another big thank you goes out to the UNSW Communications Team (Greg Sawyer and Sue Heiler especially), UNSW Central IT and the Medicine Computing Support Unit (MCSU). Without your dedication, accurate planning and hard work, the facility would not be what it is today.

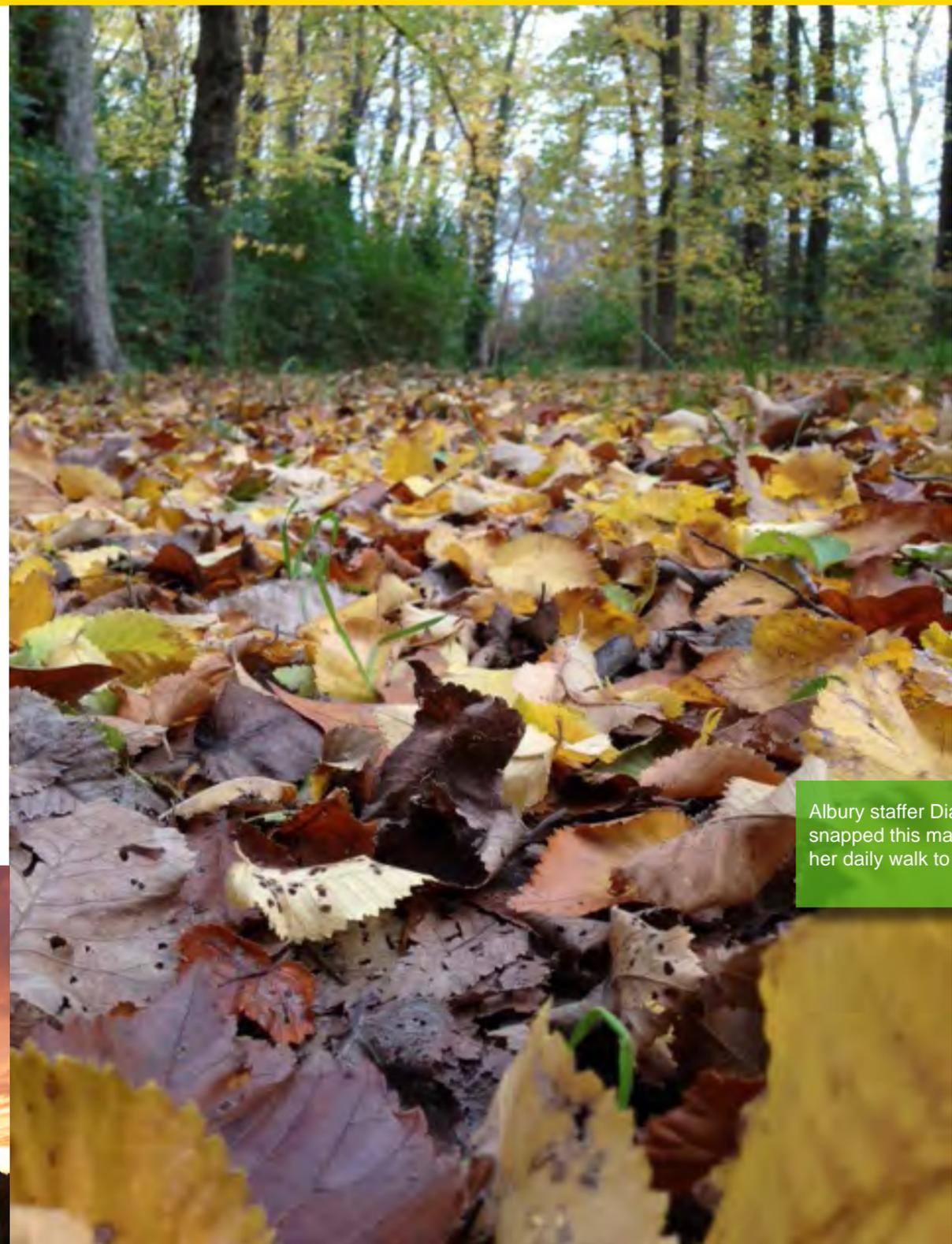
RCS IT dealt with a multitude of interesting challenges across the spectrum ranging from AV, videoconferenc-

ing, 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 metropolitan campuses in Sydney.

