CONTENTS

VISION & MISSION .............................................................................................................. 3

INTRODUCTION .................................................................................................................. 5

ACCREDITATION .................................................................................................................. 6

GOVERNANCE ...................................................................................................................... 7

LEARNING & TEACHING .................................................................................................... 8

COMMUNITY, PRIMARY, REMOTE & RURAL ................................................................. 13

TEACHING HOSPITALS ...................................................................................................... 21

OPERATIONS ....................................................................................................................... 24

STUDENTS .......................................................................................................................... 34

COMMUNITY ENGAGEMENT ........................................................................................... 40

& PARTNERSHIPS

RESEARCH .......................................................................................................................... 44

VISION FOR THE FUTURE ................................................................................................. 50
THE GRADUATE SCHOOL OF MEDICINE MISSION

The mission of the Graduate School of Medicine (GSM) is to produce excellent medical practitioners with a commitment to patient-centred, evidence-based, reflective and cost-effective medical practice. Our graduates have the capacity and desire to contribute to the enhancement of health for patients in all geographic settings, but particularly in regional, rural and remote communities.

This mission is achieved by delivering an outcomes-focussed, clinically-guided curriculum that is complemented by clinical skills laboratory learning experiences, and the provision of community-based, clinical educational opportunities. These clinical experiences include placements in general practice and specialists’ surgeries, large and small hospitals, and community agencies.

The curriculum is delivered via a range of educational strategies including large group, small group and independent learning activities, supported by a planned “spine” of medical science based on clinical cases, Personal and Professional Development and Research and Critical Appraisal. The GSM is committed to identifying and creating stimulating and supportive educational environments that facilitate student learning and research. Local medical and other health practitioners are extensively involved in all aspects of the educational, clinical and research and governance components of the program.

A quality assurance approach ensures that the School’s mission is achieved in an effective and efficient manner.

The Graduate School of Medicine also recognises the importance of research for the benefit of students and the community. In particular it recognises the importance of research concerning health of and the illnesses that affect regional, rural and remote communities.

A MEDICAL SCHOOL FOR REGIONAL, RURAL AND REMOTE AUSTRALIA

Regional, rural and remote Australia is experiencing a shortage of doctors. It is not merely a question of increasing overall medical practitioners to address this issue. The GSM addresses this through a graduate student selection process that is positively biased towards high achieving graduates who have demonstrated substantial ties with regional, rural and remote Australia. These ties are nurtured and strengthened throughout the medical degree, and the high quality training focussed on the needs of these practitioners “to go the extra mile”, to be prepared for the unexpected, to serve their communities and have demonstrable joy in doing these.

The GSM also retains a number of places for Indigenous Australians.

Students spend significant time during their training undertaking longitudinal clinical placements in hospital, primary care and community health facilities with regional and rural doctors, developing an understanding of what it means to practice medicine in these communities. These clinical experiences reflect the realities of practicing medicine in regional, rural and remote areas, where the curriculum places the ‘problems’ that students must solve within the context of these areas. We do this because this clearly embeds principles of rural practice, community focus and enhanced clinical skills. Exposing students to longitudinal care also improves clinical skills and decision making.

While the GSM focuses on training doctors to work in regional, rural and remote areas, graduates receive a broad-based training that ensures they can pursue any career in medicine, including all the medical specialisations. Great communication and clinical skills, the ability to empathise and a capacity to work well with others, serves any doctor well as a foundation for their postgraduate medical training, in any discipline.
OUR PRIMARY OBJECTIVES

THE PRIMARY OBJECTIVES OF THE UOW GSM ARE TO GRADUATE MEDICAL PRACTITIONERS WHO:

• are able to function safely and effectively as interns under supervision;
• demonstrate professional skill, knowledge and behaviours suited to further development in a full range of medical specialisations;
• with further training, are capable of functioning as independent practitioners in any geographical setting;
• comprehend and undertake evidence-based medical practice and health promotion in a cost effective manner;
• are able to function comfortably and competently as practitioners in technology-supported environments;
• demonstrate an understanding of, and commitment to, ethical practice and social responsibility;
• function as effective members of a clinical care team adopting, where appropriate, leadership roles;
• assist patients to understand the determinants of their health and to contribute to the management of their health or illness effectively;
• demonstrate a commitment to, and possess the skills required to, engage in lifelong learning;
• understand and appreciate the potential of primary medical care and health promotion to contribute to the improvement of the health of Australians, particularly those living in regional, rural and remote areas;
• appreciate the unique aspects of being a practitioner in regional, rural and remote areas and are aware of the nature of practice patterns and the role of practitioners who have chosen to practice in these areas;
• understand the value of, and are equipped to participate in, quality assurance and improvement processes;
• are able to interpret, and with further training, plan and implement research; and,
• have attained the generic Attributes of a UOW Graduate.
At first glance, the finely manicured lawns and duck ponds at the University of Wollongong might seem an unlikely backdrop for a national and international hub of medical activity. Our location in Wollongong, Shoalhaven and ten regional and remote hubs across New South Wales positively challenges many preconceptions about medical education.

This past year has seen the University restructure finalised. While the GSM has become part of a larger School of Medicine in a Faculty of Science Medicine and Health, the Graduate School of Medicine’s (GSM’s) structure and function remains, directed by its imperative to produce high calibre graduates for the regional, remote and rural medical workforce. The evidence demonstrates that the GSM is already firmly delivering on its destiny to produce academically and clinically strong medical graduates, with a preference and aptitude for regional and rural practice.

My personal thanks go to the many Staff and Honorary Clinical Academics who make the GSM an inspirational place, a great place to grow professionally and learn. My equal thanks go to our communities whose support this year has been the source of motivation and wonderment to us all.

Professor Ian Wilson
MB BS, PhD, MAssess&Eval, DObst (RCOG), FRACGP, FACPsychMed
Dean of Medicine
Graduate School of Medicine
ACCREDITATION

In August 2011, the Australian Medical Council (AMC) Medical School Accreditation Committee accepted the 2011 comprehensive report of the University of Wollongong’s Graduate School of Medicine and recommended that the AMC Directors extend the School’s accreditation for 4 years, that is to 31 December 2016, which is the maximum accreditation extension period. The AMC Directors at its 25 August meeting accepted the Committee’s recommendation and agreed to extend the School’s Accreditation to 31 December 2016.
GSM GOVERNANCE STRUCTURE

FIGURE 1:

UOW ACADEMIC SENATE

GSM FACULTY COMMITTEE

GSM SENIOR EXECUTIVE COMMITTEE

DEPUTY VICE CHANCELLOR ACADEMIC

BOARD OF EXAMINERS

RESEARCH

FACULTY OF EDUCATION COMMITTEE

CLINICAL ACADEMICS APPOINTMENT COMMITTEE

GSM STRATEGIC PLANNING COMMITTEE

GSM/ISLHD COMMITTEE

PHASE 1 COMMITTEE

PHASE 2 COMMITTEE

PHASE 3 COMMITTEE

PHASE 4 COMMITTEE

SENIOR DEPUTY VICE CHANCELLOR

GSM DEAN
In meeting its aims of addressing the shortage of medical practitioners in regional, rural and remote Australia, the MBBS degree has developed a unique curriculum. Blended methods of learning and teaching are used, including extensive use of Case-Based Learning (CBL) in which science knowledge, critical analysis of research, and personal and professional development are integrated and supported by online learning activities, laboratory sessions, clinical presentations and lectures, and early exposure to the clinical environment in hospitals and primary care. The Learning and Teaching team is led by Professor Ian Wilson.

The UOW MBBS course is a four-year program, with each academic year being approximately 42 weeks in length. In the first year, students participate in approximately 25 hours of structured teaching and an additional 20–30 hours of self-directed learning experiences each week. As the course progresses the clinical exposure increases and by Phase 4 the face-to-face requirement resembles full-time clinical work. Participation in scheduled small-group learning activities, clinical skills laboratories, anatomy laboratories and clinical placements are an integral part of each student’s learning. There is a high level of reliance on online delivery of the structured learning activities that complement learning experiences in the clinical environment, and a high level of commitment to “learning by doing”.

The School has just admitted its eighth cohort of students, and has had four graduations of doctors. So far we are meeting our regional, rural and remote aim with 60% of graduates undertaking their internship in regional and rural hospitals. As with any high quality medical school there has been a process of close and detailed scrutiny of the delivery and content of the degree. Iterative improvements have been implemented to address any issues that have been identified. The early years of the course are now very strong academically; work is ongoing to iteratively improve delivery in the later years. Each new iteration brings further significant improvements.
FOUR THEMES

THE DEGREE IS ORGANISED INTO FOUR THEMES OF CURRICULUM CONTENT: MEDICAL SCIENCES, CLINICAL COMPETENCIES, PERSONAL AND PROFESSIONAL DEVELOPMENT, AND RESEARCH AND CRITICAL ANALYSIS:

MEDICAL SCIENCES

The Medical Sciences component of the course underpins the learning of medicine. All science learning and teaching is integrated with clinical medicine. In Phase 1, rather than having separate “subjects” such as anatomy, physiology, biochemistry, population health or behavioural sciences, these content areas are intricately woven into the clinical presentations that are the focus of the course delivery within each week or fortnight-long component of the degree. The learning in these areas extends to the later phases of the program.

CLINICAL COMPETENCIES

From the beginning of the course students develop their abilities communicating with patients, examining them, reaching a diagnosis, formulating a treatment plan and being able to perform a range of procedures. In addition, students become more aware of the interpersonal skills and professional behaviours needed to work as a member of a health care team. A graduated approach to learning clinical and communication skills is complemented by the use of volunteers, trained actors, and a range of simulation models for practicing procedural skills, moving on to clinical interaction with the wider medical community as the program progresses and confidence and competencies develop.

PERSONAL AND PROFESSIONAL DEVELOPMENT

The course includes a significant focus on the interaction between personal development and professional functioning, with structured assessable learning activities designed to foster reflective practice, commitment to life-long learning, and aid understanding of ethical, scientific and philosophical principles underlying the practice of medicine. The Personal and Professional Development curriculum is informed by research evidence, and like other parts of the course, the program itself is carefully evaluated.

RESEARCH AND CRITICAL ANALYSIS

This part of the course helps students develop the knowledge and skills to evaluate evidence and use it as the basis for their practice of Medicine, and to gain experience in how to conduct research, much of which has focused upon addressing health needs in the communities where students are placed for their longitudinal clinical experience.

PROGRESS ACROSS THE PHASES

The curriculum for Phase 1 (the first eighteen months of the MBBS course with integrated sciences into clinical problems and early clinical skills teaching) is now very well established, and is delivered with polish and expertise under the guidance of the Phase 1 Chair Associate Professor Kylie Mansfield.

Phase 2 (twelve months) improvements have seen the introduction of additional campus-based teaching with a clinical correlations teaching series, and improvements to the Clinical Skills program, with more exposure to high fidelity simulation in emergency medicine management and other higher level skill areas. In a regional setting, the provision of adequate numbers of high quality supervised clinical placement opportunities in Paediatrics, Psychiatry and Women’s and Maternal Health are naturally limited. However, with current student numbers we can confidently predict that the current hospital based-teaching is sustainable. The planned development of a physical base for teaching and learning at Shoalhaven Hospital in Nowra, and Bowral Hospital in the Southern Highlands are vital to strengthen and maintain the delivery of health services, as well as facilitate the clinical placement and teaching and learning of our medical students.

Associate Professor Kylie Mansfield
Phase 3 is the component of the UOW MBBS most distinctively different from traditional approaches to learning medicine in metropolitan hospitals. Students are placed in a rural or regional community for an entire year, working in both primary care and in hospital settings, whilst the formal curriculum is delivered electronically. Now in its fifth iteration, evidence is mounting that this period of regional/rural immersion is a powerful source of motivation to undertake the practice of medicine in regional/rural settings. While less than a quarter of graduates from other medical schools undertake their first postgraduate positions in regional or rural settings, 60% of the first four GSM graduating cohorts have chosen regional or rural internships. We expect that with improvements to the selection process that now deliver more truly rural students, and with the development of the focus, learning processes and content of the course, substantial evidence of the impact on regional and rural workforce will continue to be demonstrated into the future.

The GSM is currently undertaking ‘train the trainer’ activities to support our Regional Academic Leaders in their understanding of the GSM MBBS curriculum, and increase their ability to better communicate this to local clinicians and Preceptors and support students on placement in their region. Videoconference technology has the potential to reduce the impact of distance by bringing groups of students together with other students and staff. The School continues to work with UOW partners, including health services, regional training providers, other universities, community partners and staff to address local program issues and ensure sustainability of the program.

Phase 4 (six months) is a designed as a "capstone" educational experience that involves three separate clinical placements, each of six weeks duration: a Pre-Internship term (PRINT) that is completed in a NSW hospital accredited to take interns, an Elective placement (often taken overseas), and a Selective placement (in which students often choose placements in a clinical discipline in which they have a special interest). The focus of Phase 4 is clinical practice and preparation for Internship (PRINT). Curriculum content is formally delivered in Phase 4 via CBL cases, supported by a didactic program offered in the PRINT term, depending on student location. No major changes are planned to teaching and learning methods, although improvements to the supervisor reports (Student Performance Review, SPR) may help increase the awareness of students and supervisors about the educational purpose of the clinical experience.

**EDUCATIONAL TECHNOLOGY**

The development of the educational technology within the School has continued, with a focus towards new systems adopted by the University – Moodle as the learning management system, and an upgraded version of Equella as the content repository. The advantage of the new systems means that the flexibility of the delivery will improve. Development and revision is continuing of the electronic resources called GOALs (Guided Online Assessable Learning), especially to support the delivery of learning experiences to rural based students. Whilst many of these GOALs were created in a paper-based format, work has now begun on revising these GOALs to increase the interactivity and improve their structure.

The Educational Technology Team continues to address the difficulties associated with the quality and speed of the video conferencing connections to the GSM’s distant sites. Recent developments will hopefully improve the delivery of educational content to remote venues.

The Educational Technology team has continued a heavy schedule of training sessions for staff. The aim of these sessions is to help staff become more comfortable with using the array of technologies implemented by the GSM, and to enable staff and students to take more control of the use of technology in classroom settings.

**CLINICAL SKILLS**

The teaching of Clinical Skills forms an important part of the medical curriculum for the student. Essentially, this subject covers the interface with the patient and involves learning skills related to communication, history taking, physical and mental examination, and diagnostic and therapeutic procedures. All students at the GSM begin Clinical Skills training from their first week at medical school. This consists of two hours per week in the skills labs for the first one and a half years of the course, and further specialised session when the students are on campus in the senior years. While on campus, trained volunteers and high fidelity models and equipment ensure our students have excellent training opportunities and are well equipped for future medical practice. Teaching Clinical Skills does not just happen on the campus. GSM students begin hospital and general practice placements from six weeks into their first year and the initial three hours per fortnight expands gradually to full time in hospital wards and GP placements to ensure our students are clinically competent by the end of their fourth year to move into their hospital intern year. A total of sixteen Academic and Professional staff, working at both Wollongong and Shoalhaven campuses, coordinate and deliver clinical skills teaching for our students. The staff and facilities of GSM Clinical Skills are also utilised for General Practice registrar and senior doctor training. Teaching modules have been developed for students located in regional hubs. Clinical skill competence is an important aspect of student training and an essential requirement for a junior doctor.
ASSESSMENT

A review of assessment processes across the MBBS program has been completed. The quality of assessment materials is excellent. The School will hold a two day meeting in 2014 to review assessment methods and processes.

We benchmark our assessments across our Medical Schools in Australia and our students perform well in such comparative exercises.

INTEGRATION REVIEW OF PHASES 2 AND 3

Through a lot of hard work, the GOALS and 93 cases have been completed and the integrations between Phase 2 and 3 have been significantly improved.

HONOURS

A MBBS (Honours) program has now been introduced and will run as either an intensive between the end of the MBBS program and the midpoint of the following year or during standard Autumn and Spring sessions. It will be primarily available for those who are considering a career in medical research but is open to all those academically suited.

GRADUATE CERTIFICATE IN MEDICAL EDUCATION

The Graduate Certificate in Medical Education has been approved and will take its first students in March 2014. The aim is to develop a Master’s degree.

BENCHMARKING ACROSS OTHER MEDICAL SCHOOLS

The GSM is keen to measure itself across other high quality medical schools nationally and internationally. Therefore, we take part in the Medical Deans Australia and New Zealand (MDANZ) medical students outcome database activities, the ACCLAIM study group, AMSAC and AMAC, to name but a few.
COMMUNITY, PRIMARY, REMOTE & RURAL (CPRR)

OVERVIEW

The Community, Primary, Remote and Rural (CPRR) Team brings together under a vertical line of management the General Practice Academic Unit, Indigenous Health, Public Health, Community Engagement and Community Based Health Education Units, including all regional and rural hubs delivering medical education across New South Wales (NSW). The Associate Dean: CPRR oversees the growth and development of each unit and all community based health education and research. This position is held by Associate Professor David Garne.

Several significant milestones were achieved by the CPRR team in 2013. These include the launch of the Virtual Clinics program as part of the Telehealth Skills Training and Implementation Project, as well as a range of strategies to sustain partnerships with Phase 3 Medical Practices throughout rural and regional NSW.

The recruitment of a new Academic Leader: Indigenous Health and significant development in Indigenous health, education and community initiatives, has led to the highest number of offers made to Indigenous applicants for the 2014 MBBS intake since the commencement the GSM.

As our graduates begin to progress through postgraduate training, we are inspired by how many are choosing to undertake further training in a rural or regional setting. We are positive that through selecting a high proportion of students with a rural background into the MBBS and providing them with high quality learning experiences in rural and regional Australia, our tracking of graduates will indicate that this trend continues. With the support of the Dean, we are also working with the Vice Chancellor’s Unit to identify opportunities to lobby government to consolidate and build on our rural education program.
PHASE 3 PARTNER MEDICAL PRACTICES IN RURAL AND REGIONAL NSW

UOW entered into five-year partnerships with medical practices facilitating Phase 3 longitudinal clinical placements, with the first stage of partnerships up for renewal in June 2014. As such, during 2013 the CPRR team spent considerable time working with practices to discuss their experiences from involvement in long-term community based medical training, and their intentions to continue with the UOW program at the end of the initial 5 year partnership period. Based on feedback from practices, many thought that the program provided a good place for students to learn and felt that their communities liked the idea of being involved in contributing to the development of medical practitioners. In addition, a number regarded it as a professional privilege and duty to be involved in teaching and several reflected on the huge range of medicine available to students over a longitudinal placement. Despite this, some practices have decided to take a break from the Phase 3 Program from July 2014 and this has provided an opening for the GSM to explore opportunities for new partnership with medical practices.

Students have continued to benefit from the considerable experience during Phase 3 of the medical program of spending twelve months in one of the ten regional and rural hubs (as indicated on the map above) attached to a general practice and hospital. This longitudinal integrated placement is underpinned by the principles of continuity of supervision and patient care, critical thinking, development of practical skills and the opportunities for students to become immersed in a community. We sincerely thank the involvement of all medical practices involved in both long and short-term student placements. Their gracious and enthusiastic commitment to the development of future medical practitioners is highly valued by both staff and students.
SUPPORTING RURAL AND REGIONAL MEDICAL EDUCATORS

The GSM strives to support regional and rural faculty involved in the education of our medical students. As in previous years, a range of continuing professional development and peer support strategies were implemented to increase their capacity to provide quality learning experiences for our students. These included:

- Faculty Development Program modules (including accredited modules with CPD points awarded by both ACRRM and RACGP) and the GSM Academy of Clinicians.
- Practice manager and practice staff development and networking events.
- Sponsorship for regional education and training events including: The Science of Art and Business of Medicine Kingscliff Conference, aimed at GPs, GP Supervisors, GP Registrars, Nurses, Allied Health professionals and students based on the North Coast.
- Phase 3 GP Preceptor continuing professional development grants of up to $5,000 per grant.
- Access to the Illawarra and Southern Practice Research Network (ISPRN) which continues to provide GPs and practice staff with an interest in research, the opportunity to develop skills and competence in this area.
- Ongoing lobbying for an increase to Practice Incentive Payments for teaching in general practice.
- Development of a Graduate Certificate in Medical Education to be offered from 2014.
- Annual Community Based Health Education Workshop.

COMMUNITY BASED HEALTH EDUCATION WORKSHOP

As in previous years, in November 2013, the Annual Community Based Health Education workshop brought together Regional Academic Leaders and Placement Facilitators from all GSM training hubs. This provided a positive opportunity for information sharing, strategic planning, networking and professional support. A highlight of the workshop was the keynote speaker Prof Paul Worley, Dean, School of Medicine at Flinders University. Prof Worley was instrumental in the implementation of rurally based undergraduate medical education programs in Australia, and he was able to inspire, motivate and support workshop participants in strengthening rural training programs in the communities within which they operate. Many action items which have come out of this workshop will form the basis for strategic planning for community based education in 2014.

PUBLIC HEALTH

Throughout 2013, the GSM’s Academic Leader in Public Health Dr Kathryn Weston continued to develop the UOW MBBS public health curriculum. Opportunities to enhance public health components were identified and formalised including new content relating to environmental health. Dr Weston was able to deliver Faculty Development events relating to public health issues both on Wollongong Campus and in rural settings, and she was also involved in a number of public health publications throughout the year. She continues to work closely with the CPRR team and the Research and Critical Analysis (RCA) team.
The General Practice Academic Unit (GPAU), led by the Roberta Williams Chair of General Practice, Professor Andrew Bonney, has seen significant achievements in 2013 in the areas of community engagement in research and the future development of high quality medical education.

The Illawarra and Southern Practice Research Network (ISPRN) now supports 64 early and mid-career primary care researchers, of which approximately 80% are based in a rural area outside of the Illawarra. ISPRN supports its members by:

• Providing high quality research supervision, support and mentoring by creating equal partnerships between clinicians, research academics, community members and local health providers in order to improve health care outcomes.

• Supporting the development of research skills among primary care clinicians by providing research training. ISPRN held a Research Development Conference in May 2014 in Kiama which supported the development of research ideas and provided an opportunity for networking between those interested in primary health care research. A second workshop was also held in November to build participants knowledge of research methodologies and critical analysis of the literature, with a specific focus on qualitative research.

• Providing access to the UOW Library academic resources including online journals.

• Maintaining an electronic newsletter, web page and discussion forum ‘ISPRN blog’.

Pictured right to left: Libby Kelly (UOW Placement Facilitator: Byron/Ballina Hub), Janelle Jeffries, Megan Savins, Tracey Duguid (UOW Manager: Rural Clinical School), Maureen Atkinson, Diane Kerr, Teresa White and Dr Jane Barker (UOW Regional Academic Leader: Byron/Ballina Hub) at a Practice Managers Network Meeting, North Coast.