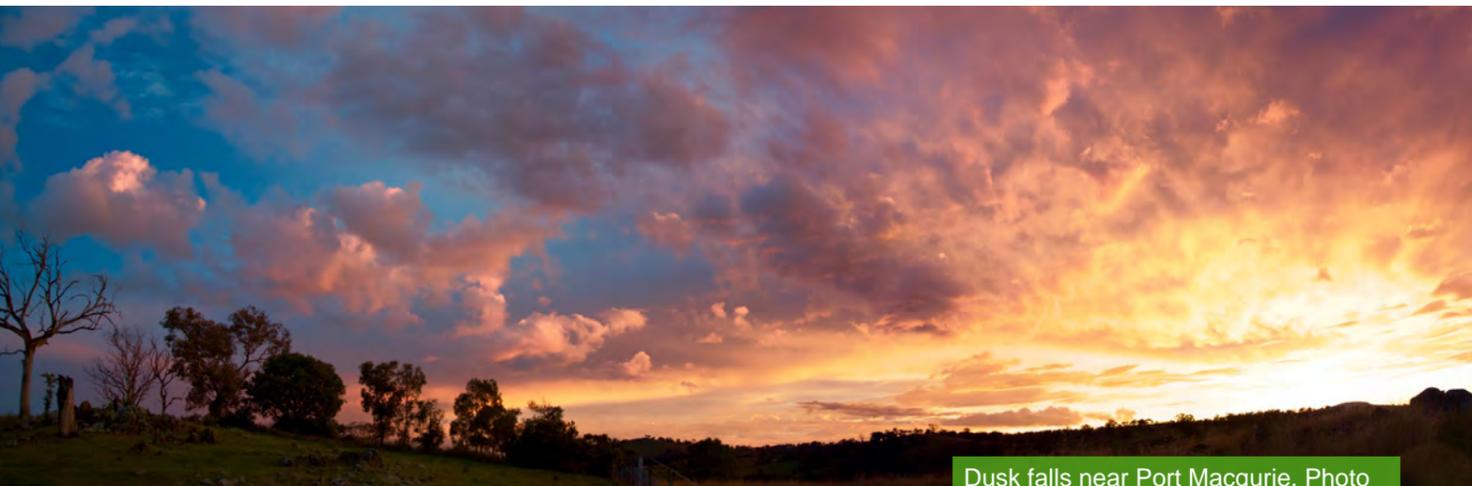
The beginning of the year saw the launch of a new Microsoft SharePoint 2013 Intranet site for staff and students which was a long overdue overhaul of the previous site, both functionally and cosmetically. The use of SharePoint means that the School has the benefit of leveraging an enterprise grade platform which permits it to develop and maintain dynamic content.

A new Active Directory domain was introduced in the middle of the year along with virtualized domain controllers at each campus. This was as a result of a long overdue hardware rollover for the campus servers. These will serve us well as we move through the next four years.

Finally, the latter half of 2015 saw the lengthy research and development of an internal digital signage solution pay off. A tailored content and device management system was developed in-house using off-the-shelf components and software which resulted in a highly flexible system which has been rolled out to three of six sites.



Albury staffer Diana Potocnik snapped this magical photo on her daily walk to campus.



Dusk falls near Port Macquarie. Photo by Port Macquarie student David Holmes.



UNSW broke records with six Indigenous students graduating from medicine in 2014. All of these graduates came through RCS's Indigenous Entry Scheme. *The story was picked up by a number of Sydney's largest media outlets, including ABC's 7:30 Report.*

Media picked up many RCS stories in 2014-2015, and our relationship with the media grows ever stronger.