Picture: Professor Andrew Bonney
As a result of this engagement, ISPRN has seen a number of active research projects led by General Practitioners with twenty to twenty-five GP’s actively involved in the projects:

- Eleven active member-driven projects are headed by Ms Dianna Fornasier, Dr Duncan McKinnon, Dr Lucie Stanford, Dr Adam Hodgkins, Dr Fiona Williams, Dr Meike Flore, Dr Carl Mahfouz, Dr Russell Pearson, Dr George Albert, Dr Andrew Dalley and Ms Elizabeth Lyons
- Three active partner projects with UOW Centre for Health Initiatives (CHI) (GP Registrar resources), the UOW Nutrition and Dietetics Team (Implementing Nutrition Screening in General Practice) and with Dr Judy Mullan (Health Literacy) respectively
- Coast City Country General Practice Training (CCCGPT) have provided funding to support two member driven projects involving CCCGPT supervisors and registrars
- Illawarra Shoalhaven Medicare Local (ISML) have provided funding to support two member driven projects focused on their goals of population health and primary health care to support improvements in the health and wellbeing of the Illawarra/Shoalhaven population.

Some highlights for ISPRN over the year were:

- The acceptance of poster presentations at the Primary Health Care Research, Evaluation and Development Conference (Sydney) by two ISPRN members.
- The presentation of an ISPRN member project and an International Diabetes Conference in December 2013.
- The development of a partnership with General Practice Training Tasmania (GPTT), who have funded a part-time GP Academic Registrar position, commencing in 2014, to be based in an ISPRN partner practice in the Huon Valley Tasmania. This position will be supervised and supported by both Prof Andrew Bonney and Clinical Associate Professor Bastian Seidel.

ISPRN would like to thank its research partners for their support over 2013:

- Graduate School of Medicine
- Illawarra Health and Medical Research Institute
- UOW Centre for Health Initiatives
- Coast City Country General Practice Training
- Illawarra Shoalhaven Medicare Local

TELEHEALTH SKILLS TRAINING & IMPLEMENTATION PROJECT

In 2013, significant progress was made by the GSM-led consortium of universities and training providers with respect to the Telehealth Skills Training and Implementation Project, an $887,000 project which will run through to 30th June 2015. This project uses technological innovation to achieve two key areas of advancement in rural medical training: the first is the use of Telehealth consulting as a teaching medium, and the second is the use of broadband-enabled ‘virtual clinics’ to support high quality medical education and promote vertically integrated teaching in rural General Practice. This project is funded through the Commonwealth Department of Education Broadband-Enabled Education Skills Services Program.
Specific aims of the project include:

1. Implementing and evaluating the specifically designed Telehealth skills training module for teaching Telehealth skills for students, GPs and specialists.
2. Deploying and evaluating Telehealth consulting in participating GP practices as a real patient learning modality.
3. Implementing and evaluating a clinical teaching program of interactive Telehealth clinical demonstrations delivered to remote sites (virtual clinics).
4. Supporting vertically integrated teaching through the development of ‘virtual communities of practice’ arising from online engagement with learners following their involvement in Telehealth teaching activities.
5. Developing a scalable and sustainable model of Telehealth medical education that, when rolled-out across large geographical areas, will improve the quality of healthcare for regional, rural and remote Australians on a cost-effective basis.

A highlight of 2013 was the launch of the ‘virtual clinics’ interactive teaching sessions program in multiple sites across NSW. The virtual clinics now provide an environment for creating a virtual community of practice involving the students, GP trainees, GP preceptors and tutors. Online tools to increase collaboration and communication between medical students and teachers were used and audiences were encouraged to join the interaction through Twitter on @ telehealthed. Topics discussed in the virtual clinics in 2013 included:

- Psychiatric interview of a patient with severe treatment resistant depression, including suicide risk assessment (Professor Nagesh Pai 29th August 2013).
- An interactive demonstration of psychiatric examination, assessment and management of primary care of psychiatry in the community (Professor Nagesh Pai 10th October 2013).
- An interactive demonstration of the diagnosis and management of dementia in primary care (Professor Dimity Pond; University of Newcastle, 7th November 2013).
- Dementia specialist assessment (Clinical Professor Jan Potter, 5th December 2013).

A further eight virtual clinics will be broadcast over the internet in 2014, where Clinicians and subject matter experts will provide insightful discussions concerning various medical topics.

The GPAU would like to thank consortium partners who include the University of Wollongong, Coast City Country General Practice Training; the University of New England; Newcastle University; GP Synergy; the University of Notre Dame Australia (Sydney Campus); and Deakin University.

INDIGENOUS HEALTH

The GSM is committed to the identification and implementation of strategies to successfully select Indigenous Australian students into the MBBS and then support them throughout their studies. Implemented strategies have already seen positive results with a record number of offers being made to Indigenous applicants and five Indigenous students being recruited into the MBBS program for 2014. Some strategies include:

- The development of an alternative entry pathway for Indigenous applicants.
- The implementation of a two day camp in December 2013, involving 50 high school students from our MBBS training hubs and funded via a Health Higher Education Participation and Partnership Program (HEPPP) Faculty Grant. The findings of evaluation activities demonstrate the effectiveness of the Summer Camp in impacting on knowledge and attitudes towards studying health degrees at university. The results also demonstrated the acceptability of the camp for Indigenous students.
- The Club Med initiative, designed to engage UOW undergraduate Indigenous students on campus, and get them thinking about studying medicine (and build their skills and confidence to do this).
- An Indigenous Scholarship Fund established to support Indigenous students during the course of their medical studies.

A number of the strategies listed above have been made possible through the initiative and community networks of the Academic Leader: Indigenous Health, Scott Winch. Scott commenced with the GSM in May 2013, and in addition to his strong community connections, he brings a background in research, public health and epidemiology. Some research projects he has been involved in include a project which uses Social Network Analysis to explore the diffusion of health information through Aboriginal communities, along with a research project exploring the transfer of care into the community for discharged Aboriginal chronic disease patients. Professor Alison Jones has continued to serve as a lead Dean with MDANZ for Indigenous developments and has worked with the team at MDANZ to secure great collaborative working relationships and MOUs with Indigenous organisations such as AIDA and NACCHO. This group has also developed curriculum support materials and tools to assist Medical Deans and their schools in evaluating progress in Indigenous support and curriculum roll out in schools. She has also produced oversight of LIME and direct support for its developments.
The GSM is also committed to the implementation of a MBBS curriculum which promotes understanding of and commitment to improving the health status of Indigenous people for all students. Ongoing work with regard to curriculum development, exploration of new opportunities and settings, and Indigenous community experience has progressed. This includes:

- Opportunities for students to undertake both long and short term clinical placements in Aboriginal Health Services or Indigenous community settings.
- Opportunity for students to participate in the Rural, Remote and Indigenous Road Trip.
- Student participation in NAIDOC and Close the Gap events in collaboration with Woolyungah Indigenous Resource Centre, the Wollongong University Medical Student Society (WUMSS), and the Rural Health Club.
- Student attendance at Indigenous meetings and conferences including the Australian Indigenous Doctors Association Conference in Canberra in October 2013.
- Participation in the Australian Indigenous Mentoring Experience (AIME) and opportunities to tutor Indigenous undergraduate students.
- Opportunities to engage with Indigenous community members through the GSM’s Indigenous Volunteers Program or the Wingecarribee Men’s Health Project.

**2013 RURAL REMOTE AND INDIGENOUS ROAD TRIP**

In June 2013, thirty-eight Phase 1 students participated in the third annual week-long Rural, Remote and Indigenous Road Trip. This initiative enabled students to engage with health professionals and Aboriginal health workers and communities in remote NSW and gain a greater understanding of the burden of chronic health and challenges of service delivery in these areas. As in previous years, the road trip visited clinical services and communities in Mudgee, Walgett, Bourke, Brewarrina, Dubbo and Orange. However, a highlight of the road trip was an invitation to the students by Ken and Judy Stump, onto their property ‘Windella’, located about 70 km from Walgett. This provided an opportunity for students to appreciate the expanse and tyranny of distance that exists for many people living in these regions. Students were able to explore the grain silos and woolsheds and had an opportunity to hear of the health issues faced by farmers and look at some of the common machinery which can cause farm related injury. Thank you to all the communities and health services that have supported the Road Trip for the last three years.
WINGECARRIBE MEN’S HEALTH PROJECT

Following success over the past two years, the Wingecarribee Men’s Health project facilitated by a partnership between the GSM and the Wingecarribee Aboriginal Community in the Southern Highlands, continued into 2013. This initiative brings together community members and Indigenous and non-Indigenous medical students on a fortnightly basis to discuss community health and welfare issues and possible ways to address these (e.g. guidance in maintaining a healthy diet and cooking healthy food).

In May 2013, the community elders and senior men received a community grant at Government House in Sydney under the Rowan Nicks Russell Drysdale Fellowship, to provide ongoing support to the project. Students were also invited along to this event and all were honoured to have the opportunity to meet her Excellency Professor The Honourable Marie Bashir.

Further Indigenous curriculum experiences are currently under development and expected to commence in 2014. These experiences will continue to integrate Indigenous health, public health and community engagement principles through cultural immersion activities of students being actively involved in Aboriginal programs within Aboriginal communities.
CLINICAL SERVICES PROVIDED BY GSM STAFF

GSM Clinical Staff are mostly based at Wollongong Hospital and provide a number of clinical services at the hospital in the following disciplines:

- General Medicine (Professor Wilf Yeo, Associate Professor Spiros Miyakis & Dr Divina Brilliante)
- General, Colorectal and Upper GI Surgery (Associate Professor Michelle Thornton, Senior Lecturer Kevin Robertson - both commencing June 2014)
- Psychiatry (Professor Nagesh Pai, Lecturer Kerry Dawes)
- Women’s and Maternal Health (Associate Professor Chris Georgiou and Dr Bindu Murali)
- Paediatrics (Professor Ian Wright and Dr Stewart Birt).

These clinicians are employed as Clinical Academics with the Illawarra and Shoalhaven Local Health District and typically provide at least two days of clinical service and three days of university work. Apart from providing clinical services to the hospital, the Academics listed above also take leadership roles in their individual medical disciplines and in post-graduate training for junior doctors. Each of the traditional hospital disciplines (i.e. Surgery, Medicine, Psychiatry, Paediatrics, and Obstetrics/Gynaecology) would benefit from more depth than currently exists.

In December 2013 Professor Noel Tait resigned as Professor of Surgery. Professor Tait was Foundation Professor of Surgery and instrumental in the development of the Surgery Curriculum and active in many of the developments within the GSM, including Hand Held Ultrasound teaching. During 2013 an Associate Professor and Senior Lecturer in Surgery were recruited from the United Kingdom with an anticipated start in mid-2014.

Professor Hans Dahl, Professor of Hospital-based Rural Health Care resigned in early 2013. The GSM and Local Health District are working together to consider a range of options to fill this position to enhance both academic and clinical needs within the clinical community of the GSM. Discussions were still ongoing at the time of this publication.

The Clinical Academics at Wollongong Hospital (as illustrated in the organisational chart) are supported by a number of other Academics who do not provide medical services within the hospital, and Professional staff based in the Illawarra hospitals.

Local clinicians at Shoalhaven and Bowral hospitals are employed as fractional appointments to coordinate clinical teaching.

Professor Alison Jones (Dean in 2013) continues to provide general (internal) medicine specialist clinical service to The Maitland Hospital (Hunter New England Health) and Clinical Toxicology services to Blacktown Hospital (Western Sydney Local Health District).
CLINICAL PARTNERSHIPS

UOW and the GSM continue to recognise the critical importance of enhancing and managing the relationships with Local Health Districts and in 2013 renewed contacts with both Dr John Barnett, Clinical associated Dean for the Southern Highlands and Dr Tony Fitzpatrick, Clinical Associate Dean Shoalhaven Hospital.

The main role of the Clinical Associate Deans in the Shoalhaven and Southern Highlands is to assume responsibility for contributing to the development and delivery of teaching and learning experiences for GSM students by providing academic leadership in the region, and creating a frequent point of liaison between the University and relevant LHD.

CLINICIANS INVOLVED IN UNDERGRADUATE EDUCATION

GSM staff have worked hard at identifying clinical teams that are enthusiastic and able to provide the students with a positive learning environment in both hospital and general practice settings. We are fortunate to have approximately 480 honorary Clinical Academics at all grades from Tutor to Clinical Professor that engage in the delivery of clinical teaching and assessments.

In 2013 the GSM introduced a new initiative to encourage Alumni to join the School as Clinical Academics. The early feedback has been very positive, 86% of the 2013 graduating class have joined the clinical program as Clinical Tutors. The GSM was aware that Alumni are actively involved with teaching, but this was not reflected in the number of honorary clinical appointments, in 2014 focus will be on similar initiatives for the cohorts who graduated in 2010 – 2012.

POSTGRADUATE CLINICAL TRAINING

The Illawarra and Shoalhaven regions had been comparatively under resourced for a major regional centre in terms of infrastructure support, clinical services and medical staffing. The improvements to the health care system within the region will occur when the ISLHD achieves major teaching hospital status. The creation of a culture that promotes the key ingredients associated with achieving optimal care for patients; namely quality clinical services, clinical training and research, is now visible within the organisation and set to grow. GSM is proud to be a partner in that growth.

Throughout 2013 The Wollongong Hospital (TWH), under the leadership of Professor Yeo, applied for level 3 accreditation Teaching Hospital status with the College of Physicians. This was granted in March 2014 meaning that TWH is now able to provide the majority of Basic Physician Trainee supervision as well as opportunities for significant teaching and clinical care training in Wollongong. This will undoubtedly have a beneficial flow on effect for undergraduate teaching within our main teaching hospital site.

To enhance clinical training ISLHD is implementing developments that will improve clinical skills and simulation training. In 2013 the $5.6 million Illawarra Shoalhaven Health Education Centre (ISHEC), funded by the Federal government was opened. ISHEC has greatly enhanced our ability to train junior doctors (who increasingly are GSM alumni) and thus increase the capacity and culture to teach medical students within ISLHD-affiliated hospitals. The GSM is also accessing ISHEC for both formal and informal teaching. Simulation sessions, workshops and tutorials are all being held at ISHEC. The GSM will continue to work with ISHEC to provide outstanding clinical educational opportunities.

Professor Wilf Yeo
STAFFING STRUCTURE

The attached organisational chart shows the structure of the GSM over the past twelve month period to December 2013. The four leadership groupings of the GSM comprise;

• Teaching Hospitals, led by Associate Dean Wilf Yeo
• Community, Primary Remote & Rural, led by Associate Dean David Garne
• Learning & Teaching, led by Associate Dean Ian Wilson, and
• Operations, led by Jan James

The chart illustrates the academic reporting lines and it indicates where roles are currently vacant. The Community, Primary, Remote & Rural group shows the discipline areas as well as the hub location of staff, as does the Teaching Hospitals group, where staff located at each hospital is noted. The Learning & Teaching group is broken into five academic discipline areas. The Operations group shows the business focus of each team under that heading.
NEW STAFF APPOINTMENTS IN 2013:

**TEACHING HOSPITALS**

Professor Ian Wright  
Professor: Paediatrics & Child Health Research – Full Time, Continuing, Wollongong

Associate Professor Spiros Miyakis  
Associate Professor: Medicine – Full Time, Continuing, Wollongong

Dr Sal Sanzone  
Senior Lecturer: Clinical Skills – 0.5 FTE, Continuing, Shoalhaven

Dr Joshua Florida  
Academic Leader: Maternal & Women’s Health – 0.20 FTE, Fixed Term, Bowral

Dr Bindumal Murali  
Senior Lecturer: Obstetrics and Gynaecology – 0.20 FTE, Fixed Term, Wollongong

Dr Gary Chew  
Senior Lecturer: Clinical Skills - 0.5 FTE, Continuing, Shoalhaven

Dr Sanaz Khanlari  
Lecturer: Clinical Skills – Full Time, Continuing, Wollongong

Dr Megan Kelly  
Associate Research Fellow – Full Time, Fixed Term, Wollongong

Shawn Tyler  
Coordinator: Volunteers – Full Time, Permanent, Wollongong

Lauren Whitfield  
Assistant Technician: Clinical Skills – 0.60 FTE, Permanent, Wollongong

Dianne Turton  
Admin. Assistant: Associate Dean: Teaching Hospitals, Full Time, Fixed, Wollongong

Melanie Sharpe  
Indigenous Administrative Trainee – Full Time, Fixed, Wollongong

**COMMUNITY, PRIMARY, REMOTE & RURAL**

Associate Professor Louella McCarthy  
Academic Leader: Community Engagement – Full Time, Continuing, Rural Hubs

Dr Marion Reeves  
Regional Academic Leader: Murrumbidgee – 0.20 FTE, Fixed, Murrumbidgee

Scott Winch  
Academic Leader: Indigenous Health – Full Time, Fixed, Wollongong & Hubs

Pat Billington-Knight  
Project Officer: NBN/ESS – Full Time, Fixed, Wollongong

Marisa Tubby  
Rural Infrastructure Coordinator – Full Time, Permanent, Wollongong & Hubs

Danielle Laferre  
Technical Officer: NBN/ESS – Full Time, Fixed, Wollongong

Jessica lanella  
Research Assistant: NBN/ESS – 0.60 FTE, Fixed, Wollongong

**LEARNING & TEACHING**

Dr Michelle Moscova  
Senior Lecturer: Educational Development, Full Time, Continuing, Wollongong

Dr Shelley Crowther  
Lecturer: Research & Critical Analysis, 0.40 FTE, Fixed, Wollongong

Dr Karen Fildes  
Lecturer: Medical Sciences, Full Time, Continuing, Wollongong & Shoalhaven

Margaret Jordan  
Academic Coordinator, 0.40 FTE, Fixed, Wollongong & Hubs

Katie Pijper  
Admissions & Marketing Officer, Full Time, Permanent, Wollongong

**OPERA TIONS**

Janice Kelly  
Receptionist, Full Time, Permanent, Wollongong

Karen Fieravanti  
Admin Assistant: HR & Finance, Full Time, Fixed, Wollongong

Ming Gao  
Admin Assistant: Data & Finance, 0.40 FTE, Fixed, Wollongong

Matthew Tague  
Assistant: Educational Technology, 0.80 FTE, Fixed, Wollongong

**STAFF VACANCIES AS AT THE CLOSE OF 2013:**

**Teaching Hospitals**

Two offers have been made for senior Academic staff to take up appointments in Surgery; an Associate Professor and a Senior Lecturer. At the close of 2013 confirmed entry on duty dates had not been advised.

- 0.20 FTE, Fixed, Level C: vacant – Wollongong Hospital (Paediatrics)
- 0.50 FTE, Fixed, Level C: vacant – Southern Highlands (Paediatrics)

**Community, Primary, Remote & Rural**

Professor of Rural Health Care, 1.0 FTE, Continuing, Level E – Rural Hub

- Academic Leader: CBHE, 1.0 FTE, Continuing, Level C/D – Rural Hub
- 0.20 FTE, Fixed, Level C: vacant – Rural Hub

**Learning & Teaching**

- 0.20 FTE, Fixed, Level B: vacant – Rural Hub
STAFFING PROFILE

The staff profile of the GSM continues to be closely aligned to the curriculum phases, with Phase 1 being appropriately dominated by medical scientists, Phase 2 has hospital and community-based specialist Academic staff and in Phase 3 General Practitioners comprise the majority of Academic staff involved. However, all Academic staff contribute across multiple Phases of the Program.

Alongside the Academic staff, the GSM’s Professional staff play critical roles in ensuring the curriculum is implemented as planned at all the hub locations and online.

The GSM aims to balance its high quality delivery of a medical curriculum with research growth. The developments at IHMRI and GSM’s emerging research strengths have been nurtured and supported wherever possible.

The following table gives a breakdown of the Academic staff of the GSM. The table illustrates their levels and calculated full time equivalency.

### TABLE 1- STATUS OF GSM ACADEMIC APPOINTMENTS IN 2013

<table>
<thead>
<tr>
<th>GSM Academic staff by level - (in post and unfilled roles)</th>
<th>Regional FTE</th>
<th>Rural FTE</th>
<th>No. of ISLHD conjoint appointees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professor</td>
<td>7.8</td>
<td>3.5</td>
<td>4 staff</td>
</tr>
<tr>
<td>A / Professor</td>
<td>3.4</td>
<td>4.2</td>
<td>3 staff</td>
</tr>
<tr>
<td>Senior Lecturer</td>
<td>12.85</td>
<td>9.15</td>
<td>1 staff</td>
</tr>
<tr>
<td>Lecturer</td>
<td>6.8</td>
<td>3</td>
<td>Nil</td>
</tr>
<tr>
<td>TOTAL</td>
<td>30.65</td>
<td>19.85</td>
<td>8 Staff</td>
</tr>
</tbody>
</table>

### DIRECT ACADEMIC APPOINTMENTS – CLINICAL (DAAC)

The ability to continue to utilise the DAAC (Direct Academic Appointment – Clinical) Procedure, has allowed the GSM to meet the need to employ actively practicing clinicians. DAACs can be employed up to 0.4 FTE for a maximum period of three years without the standard probation requirements attached to Academic appointments. The below table shows the number of clinicians employed via this procedure in 2013.

### TABLE 2 - GSM DIRECT ACADEMIC APPOINTMENTS IN 2013

<table>
<thead>
<tr>
<th>Total Number / FTE</th>
<th>Number / FTE Regional</th>
<th>Number / FTE Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 staff / 7.3 FTE</td>
<td>10 staff / 2.5 FTE</td>
<td>22 staff / 4.8 FTE</td>
</tr>
</tbody>
</table>

The DAAC employment type continues to attract interested part time clinician teachers into a closer and more functional relationship with the School than could be achieved by simple casual teaching contracts. The DAAC process also has the advantage of providing these clinicians (the majority are located in rural hubs) a close connection with an academic environment and gives them an academic identity.

### CASUAL STAFF – ACADEMIC & PROFESSIONAL

The GSM continues to be reliant on sessional and casual staff as illustrated in the below table. This group performs a variety of duties including preparing and delivering lectures, facilitating tutorials, conducting anatomy classes, demonstrating and assessing clinical competencies, and providing marking support. In the case of the casual Professional staff; providing administrative support in rural and regional locations and assisting in the technical aspects of clinical competency classes.