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.

Many success stories have been broadcast by local print, television (WIN, Prime 7), radio (ABC) and online media highlighting our school's wide scope of activities. Our stories have also been widely published on UNSW's newsrooms. Here are some stories from 2014-2015:

- Our Teddy Bear Hospitals inspire kids to learn about healthcare and medicine, and reverses the stereotype that doctors are scary.
- How RCS inspires our students to work in the country after they complete their medical training.
- RCS graduates like country-raised Dr Ashlea Broomfield going on to great success - in her case picking up 'Australian GP Registrar of 2015' (See Alumni Section).
- A record-breaking six Indigenous medical students graduating in 2014.
- Completion of the UNSW-led Port Macquarie health education centre. This centre is set to become a major educational hub that integrates medicine and allied health, allowing UNSW medical students to complete their *full degree* in Port Macquarie. Allied health students from local institutions will also receive their training at the centre.

Here are some more of our stories from 2014-2015



RAW gives health students a taste of country life

120 health students have been welcomed with open arms by the Tarcutta community over the weekend. It was the 9th time the UNSW-led Rural Appreciation Weekend has been held but it was the first time Tarcutta had hosted. *Published in the Wagga Daily Advertiser*



Close look at human body

A SKELETON named George was one of the star attractions as 100 year 8 students had a practical look at what it's like to study medicine. The St Columba Anglican School (SCAS) students were given 15 minute lectures on the musculoskeletal, circulatory, respiratory, digestive and excretory systems at the UNSW Rural Clinical School Port Macquarie campus. *Published in the Port Macquarie News.*



UNSW student keen on a country practice

WORKING as a rural doctor has so much to offer, says rural medicine student Sarah Keenan, who sees much more to the role than initially meets the eye. This aspiring doctor's interest in such a career emerged from a fascination with the human body. However, it was her childhood in Griffith that has helped opened her eyes to the advantages of being a rural GP. *Published in the The Land.*



India and RCS explore ways to collaborate on future cardiovascular surgical technologies for rural poor and marginalised communities

Indian and UNSW Australia scientists are collaborating on exploring new medical technology opportunities that can improve the lives of India's poor and marginalised communities. *Story picked up by some of Chennai's biggest media outlets.*



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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Alexopoulos,Christopher	Lecturer (Conjoint)
Allan,David	Lecturer (Conjoint)
Allwright,Patrick	Senior Lecturer (Conjoint)
Andrews,Douglas Alan	Senior Lecturer (Conjoint)
Arianayagam,Chandran	Lecturer (Conjoint)
Arianayagam,Sobhana	Senior Lecturer (Conjoint)
Arshed,Muhammad	Lecturer (Conjoint)
Arthur,Ian Charles Allan	Lecturer (Conjoint)
Asquith,Philip	Senior Lecturer (Conjoint)
Assareh,Hassan	Lecturer (Conjoint)
Atkinson,Kathleen May	Associate Professor (Conjoint)
Attik,Raffat	Senior Lecturer (Conjoint)
Austin,James Douglas	Lecturer (Conjoint)
Auwardt,Russell B	Associate Professor (Conjoint)
Avery,Roslyn	Senior Lecturer (Conjoint)
Awad,Nader	Senior Lecturer (Conjoint)
Baggio,Louis	Lecturer (Conjoint)
Barnett,Jonathan	Associate Lecturer (Conjoint)
Barton,Nicholas James	Associate Lecturer (Conjoint)
Baxter,Samuel Eli	Associate Lecturer (Conjoint)
Becker,Gert Johannes Jurgens	Senior Lecturer (Conjoint)
Begbie,Stephen	Senior Lecturer (Conjoint)
Binks,Matthew John	Associate Lecturer (Conjoint)
Blaxland,David	Senior Lecturer (Conjoint)
Booth,Carol Anne	Lecturer (Conjoint)
Braid,Josephine	Lecturer (Conjoint)
Brennan,Xavier John	Associate Lecturer (Conjoint)
Bright,Neil Francis	Associate Professor (Conjoint)
Brinsmead,Maxwell	Senior Lecturer (Conjoint)
Briscoe,Karen Peta	Lecturer (Conjoint)
Brooder,Ronald James	Senior Lecturer (Conjoint)
Brown,Kai Matthew	Associate Lecturer (Conjoint)
Bruce,Iain S	Senior Lecturer (Conjoint)
Bruce,Lenert Desmond	Senior Lecturer (Conjoint)
Brunsdon,Christopher	Associate Lecturer (Conjoint)
Butler,Stephen Arran	Associate Lecturer (Conjoint)
Byrne,Bonita Beryl	Lecturer (Conjoint)
Byrne,Mark	Lecturer (Conjoint)
Cameron,Barbara Asha	Associate Lecturer (Conjoint)
Camilleri,Tenell	Associate Lecturer (Conjoint)
Carne,Jonathan	Senior Lecturer (Conjoint)
Carroll,Gerard Edward	Professor (Conjoint)



Caton,Timothy David	Lecturer (Conjoint)
Chambers,Jennifer	Lecturer (Conjoint)
Chatterji,Arunavo	Senior Lecturer (Conjoint)
Chaves,Karina	Lecturer (Conjoint)
Chee,Christopher	Senior Lecturer (Conjoint)
Chen,Jonathan	Associate Lecturer (Conjoint)
Chen,Michelle Zhiyun	Associate Lecturer (Conjoint)
Chessor,David Janusz	Senior Lecturer (Conjoint)
Cheung,Bernard	Lecturer (Conjoint)
Chockalingam,Ganesh	Lecturer (Conjoint)
Chong,Angela Pek Yoon	Senior Lecturer (Conjoint)
Christie,David John Francis	Lecturer (Conjoint)
Chung,Steven	Lecturer (Conjoint)
Clarke,Robert	Lecturer (Conjoint)
Cook,Ian Francis	Associate Professor (Conjoint)
Cooper,Timothy David	Associate Lecturer (Conjoint)
Corben,Paul Warren	Lecturer (Conjoint)
Crawford,Michael Jeremy	Senior Lecturer (Conjoint)
Crompton,Daniel	Lecturer (Conjoint)
Cumberland,Henry William	Senior Lecturer (Conjoint)
Cummins,Leigh Andrew	Associate Lecturer (Conjoint)
Curran,Shane William	Associate Professor (Conjoint)
Currie,Geoffrey	Associate Professor (Conjoint)
Currie,John	Associate Professor (Conjoint)
Dahlenburg,Leigh h	Lecturer (Conjoint)
Davey,Ken	Lecturer (Conjoint)
De Zordi,Joseph	Lecturer (Conjoint)
Diez Alvarez,Sergio	Senior Lecturer (Conjoint)
Douglas,John Robert	Associate Professor (Conjoint)
Eek,Richard Wilhelm	Lecturer (Conjoint)
El-Bialy,Gehan Ibrahim	Senior Lecturer (Conjoint)
Elliott-Rudder,Megan	Lecturer (Conjoint)
Ellis,David Anthony	Senior Lecturer (Conjoint)
Elsayed Foda,Mohamed Ahmed	Senior Lecturer (Conjoint)
Elvy,Mark Selwyn	
England,Alan Stuart	Senior Lecturer (Conjoint)
Escott,Richard Norman	Lecturer (Conjoint)
Eversheim,Franz Josef	Senior Lecturer (Conjoint)
Farrell,Patrick Joseph	Lecturer (Conjoint)
Fernon,Vincent	Associate Professor (Conjoint)
Forrester,Alan Thomas Ian	Lecturer (Conjoint)
Frawley,Philip Andrew	Senior Lecturer (Conjoint)
Fry,Jeremy	Lecturer (Conjoint)
Game,Justin	Lecturer (Conjoint)
Gautam,Bijender Kumar	Associate Lecturer (Conjoint)