### TABLE 3 – GSM CASUAL STAFF 2013 OPERATING ACCOUNT

<table>
<thead>
<tr>
<th>No. of staff – Academic</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>52</td>
<td>1941.2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of staff – Professional</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>2745.92</td>
</tr>
</tbody>
</table>

### TABLE 4 – GSM CASUAL STAFF 2013 RCTS ACCOUNT

<table>
<thead>
<tr>
<th>No. of staff – Academic</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>73</td>
<td>1551</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No. of staff – Professional</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>1551.32</td>
</tr>
</tbody>
</table>
HONORARY CLINICAL ACADEMICS

The Graduate School of Medicine (GSM) continues to attract honorary clinicians interested in having a formal affiliation with the GSM. These Honorary Clinical Academics benefit from, and contribute to the academic culture and learning activities of our students. The appointment of the GSM’s honorary clinical workforce is maintained by the GSM’s Clinical Academic Appointments Committee (CAAC) Chaired by the Dean, whose primary purpose is to review information provided by candidates seeking appointment, against the suggested appointment criteria. This committee confers via email regularly and also meets in person.

Appointments are offered at differing levels depending on the professional and academic qualifications and experience of the applicant. Levels are available at; Honorary Clinical Tutor, Honorary Clinical Lecturer, Honorary Clinical Senior Lecturer, Honorary Clinical Associate Professor, and Honorary Clinical Professor. Appointments at the level of Honorary Clinical Professor require sign off by the Vice-Chancellor.

Honorary Clinical Academic staff appointments are generally made for a period of three years, after which the GSM review process identifies the type of activities our honorary staff have provided during the term of their appointment. The number of Honorary Clinical Academic Appointments currently stands at a total of approximately 480, as detailed in the below table.

In late 2013 it was proposed that the graduating class of MBBS students be invited to become Honorary Clinical Tutors. Graduates will be invited to apply following the December Graduation Ceremony and once documentation is received, checked and presented to the next scheduled CAAC meeting, an offer for a three-year appointment as a Clinical Tutor will be made to each applicant. This exercise was based on our need to create a strong, life-long connection with our Alumni. The outcome of the first phase of this exercise will be known in early 2014. The contribution of our Honorary Clinical Academics to the GSM is highly recognised. For example, in Phase 1, over 100 hours of pro-bono teaching primarily in the form of lectures, are provided by the School’s Honorary Clinical Academics. In addition, the Honorary Clinical Academics contribute to clinical skills teaching, bedside teaching, clinical and community student supervision, student mentoring, applicant interviews and assessment activities. These contributions occur in all regional and rural locations in which students are placed. The school continues to work to match the stated interests of the Honorary Clinical Academics, at the time of their application for appointment, alongside the current and development needs of the GSM Program. This is done in an attempt to identify specific opportunities for their involvement as well as the maintenance of the quality of our teaching.

In addition, the GSM continues to identify opportunities to recognise and reward the Honorary Clinical Academic staff for their pro-bono contributions. One such activity is to further develop the Schools’ Faculty Development Program (FDP) offerings (and attaching CME credits to Program offerings) so they are more attractive to the Honorary Clinical Academics.

Also, the GSM’s Academy of Clinicians brings together the full range of clinicians, from primary care to tertiary care, recent graduates to senior clinicians and medical and non-medical clinicians. Participation is offered to those who teach students or undertake research in partnership with GSM and to the wider faculty. The GSM aims to make the Academy a central part of the clinical environment for those associated with the University of Wollongong.

A table under ‘Staff Development’ in this report illustrates the attendance at the FDP modules in 2013.

### TABLE 5 - BREAKDOWN OF CLINICAL ACADEMICS BY DISCIPLINE AND LOCATION AS AT 2013

<table>
<thead>
<tr>
<th>Level</th>
<th>TOTAL</th>
<th>GP</th>
<th>Specialists</th>
<th>Other Professionals</th>
<th>Regional / Metropolitan</th>
<th>Rural RA 2-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Professor</td>
<td>17</td>
<td>4</td>
<td>12</td>
<td>1</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Clinical Associate Professor</td>
<td>69</td>
<td>14</td>
<td>55</td>
<td>1</td>
<td>59</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Senior Lecturer</td>
<td>289</td>
<td>181</td>
<td>113</td>
<td>3</td>
<td>148</td>
<td>141</td>
</tr>
<tr>
<td>Clinical Lecturer</td>
<td>74</td>
<td>32</td>
<td>32</td>
<td>11</td>
<td>49</td>
<td>25</td>
</tr>
<tr>
<td>Clinical Tutor</td>
<td>20</td>
<td>2</td>
<td>6</td>
<td>12</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>469</td>
<td>233</td>
<td>218</td>
<td>28</td>
<td>278</td>
<td>191</td>
</tr>
</tbody>
</table>

a) TOTAL represents each individual under their assigned Level. The qualification categories represent how many out of the TOTAL are a GP and/or a Specialist and/or an Other Professional.

b) Includes also doctors training to become a General Practitioner.

c) Includes also doctors training to become a Specialist commonly known as Registrars.

d) Based on Australian Standard Geographical Classification – Remoteness Areas (ASGC-RA) 2-5:

- RA 2 - Inner Regional Australia
- RA 3 - Outer Regional Australia
- RA 4 - Remote Australia
- RA 5 - Very Remote Australia
GSM PROFESSIONAL STAFF

The Professional staff of the GSM are responsible for both administrative and technical support for the academic enterprise of the GSM. The Dean recognises the high calibre contribution our Professional staff make to the GSM. The Professional staff are located at both Wollongong and Shoalhaven campuses, in Wollongong and Shoalhaven Hospitals, at the Bowral Residence and in all of our regional and rural hubs. The Professional staff provide support for the permanent Academic staff, the casual teaching staff and the Honorary Clinical Academic Staff. They travel to work with their colleagues at other locations when needed and a system of in-house cover and shadowing has been developed to ensure business continuity and to alleviate business risk wherever possible.

GSM STAFF DEVELOPMENT

The GSM continues to support a comprehensive approach to staff development for both Academic and Professional staff. New Academic staff are encouraged to undertake a combination of units from the University Learning & Teaching Program, in combination with those components of the medical school specific Faculty Development Program. The FDP modules are recognised by the University as contributing to the formal requirements for confirmation of appointments, and the GSM has encouraged all staff on substantive appointments to undertake the ULT Program, as well as specifically relevant FDP Modules.

All staff are encouraged to access the annual UOW Professional & Organisational Development Services (PODS) program, to ascertain where training and development opportunities could enhance their performance and abilities.

The following two tables illustrate the attendance at the GSM’s FDP as well as the GSM staff participation in PODS programmes in 2013.

TABLE 6 - STATUS OF GSM PROFESSIONAL STAFF APPOINTMENTS IN 2013

<table>
<thead>
<tr>
<th>GSM Professional staff by level -</th>
<th>Total FTE</th>
<th>FTE Regional</th>
<th>FTE Rural</th>
</tr>
</thead>
<tbody>
<tr>
<td>In post and unfilled roles.</td>
<td>Level 10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Level 8-9</td>
<td>3</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Level 6-7</td>
<td>15</td>
<td>8.61</td>
<td>6.39</td>
</tr>
<tr>
<td>Level 5</td>
<td>12.6</td>
<td>10.2</td>
<td>2.4</td>
</tr>
<tr>
<td>Level 3-4</td>
<td>17.9</td>
<td>13.7</td>
<td>4.2</td>
</tr>
<tr>
<td>Total</td>
<td>49.5</td>
<td>35.01</td>
<td>14.49</td>
</tr>
</tbody>
</table>

TABLE 7 - FACULTY DEVELOPMENT PROGRAMME (FDP) GSM STAFF ATTENDANCES IN 2013

The following two tables illustrate attendance at the GSM’s FDP as well as the GSM staff participation in PODS programmes in 2012.

<table>
<thead>
<tr>
<th>Category</th>
<th>Module ID</th>
<th>Course Description</th>
<th>Attendees</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preceptor Training</td>
<td>8G</td>
<td>Preceptor Training: Phase 2: Psychiatry Placement Date: 13/02/2013</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Teaching</td>
<td>1</td>
<td>Orientation to Medical Education at the GSM Date: 02/09/2013</td>
<td>17</td>
<td>34</td>
</tr>
<tr>
<td>Teaching</td>
<td>4</td>
<td>Student Centred Small Group Facilitation Skills Date: 26/09/2013</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td>Grand Total</td>
<td>3</td>
<td></td>
<td>47</td>
<td>94</td>
</tr>
</tbody>
</table>

FIGURE 4 - GSM STAFF ATTENDANCE AT UOW PODS IN 2013

<table>
<thead>
<tr>
<th>JOB LEVEL</th>
<th>ATTENDANCE HOURS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Staff</td>
<td></td>
</tr>
<tr>
<td>Level 1/2</td>
<td>7</td>
</tr>
<tr>
<td>Level 3/4</td>
<td>79.75</td>
</tr>
<tr>
<td>Level 5</td>
<td>48</td>
</tr>
<tr>
<td>Level 6/7</td>
<td>92.5</td>
</tr>
<tr>
<td>Level 8/9</td>
<td>1</td>
</tr>
<tr>
<td>Academic Staff</td>
<td></td>
</tr>
<tr>
<td>Level A</td>
<td>4.5</td>
</tr>
<tr>
<td>Level B</td>
<td>44</td>
</tr>
<tr>
<td>Level C</td>
<td>46</td>
</tr>
<tr>
<td>Level D</td>
<td>5.5</td>
</tr>
<tr>
<td>Level E</td>
<td>11.5</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
<tr>
<td>Part time teaching</td>
<td>3</td>
</tr>
</tbody>
</table>
PROBATION AND PROMOTION

The GSM continues to have a good record for staff being confirmed in their roles through the probation process, as well as staff being successful in their application for promotion. Senior staff identify the individuals who are planning to make such applications, and they assist with guidance, feedback on draft submissions and encouragement to seek out training or consultation with other relevant staff on campus if needed.

The following table provides an historical record of the Academic staff success in regard application for probation and promotion.

TABLE 8 – GSM ACADEMIC STAFF – HISTORICAL RECORD OF PROBATION & PROMOTION – AS AT 2013

<table>
<thead>
<tr>
<th>Month / Year</th>
<th>Successful Probation Applications</th>
<th>Successful Promotion Applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nov-07</td>
<td>2 Lecturers 1 Assoc Professor</td>
<td>None lodged</td>
</tr>
<tr>
<td>May-08</td>
<td>2 Lecturers 1 Assoc Professor</td>
<td>None lodged</td>
</tr>
<tr>
<td>Nov-08</td>
<td>1 Lecturer 1 Snr Lecturer</td>
<td>1 Snr Lecturer</td>
</tr>
<tr>
<td>May-09</td>
<td>1 Lecturer</td>
<td>None lodged</td>
</tr>
<tr>
<td>Nov-09</td>
<td>1 Lecturer</td>
<td>2 Snr Lecturers</td>
</tr>
<tr>
<td>May-10</td>
<td>None lodged</td>
<td>1 Professor</td>
</tr>
<tr>
<td>Nov-10</td>
<td>2 Lecturers</td>
<td>None lodged</td>
</tr>
<tr>
<td>May-11</td>
<td>2 Snr Lecturers</td>
<td>None lodged</td>
</tr>
<tr>
<td>Nov-11</td>
<td>1 Snr Lecturer 1 Lecturer</td>
<td>None lodged</td>
</tr>
<tr>
<td>May-12</td>
<td>1 Snr Lecturer 1 Lecturer</td>
<td>None lodged</td>
</tr>
<tr>
<td>Nov-12</td>
<td>3 Lecturers</td>
<td>1 Snr Lecturer</td>
</tr>
<tr>
<td>May-13</td>
<td>1 Professor</td>
<td>None Lodged</td>
</tr>
<tr>
<td>Nov-13</td>
<td>None lodged</td>
<td>2 Snr Lecturers</td>
</tr>
</tbody>
</table>

The other process to provide Academic staff with development opportunities is to be granted Study Leave. From 2006 to 2009 the heavy planning and teaching load attached to the GSM prohibited staff from making application. Study Leave is a competitive process and the GSM applicants are also required to identify how their normal teaching and governance responsibilities will be covered in their absence. Such negotiations take place within the discipline team, so that peers will make long term plans for staff members’ preferred Study Time period of absence/cover.