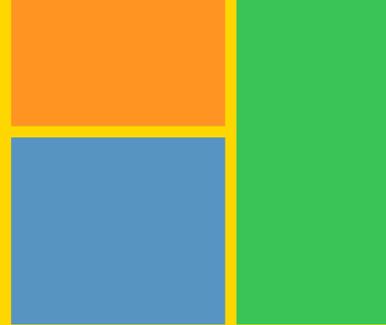
Gillespie,David	Lecturer (Conjoint)
Gillespie,David Arthur	Lecturer (Conjoint)
Gladman, Gregory John	Lecturer (Conjoint)
Goldman, Hariette	Associate Lecturer (Conjoint)
Gosal, Preet Kanwar Singh	Associate Lecturer (Conjoint)
Graffen, Max Bernard	Lecturer (Conjoint)
Grant, Simon	Senior Lecturer (Conjoint)
Greenham, Stuart	Lecturer (Conjoint)
Grundy, David Anthony	Senior Lecturer (Conjoint)
Guttner, Yvonne	Senior Lecturer (Conjoint)
Hamann, Ian David	Senior Lecturer (Conjoint)
Hamid, Celine	Senior Lecturer (Conjoint)
Hamill, Kelly Louise	Associate Lecturer (Conjoint)
Haque, Izhar-Ul	Associate Lecturer (Conjoint)
Harrison, Richard	Associate Professor (Conjoint)
Hasham, Farida	Lecturer (Conjoint)
Hayder, Sheik sajjad	Lecturer (Conjoint)
Hicks, Henry Douglas	Senior Lecturer (Conjoint)
Hodges, Mike	Lecturer (Conjoint)
Hogan, Sean D	Associate Lecturer (Conjoint)
Hopley, Charles Robert Moodie	Senior Lecturer (Conjoint)
Hopp, Joshua Patrick	Associate Lecturer (Conjoint)
Horky, Oscar Joseph	Senior Lecturer (Conjoint)
Houghton, Baerin Ben	Senior Lecturer (Conjoint)
Hyde, Jeram	Associate Lecturer (Conjoint)
Jackson, Justin	Lecturer (Conjoint)
Jacob, Anila	Senior Lecturer (Conjoint)
Jain, Paras	Lecturer (Conjoint)
Jelinek, Herbert	Associate Professor (Conjoint)
Jelliffe, Robin	Senior Lecturer (Conjoint)
Jeri, Arturo	Senior Lecturer (Conjoint)
Jeyarajah, Emmanuel	Senior Lecturer (Conjoint)
Jin, Jenny	Lecturer (Conjoint)
Joannou, Alexander	Lecturer (Conjoint)
Johnston, Helena Robertson	Lecturer (Conjoint)
Joshi, Devina	Lecturer (Conjoint)
Joshi, Neil	Lecturer (Conjoint)
Jude, Martin	Associate Professor (Conjoint)
Kadiongo, M Blanchard	Lecturer (Conjoint)
Kennedy, Stuart C	Lecturer (Conjoint)
Khoury, Elie	Senior Lecturer (Conjoint)
Kiat, Hosen	Professor (Conjoint)
Killen, Judith	Senior Lecturer (Conjoint)
Kim, Lawrence	Associate Lecturer (Conjoint)
Kolt, Jeremy	Lecturer (Conjoint)