TABLE 9 – GSM ACADEMIC STAFF – HISTORICAL RECORD OF STUDY LEAVE GRANTED - AS AT 2013

<table>
<thead>
<tr>
<th>Period</th>
<th>Staff Member</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2010 to Jan. 2011</td>
<td>Peter McLennan</td>
<td>D</td>
</tr>
<tr>
<td>April 2011 to Oct. 2011</td>
<td>Nicky Hudson</td>
<td>E</td>
</tr>
<tr>
<td>July 2011 to Dec. 2011</td>
<td>Uli Bommer</td>
<td>D</td>
</tr>
<tr>
<td>March 2012 to July 2012</td>
<td>Kylie Mansfield</td>
<td>C</td>
</tr>
<tr>
<td>June 2012 to Dec. 2012</td>
<td>Elfie Ashcroft</td>
<td>B</td>
</tr>
<tr>
<td>July 2012 to May 2013</td>
<td>John Bushnell</td>
<td>E</td>
</tr>
<tr>
<td>Jan. 2013 to July 2013</td>
<td>Sue Vella</td>
<td>B</td>
</tr>
<tr>
<td>June 2013 to Dec. 2013</td>
<td>Judy Mullan</td>
<td>C</td>
</tr>
</tbody>
</table>

ADDITIONAL STAFF ACCOMPLISHMENTS & ACHIEVEMENTS

Despite the continued heavy workload involved in the planning, delivery and review of the curriculum and the infrastructure provisions of the GSM, School staff have achieved significant additional goals over the past year as the following table illustrates.
GSM STAFF AWARDS AND OTHER ACKNOWLEDGEMENTS IN 2013:

ACADEMIC STAFF

PROFESSOR ALISON JONES

• Invited to become a Fellow of the American Academy of Clinical Toxicology.
• Member, Orica Mercury Independent Requirements Steering Panel, Chaired by the NSW EPA Chief Environmental Regulator.
• On call for NSW Coroner’s Office and NSW Toxicology Advice.
• Member, Ministerial Advisory Committee on Preventative Health.
• Member, Medical Deans of Australia & New Zealand Social Accountability Committee (MEDSAC)
• Member, Independent Hospital Pricing Agency (IHPA).
• Member, Medical Schools’ Outcomes Database Board (MSOD).
• Associate Professor Kylie Mansfield
  Received an Office of Learning and Teaching (OLT) Citation for Outstanding contributions to student learning for “Extraordinary attention to student and staff diversity that shapes leadership of the integrated Phase 1 medical curriculum at UOW”.
  • Awarded the 2013 ‘WUMSS Lecturer of the year award’
  • Invited to speak at a workshop at the “International Urogynaecology Association” meeting in Dublin on “Could bacteriuria hold the key to understanding urge incontinence?”

ASSOCIATE PROFESSOR KYLIE MANSFIELD & ASSOCIATE PROFESSOR LYNDAL PARKER-NEWLYN

• Successful in obtaining an ESDF grant from the University for $15,000 for a project on “Digital curriculum transformation for rural medical education”. Both chosen to prepare the first UOW MOOC with open to study on “Understanding common diseases”. This has been well received with almost 3000 students enrolled to date since the first running in December.

ASSOCIATE PROFESSOR LYNDAL PARKER-NEWLYN

• Faculty of Education’s Educational Leadership Award

DR CORALIE WILSON

• October 2014: Research from Coralie Wilson’s program in men’s depression - first of its kind internationally -- accepted for presentation at the European Congress of Psychiatry (lead author Anna Cavanagh, co authors: Coralie Wilson, David Kavanagh, Peter Caputi). This Congress is ranked as the top event in psychiatry for Europe and the USA.
• Chief Investigator D on NHMRC project funding ($632K) awarded for 2013-2016 (co CIs: Professor Dan Lubman, Monash University CIA; Professor Nick Allen University of Melbourne CIB; Professor Anthony Jorm University of Melbourne CIC) -- funded project is the first of its kind in Australia to develop and trial a help-seeking intervention for substance problems and depression that uses education in neuroscience to motivate behaviour change.
• Chief Investigator A on ESDF project funding ($7K) awarded 2013 (co-CIs: Dr Michelle Moscova CIB, Dr Susan Thomas CIC, Professor lan Wilson CIC) -- funded project is developing an educational prototype to optimal educational outcomes in Personal and Professional Development from an online instrument.
• Chief Investigator A on a BUPA project funding application ($400K) that made it to the expert review stage of approval -- 5 of 500 projects were funded; 10 of 500 projects made it to formal expert review (co-CIs: Associate Professor Peter Caputi CIB, Professor lan Wilson CIC, Professor Andrew Bonnie CID, Professor Alison Jones CIE, Dr Michelle Moscova CIF).
• January 2013: Placed in “Most Popular Author” category for Social and Behavioural Sciences and Medicine and Health Sciences for third consecutive month by Digital Commons Network -- from Oct 2012-Jan 2013 Dr Wilson’s peer-reviewed journal articles were downloaded around the world at rates higher than for most academics in the Digital Commons Network and higher than for any other UOW academic in the Social and Behavioural Sciences or Medicine and Health Sciences domains -- Dr Wilson was lead author on most articles that were downloaded.
• January 2013: Invited to write a regular “Expert” Blog for the Illawarra Mercury newspaper and downloadable mobile / tablet application.
• February 2013: Profiled in Psychology Progress, the international Centre for Top Research in Psychology, for conducting “Key research of major importance for progress in the field of psychology”.
• July 2013: 4 of 91 peer-reviewed presentations accepted for the National Suicide Prevention conference were provided by Dr Wilson’s research team -- this represented the strongest showing of any research team at this conference.
• October 2013: Invited to consult as an international expert for the Irish National Office of Suicide Prevention, and Irish NGO, Aware (Irish equivalent of Australia’s BeyondBlue).
• October 2013: Presented new research on the impact of undiagnosed symptoms that may indicate the presence of a heart condition, and the impact that these have on seeking help from a GP. The research is the first of its kind internationally and received 11 major Australian and New Zealand media interviews and reports.

• October 2013: Completed two national projects that are the first of their kind internationally and extend GSM PPD to Lifeline Australia to inform current staff training (project co-investigators with me: Tara Hunt, Taneile Kitchingman, Peter Caputi, Ian Wilson, Alan Woodward) – publications are currently in preparation / two national scholarships awarded to Taneile Kitchingman to develop her work on the project.

• November 2013: Invited speaker: Monash University and Victorian Area Health Services.

• November 2013: Invited speaker: UOW Vice Chancellors’ lunch time research seminar series.

• December 2013: Invited to join an international team of Chief Investigators representing 5 universities and 2 countries (USA and Australia) to conduct a longitudinal evaluation of university student’s mental health and wellbeing across 18 Australian universities (Project lead and CIA: Dr Helen Stallman UniSA).

• December 2013: Invited speaker: Lifeline Australia Board and Mangers meetings.

• Invited to provide review of 15 articles submitted to academic journals ranked A or A* for peer-review and publication.

DR KATE MANDERSON

• Given a Commanding Officer’s Commendation by the Commanding Officer of the RAAF Institute of Aviation Medicine in February 2013, for major contribution to the curriculum and assessment review of the ADF Aviation Medical Officer’s Course. The input supported a transformation from didactic lectures to applied CBL-type delivery methods, and expanded assessment to include OSCE assessments.

• Re-elected to the Board governing the Illawarra Shoalhaven Medicare Local in Nov 2013, and continuation of appointment as Chair of the Governance and Policy Committee for that Board.

• Elected to the Executive Committee of the Australasian Society of Aerospace Medicine in Sep 2013.

PROFESSOR NOEL TAIT

• Awarded the 2013 ‘WUMSS Clinician of the year award’.

PROFESSOR ANDREW BONNEY

• Appointed to the Board of CareSouth (voluntary position) as of 2014. CareSouth is a not for profit NGO which cares for people with disabilities, and children needing foster or emergency out of home care.

DR KAREN FILDES

• Received the 2013 Early Career Academic Award for Outstanding Contribution to Teaching and Learning

KERRY DAWES

• Gained accreditation by MHFA as an Instructor in Mental Health First Aid for Medical & Nursing students. Kerry is now delivering these courses at UOW.

DR THERESA LARKIN

• Received an Office of Learning and Teaching Citation for ‘An evidence-based, inclusive and engaging approach to teaching anatomy in an integrated medical curriculum’.

• Was successful in receiving promotion to Senior Lecturer.

DR SUE THOMAS

• Was successful in being promoted to Senior Lecturer.

PROFESSOR NAGESH PAI

• Accredited Examiners panel for Trainee clinical examinations and Exemption candidates Examinations of RANZCP (involved in examining 19 candidates altogether).

• Accredited Panellist for Substantial comparability Assessments for RANZCP (involved in 4 assessments).

• Reviewer for Psychiatric Journals:
  • Australian & New Zealand Journal of Psychiatry
  • Asian Journal of Psychiatry
  • Acta Psychiatrics Scandinavica
  • General Hospital Psychiatry
  • Australasian Psychiatry and
  • Online Journal of health and Allied Sciences

• International Advisory Board member of editorial committee for Archives of Medicine and health sciences.

• Associate Editor, Journal of Research on Neurosciences and Neurobiology.

• Panellist for judging Bombay Psychiatric society and Marfatia Award Research papers of Indian Psychiatric Society.

• Live broadcast for a program on Doordardhan (Indian state TV Channel) on Psychosocial aspects of Schizophrenia.

• Invited speaker for Post graduate Department of Clinical Psychology (masters of Psychology & Clinical Psychology) of St. Agnes College (Autonomous University) and Rajiv Gandhi University of Health Sciences.

• Invited speaker on “Metabolic side effects of Psychotropics “at Post Graduate Psychiatry Department of Yenepoya University.

• Invited speaker for Mangalore psychiatric society (Cultural issues in Psychiatry: what is different in Australia).

• Invited speaker for Udupi Psychiatric Society on Neurobiology of cartoons.

• Organised International Rural Psychiatry Conference on Mind the Gap.

• Honorary visiting lecturer at Spandana Psychiatric centre, Bangalore delivered lecture series for 5 days.

• Presented papers in World Psychiatric Association congress in Vienna, Austria and International Society of Addiction Medicine in Kuala Lumpur.
• Scientific committee member of RANZCP congress, Sydney May 2013 and chaired a scientific session.
• Guest lecture on Antipsychotic induced obesity at Concord Hospital.
• Chaired NSW Specialist International Medical Graduate up skilling project 2013 and conducted two 4 day workshops and Mock OSCE examination for exemption candidates of RANZCP.
• A total of 22 publications (including abstracts of conference proceedings).

PROFESSIONAL STAFF

TIM HAYNES
• Secured an offer to take up the GSM’s MBBS Program. Tim thus resigned from his role of GSM Indigenous Project Officer.

JAN JAMES
• Member, Medical Deans of Australia & New Zealand Social Accountability Committee

KATE SCHREIBER
• Appointed as Board Member of the not for profit, WEA Illawarra Board.

SHAWN TYLER
• Prize Awarded for Best Poster in section at the ‘National Conference in Volunteering’, Adelaide, South Australia, September 2013. “Partnering for Success: Describing the GSM Volunteer Program’s unique approaches to engaging with our local communities.”

COMMUNITY, PRIMARY, REMOTE & RURAL TEAM

• In 2013, on behalf of the CPRR Team, Associate Professor David Garne, Dr Gary Moore, Belinda Smith, Kathy Marchant and Keith Smith were awarded a Vice Chancellor’s Award for Excellence in Community Engagement in recognition of their contribution to the implementation of a high quality community based clinical training program in Mudgee, which has been embraced by patients, clinicians and community. This award also recognized the team’s role in facilitating community support for the development of a brand new community funded student accommodation facility.
THE GSM BUDGET

The GSM budget is top sliced to support University-wide infrastructure, but at a reduced rate relative to other Faculties.

The GSM continues its strong partnership with Local Health Districts (LHDs) with the goal of increasing the number of GSM-appointed conjoint Academics (Clinical). Towards this end, the University agreed to place 40% of the top sliced funds into an Escrow account for 2013 and 2014 to be accessed by the GSM Dean, with approval at senior executive level, to contribute to the costs associated with the employment of Academics (Clinical) that have joint LHD/GSM responsibilities.

To further increase its income and capacity to make appointments, the school has continued a strong fund-raising approach for the endowment of clinical chairs. The School has previously received funds to establish an endowed Chair of Medicine (The Roberta Williams Chair of General Practice) and in 2012 generous community funding from Clubs NSW allowed for a Professor in Paediatrics to be recruited to the School and ISLHD.

To this end the GSM was successful in attracting Prof Ian Wright to take up the appointment of Professor: Paediatrics & Child Health Research. Prof Wright joined the GSM in June 2013 and he was immediately involved in recruiting well qualified postdoctoral fellows to continue the research work he was doing in the area of Neonatal Medicine. Prof Wright’s appointment is seen to also complement the University’s initiative in Early Start.

GSM INCOME

Of note is the significant support of this school by DOHA through its Rural Health Multidisciplinary Training Program and Rural Clinical Training and Support Initiative. This has been key to developing our strongly embedded regional, rural and remote focus and outcomes and is warmly acknowledged.

When GSM benchmarks its income and expenditure across Australian Medical Schools it recognises substantial value for money and continued efficiency of its enterprises.

The following two diagrams illustrate the income sources and percentage of expenditure of the GSM for 2013.

GSM EXPENDITURE

In every medical school budget the predominant cost is salary of staff (approximately 80%) and the GSM is no different in this respect. The costs of supporting a distributed model of medical education are substantial, but essential to delivery of the GSM’s integrated educational model.
SELECTION

Applicants to the MBBS program at UOW are of a very high standard and applicant numbers and quality continue to increase from across Australia, and the world.

In 2013, the GSM received approximately 1400 applications for the 80 domestic places offered for entry in 2014. These applicants demonstrated excellent academic results, experience in a broad range of contextually relevant areas to the study of medicine, ties and experience in rural, regional and remote communities and high performance at interview as part of the GSM admissions process. 66% of the domestic students in the 2014 cohort are classified as “rural” having lived more than five years in a regional, rural or remote community. This means that UOW has more rural students enrolled in medicine than any other medical school in NSW, with most schools’ rural intake averaging 25%.

It is gratifying to see the impact of rural communities on our students and staff. Please see the following for illustrations of how the impact has been viewed by such communities.

Our international applicants are also of a high standard with more than 35 applications received for five international places for 2014. The majority of applicants were from Canada and the USA, but students were also interviewed from India, Mexico, China, Hong Kong, Taiwan, Nigeria, Malaysia, Turkey, South Africa, Korea and Vietnam. There is an aim to increase these numbers for the 2014-2015 admissions cycle using targeted international recruitment strategies.

GRADUATED STUDENT DETAILS/ INTERNSHIPS

Enrolment across all four years of the MBBS remains at approximately 325. Numbers fluctuate based on student attrition and requests for leave of absence. These numbers remain within the quotas set by the Commonwealth.

301 students have graduated with an MBBS from UOW. From here on, it is expected that between 80 to 85 students will graduate each year:

- 67 in 2010
- 77 in 2011
- 77 in 2012
- 80 in 2013

Fifty-nine percent of students graduating in 2013 have taken up internships in regional or rural areas. This is a slight increase from 2012. Over the past three years 58% of graduates have made contributions to address the workforce shortage in these areas.

In all graduating cohorts to date, all International students who applied to undertake an internship in Australia were successful in gaining an Internship. In 2013, four students were made offers during state rounds, three were made offers in the “national round” and one has secured an internship in Europe. At the time of writing the Canadian/ USA “matchings“ had not been released. Several International students have applied for consideration in the 2014 matching process.
HIGHER DEGREE RESEARCH STUDENTS

In 2013 there were six students enrolled in HDR’s, four undertaking PhD’s and two students completing a Master’s program.

The numbers of HDR’s are expected to increase over the next five years.

The first GSM PhD was awarded posthumously to Janette Ellis at the December 2013 Graduation Ceremony. Janette’s thesis title was “Patient Perspectives on Medication Management - Borrowing and Sharing of Medications”. Janette passed away in early 2013 after a short illness.

GSM staff supervise a range of HDR students from outside of the GSM. In 2013, GSM Staff supervised 27 HDR students.

WOLLONGONG UNIVERSITY MEDICAL STUDENTS’ SOCIETY (WUMSS)

The Wollongong University Medical Students’ Society (WUMSS) has continued to actively represent the students of the Graduate School of Medicine (GSM) over the last twelve months.

The executive have worked to strengthen ties between WUMSS and other student medical societies within NSW, while also seeking greater state representation through the New South Wales Medical Students’ Council. WUMSS has also been active on the national level working closely with the Australian Medical Students’ Society (AMSA) and lobbying federal and state politicians to advocate for internship positions for all graduating international students. The society has also worked with the Australian Medical Council in the successful reaccreditation of the GSM and helped prevent damage to student resources with the creation of the Textbook Report Policy.

WUMSS has provided assistance for incoming students by publishing an improved ‘Freshers Guide’ to provide students with useful information about studying medicine at the University of Wollongong. WUMSS has continued to offer financial assistance to students attending non curriculum medical electives in developing countries or conferences through the student development fund which is funded by the GSM. It has also provided academic assistance to new students with the continuation of the student peer-tutoring programme.

The society has been professionally rebranded with a new logo and website to rival that of other medical societies around Australia and students have welcomed the rebranding with many purchasing merchandise displaying the new logo.

Communication has been increased between WUMSS and students across all phases of the course with the introduction of ‘Rupture’, the official monthly newsletter of WUMSS. The newsletter includes student achievements, reviews of placements in Phases 2, 3 and 4, information on allied health professions, updates on AMSA and details of social activities run by the society.

The society has run a number of popular social and educational activities for students of the GSM, including ‘Medcamp’, ‘Medball’, ‘Med-review’, the ‘WUMSS Specialty Seminar Series’ and ‘Graduation Week’ for graduating fourth year students. Opportunities for sport have also been provided with teams competing at the NSW Medical Schools Sports Day and in the annual City to Surf race. Many of these events have recorded record numbers for attendance, indicating their popularity with the student population.

WUMSS continues to look to the future with plans underway for the inaugural ‘Inspiration Lecture’ to highlight excellence in medicine and promote visibility of the GSM as a national centre of excellence in medical education. Furthermore, the society is working to formalise its collaborations with a variety of student affiliate organisations to improve access to resources and events for the students of the GSM. WUMSS has also been working to secure funding from the ‘student services fee’ to provide influenza vaccine free to the students of the GSM, and is investigating outreach programmes for Indigenous healthcare.

In the last twelve months WUMSS has further grown and adapted to the needs of its students. The professionalism and innovation of the WUMSS executive have ensured that the society is better able to represent its students than ever before.

The executive have worked to strengthen ties between WUMSS and other student medical societies within NSW, while also seeking greater state representation through the New South Wales Medical Students’ Council. WUMSS has also been active on the national level working closely with the Australian Medical Students’ Society (AMSA) and lobbying federal and state politicians to advocate for internship positions for all graduating international students. The society has also worked with the Australian Medical
**TABLE 10: INTERNSHIP LOCATIONS OF GSM GRADUATES**

<table>
<thead>
<tr>
<th>Internship Location</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
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<td>Alice Springs (NT)</td>
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<td>Ballarat (VIC)</td>
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<td>Tamworth Rural Referral Hospital (NSW)</td>
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<td>Taree ( NSW)</td>
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<td>The Mater Health Services Private Hospital (Qld)</td>
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<td>Tweed Heads (NSW)</td>
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<td><strong>TOTAL</strong></td>
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<td>77</td>
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<td>80</td>
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<td><strong>Regional or rural hospital</strong></td>
<td>19</td>
<td>24</td>
<td>26</td>
<td>22</td>
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<tr>
<td><strong>Wollongong</strong></td>
<td>17</td>
<td>28</td>
<td>17</td>
<td>45</td>
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<tr>
<td><strong>TOTAL regional/ Rural</strong></td>
<td>36</td>
<td>52</td>
<td>43</td>
<td>44</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>53%</td>
<td>67.50%</td>
<td>55%</td>
<td>59%</td>
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</table>
INvolvement in Professional Association Conferences and Workshops Through the Student Development Fund

In 2009, the then Dean established the Student Development Fund to provide financial support for students to attend and present at relevant conferences. Currently, students can receive up to $400 for presenting at conferences and $150 for attendance at a conference. For volunteer community work in developing countries they can receive up to $200 with students receiving that amount or above being required to provide a written report to the GSM on their experiences and outcomes.

In 2013, twenty two students received grants to the value of $4,600. The majority of funding continues to support students to attend the Australian Medical Student’s Association National Convention, the Global Health Conference, and a small group of students to undertake voluntary opportunities in developing countries.

The GSM continues to financially support the WUMSS President to attend relevant AMSA (Australia Medical Students’ Association) meetings and events.

Students were additionally sponsored to attend AIDA, as outlined previously in this report.