Kong, Kelvin Matthew	Associate Professor (Conjoint)
Kostas, Stuart	Associate Lecturer (Conjoint)
Kramer, Kathleen	Senior Lecturer (Conjoint)
Kupersmidt, Maxin	Lecturer (Conjoint)
Kyatt, Ali	Senior Lecturer (Conjoint)
Lancashire, William	Senior Lecturer (Conjoint)
Lane, Joshua	Associate Lecturer (Conjoint)
Last, Andrew	Senior Lecturer (Conjoint)
Lathif, Abdul	Senior Lecturer (Conjoint)
Latimer, Paul Raymond	Lecturer (Conjoint)
Lau, Gabriel T	Senior Lecturer (Conjoint)
Law, David	Lecturer (Conjoint)
Law, Jennifer	Lecturer (Conjoint)
Lawrence, Mitchell James	Associate Lecturer (Conjoint)
Leslie, Fiona Jean	Senior Lecturer (Conjoint)
Longfield, Gregory John	Lecturer (Conjoint)
Lourens, Helen	Senior Lecturer (Conjoint)
Lund, David	Lecturer (Conjoint)
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Malak, Akram Girgis	Lecturer (Conjoint)
Manley, Holly Ann	Associate Lecturer (Conjoint)
Mantravadi, Shobha	Senior Lecturer (Conjoint)
Marshall, Robert G	Lecturer (Conjoint)
Matthews, Simon	Associate Lecturer (Conjoint)
Maunsell, Kay	Lecturer (Conjoint)
May, Stephen	Senior Lecturer (Conjoint)
Mayson, Lloyd	Senior Lecturer (Conjoint)
McCready, Michael	Associate Professor (Conjoint)
McDonald, David William	Senior Lecturer (Conjoint)
McWilliam, Robert	Associate Lecturer (Conjoint)
Meena, Cherif	Lecturer (Conjoint)
Mende, Martina	Associate Lecturer (Conjoint)
Merriman, Tracey	Lecturer (Conjoint)
Milliken, Andrew	Lecturer (Conjoint)
Mills, Grant Devitt	Lecturer (Conjoint)
Monfared, Mehdi	Associate Lecturer (Conjoint)
Mostert, Chris	Senior Lecturer (Conjoint)
Moyle, Eric	Senior Lecturer (Conjoint)
Mudholkar, Pradeen	Senior Lecturer (Conjoint)
Mumme, Alision Michelle	Associate Lecturer (Conjoint)
Mumme, Christopher James	Associate Lecturer (Conjoint)
Nahm, Christopher	Associate Lecturer (Conjoint)
Narayan, Rajit	Associate Lecturer (Conjoint)
Narra, Venu	Lecturer (Conjoint)
Navaneethan, Sivarajasingam Nava	Senior Lecturer (Conjoint)

Nayyar,Dhruv	Associate Lecturer (Conjoint)
Njovu,Michael	Lecturer (Conjoint)
O'Brien,Peter	Lecturer (Conjoint)
Ocsan,Ryan James	Associate Lecturer (Conjoint)
Orr,Andrew Timothy	Associate Lecturer (Conjoint)
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Peck,Nigel	Lecturer (Conjoint)
Pegram,Robert	Associate Professor (Conjoint)
Pilotto,Louis Stanley John	Professor (Conjoint)
Pitney,Kate Judith	Associate Lecturer (Conjoint)
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Zardawi,Ibrahim M	Professor (Conjoint)

20 'RURAL LIFE' PHOTO GALLERY



The 2015 RCS Photo Comp was a big success with students submitting amazing pics that nicely captured life in the country.

Here are some of the stand-out photos.



SECTION 20 PHOTO GALLERY



From above moving clockwise: Wagga's Sally Newton picked up 2nd prize for this outback pic; Coffs Harbour's Francis Young won third prize for his double-rainbow shot; Amy Coopes got a notable mention for her NT photo; and Wagga's Nathan Mortimer got top prize for his 'Star Trails' snap, a technical marvel.



Wagga's Sally Newton and Nathan Mortimer nab second and top prize for their great submissions.



Coff Harbour staffer Karen Jackson presents Francis Young third place award.

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