SCHolArSHIPS AND PRIZES

• The GSM prize night publically acknowledges the achievement of GSM students, thanks sponsors and includes the opportunity for the graduating class to say the Declaration of Geneva in front of their family and friends. The 2013 Prize night was again held the evening before graduation, providing the opportunity for family and friends from all over the world to attend. Two new prizes and one new Award were established in 2013:
  • Academic Excellence in General Practice
  • MEDI603 Clinical Examination Prize
  • WUMSS President’s Award

In 2013 thirteen scholarships and seventeen prizes were acknowledged, as well as fifteen students being placed on the Dean’s Merit List. Prizes, whilst providing financial assistance are also recorded on the students’ academic transcript and are well viewed when student are competitively applying for internship positions.
Scholarships provide significant financial support to a number of students. This is particularly important in the context of a Graduate School of Medicine Program. In 2013, six new scholarships were established bringing the total number of GSM scholarships to thirteen. The new scholarships are listed below:

- Emeritus Professor John Hogg Memorial Scholarship
- This Scholarship was established in memory of Emeritus Professor John Hogg who was the Foundation Dean of the GSM and passed away in 2013.
- The Rhys Harding Broken Hill Bush Scholarship
- This is the first Scholarship to be sponsored by a graduate of the School.
- M. J. Wraight Scholarship for Women in Medicine
- This scholarship was established by family of Mrs MJ Wraight to recognise and support women in Medicine and thus to honour their mother, who ensured her four daughters were given the education she was denied because of her gender.
- Dr Saroja (Sara) Lakshmi Loomba Commitment to Medicine Scholarship
- This scholarship was established by the Loomba family in memory of Dr Saroj (Sara) Lakshmi, a well-respected and much-liked GP in the Illawarra.
- GSM Phase 3 Community Funded Scholarship Deans Endowment
- This scholarship was established using the kind donations made from a wide range of people. As the endowment fund grows, it is hoped that additional scholarships will be offered.
- Graduate School of Medicine Scholarship for Indigenous Students

This scholarship will support Aboriginal or Torres Strait Islander students and is a much welcomed additional to the scholarships available to medical students.

**STUDENT SUPPORT**

The Sub Dean, Dr Gregg Rowland, continues to be a single identifiable and approachable point of contact for students and staff in relation to student governance issues. He is situated on the ground floor of the GSM in Wollongong, in close proximity to the Curriculum Manager and Curriculum Officers who act together to form the Sub Dean’s Unit. A link on the GSM website is designed especially to provide information and directions to a range of UOW services and policies that students will need to access as they move through the MBBS program.

During 2013 the Sub Dean has been involved in the development and implementation of GSM specific policies:

- Guidelines for medical students regarding blood-borne viruses (approved by University Council November 2013);
- The Clinical Placement Incident Reporting Policy; and the policy, Social Media and Medical Students: A Guide to Online Professionalism for Medical Students. These policies have necessitated the development of an implementation process to inform students and staff of their ongoing responsibilities. For example, a Confidentiality Undertaking form that all students sign on entry to the MBBS has also been updated and strengthened to cover not only the use of social media but also all other situations where students will need to be aware of privacy and confidentiality issues. This is signed off each year by the students as a reminder of their continuing responsibility in this area.

During 2013 discussions resumed in relation to the development of the UOW Mandatory Reporting of Notifiable Conduct Policy that ceased given the University restructuring. Given that the Schools of Nursing & Midwifery and Medicine are now within the one Faculty, SMAH, the policy is now close to finalization. This unification of Schools will also see the finalization of the Inherent Requirements for Medical Students close to completion in 2014.

To ensure such policies are widely understood and disseminated, the Sub Dean sits on the GSM Curriculum Committee, GSM Board of Examiners and the GSM Executive Committee where he is able to provide advice and guidance to ensure GSM policy development is in line with that of the UOW as well as ensuring student governance issues are addressed. The Sub Dean is also present at Orientation Sessions for each Phase clarifying areas of concern for students as they progress throughout the degree. He is also involved in the placement of students for Phase 2 and 3 providing advice on any Special Consideration requests by students.
Working closely with the UOW’s Student Support Advisor (SSA), the Sub Dean continues to provide strong links to the UOW Disability Services and Counselling Services. Students with a disability are referred to the SSA who liaises with Disability Services to develop Reasonable Adjustment provisions in line with the needs of the student, the GSM and the requirements of the Profession.

As described in past reports, the Sub Dean has continued to have responsibility for reviewing and monitoring the progress of all students within the GSM and takes the main role in developing an intervention plan for students who are on Probation. The Student Academic Progress Committee still provides a means of co-ordination, to foster cooperation among those charged with the academic progress of all MBBS students.

On a positive note during 2013 there has also been an increase in the number of scholarships and prizes (see earlier section) for students, with the Sub Dean chairing all scholarship interview panels where required. With regard to the highest award in the UOW for academic excellence, 2013 saw the awarding of the University Medal to two students from the GSM. This continues a strong tradition where in each year of graduation since the commencement of the degree, a student has been awarded the University Medal.

Given the restructuring of faculties with the University of Wollongong during 2013, the Deputy Vice-Chancellor (Education) has initiated a review of the roles and responsibilities that Sub Deans perform across the faculties. It is the clear understanding of the DVC(E) that there will be a person who performs the roles/responsibilities currently performed by Sub Deans. The GSM has been re-assured while the structure has not been finalised the future role will retain the special needs of individual disciplines. The DVC(E) has stated that there will be no reduction in the support for students.
Community engagement is playing a major role in medical education in today’s world. This growth is in part a response to the changing nature of medicine and the new demands this has placed on doctors. Changes in the western world include those posed by an aging population, dramatic increases in migration and cultural diversity, the shift from infectious to chronic disease as a leading factor in ill-health, and the growing recognition of the role of the ‘social determinants’ in people’s health. In response, health services are moving away from the pre-eminence of acute, hospital-based treatment to a community-based focus on long-term management of health and social care.

Alongside this shift has been the increased recognition by doctors of the importance of ‘patient-centred’ care; care that recognises people’s autonomy and rights. Teaching this kind of medicine is dependent on students having a better understanding of the person and their context and circumstances. Community-based medical education is seen as one solution to the new educational demands these challenges pose.

In a wider context, a global health perspective has provided a clearer awareness of health disparities and the role of social justice in health care provision. As one of the major medical training consortium’s THEnet, pointed out:

Today’s health professional schools must form effective partnerships with the health sector, policy makers and communities to identify and help solve priority health needs. They can and should be vital contributors to health system development and agents of innovation and reform. Schools help develop the values, norms, behaviours and worldviews, held by key groups in the health system. They can shape and influence their graduates with potentially wide-ranging effects throughout the health system.

Community engagement is thus a key philosophy for the GSM, and has underpinned the development of the MBBS program from its inception. For example, the Phase 3 integrated, longitudinal placements undertaken in rural and regional settings throughout NSW play a major role in creating opportunities for community involvement in the teaching and learning, and research activities of the School. Learning from and developing these opportunities will be a major objective for the continued development of the GSM.

In all rural and regional MBBS training sites, a range of structures are in place which facilitate community and stakeholder engagement. While the medical and health workforce are influential in contributing to community engagement mechanisms, government, education, business
groups and other organisations and individuals also work in partnership with the GSM in the facilitation of MBBS educational activities and program development and sustainability.

**Key partnerships include:**

- NSW Local Health Districts
- Over 70 partner medical practices across regional and rural NSW
- Local Government Authorities in each of the MBBS Training Hubs
- Regional Training Providers including Coast City Country General Practice Training, Beyond Medical Education and North Coast GP Training
- Medicare Locals including the Illawarra and Shoalhaven Medicare Local, the Murrumbidgee Medicare Local and the North Coast Medicare Local
- Other Universities and Medical Schools, specifically University of Sydney, University of Western Sydney and University of Adelaide along with University Departments of Rural Health in both Broken Hill and on the North Coast.

The GSM also continues to partner with other medical schools across Australia and New Zealand in a coalition of medical schools with an emphasis on social justice. Both the Dean and GSM Executive Manager actively participate in such meetings and outcomes of this group. The group’s mission is to improve health inequalities by their leadership of medical schools and their missions.

During 2013, the following engagement activities took place:

- Further development of partnership with local government, local business association and professional groups to facilitate engagement of students on rural placements with local businesses and young professionals.
- Ongoing involvement in school visits in Broken Hill, Menindee and Wilcannia to provide health promotion, and also to inspire school students to consider a career in health.
- Engagement of a wide range of local community health services in all rural hubs to support student clinical placements.
- Student presentations at local medical association or health facility meetings along with community activities such as Rotary Club events.
- Students and staff participating in UOW Rural Health Club events and activities.
- Staff and student participation in the Wingecarribee Indigenous Men’s Health Education Project.
- Participation in local health expos and Indigenous and community festivals on the North Coast, where students engaged in health promotional activities and distributed health resources.
- Staff participation in fundraising and promotion activities to support the St Vincent’s Private Community Hospital Griffith Fun Run in March, to raise money for the project which will include an accommodation and teaching facility.
- Involvement of Community Volunteers in student tutorials and educational workshops (all Hubs).
- Hosting of a Summer Camp for Indigenous high school students from rural and regional NSW.
- Partnership with Mudgee4Doctors and local businesses in Mudgee to establish a coupons booklet whereby local businesses provided discounted or free goods or services to new long-term UOW medical students, registrars and doctors to welcome them to the region and assist them and their families to engage in the community.

We continue to work with rural and regional communities to ensure that there is local benefit from the presence of rural and regional training programs in their area. To date, communities have benefited via:

- **Infrastructure development** including financial investment in local medical practices, hospital facilities, accommodation and education facilities and other stand alone and shared resources.
- **Workforce support** both during student placements and also through the facilitation of strong links between students and communities which have led to students electing to continue training where possible in rural and regional training settings.
- **Capacity building of local clinical and professional workforce** through the recruitment of program staff in rural and regional settings across NSW and the provision of professional development opportunities for rural and regional medical educators.

**General investment in community including:**

- Student attendance and participation in local community, sporting and cultural events
- Student employment in local businesses
- UOW investment in accommodation and hospitality services as part of visits to MBBS training hubs
- Student contribution to local research projects which are designed to improve health outcomes or quality improvement in relation to service delivery
- Students as role models for local school students to inspire them to consider university, and potentially a career in a health discipline such as medicine (including through high school visits and the UOW Summer Camp).

In 2013, on behalf of the CPRR Team, Associate Professor David Garne, Dr Gary Moore, Belinda Smith, Kathy Marchant and Keith Smith were awarded a Vice Chancellor’s Award for Excellence in Community Engagement. Community engagement is an integral part of the work of the University across all levels and a commitment to community collaboration and mutually beneficial partnerships is enshrined in the University’s mission statement. The CPRR team were honoured with this award in recognition of their contribution to the implementation of a high quality community based clinical training program in Mudgee, which has been embraced by patients, clinicians and community, along with their role in facilitating community support for the development of a brand new community funded student accommodation facility.
In 2014, the GSM will begin expanding on this success in rural and regional programs through the development and implementation of a strategic framework to engage communities of students, alumni, university staff, patients, donors and members of the wider community in the educational mission of the GSM, specifically with the community-based aspects of the curriculum. As part of this framework the GSM will facilitate a series of consumer and community forums across MBBS Training Hubs, with the objective to identify local health issues and concerns, develop mechanisms for community feedback to the GSM, and identify individuals and groups within the community who are keen to partner with the medical school to progress education, research, governance and community sustainability.

COMMUNITY ENGAGEMENT AND GSM VOLUNTEERS

Community members involved with the GSM’s Volunteers Program make a significant contribution to the UOW MBBS experience. Currently focused on clinical skills development, this innovative program provides opportunities for ‘consumers’ of health care services to contribute to the creation of future medical practitioners.

In the various clinical settings in which the students receive training and gain experience, patients of course are key participants. Contributing to the program voluntarily, many patients have reported that they enjoy the opportunity to interact with medical students in health care settings recognising that they are contributing to the student’s ongoing clinical and professional development. Some patients also report that they enjoy the extra time that students can give them.

Alongside these more traditional teaching and learning activities, the GSM Volunteer Program enables a more structured program of engagement. In this program community members receive thorough training and assessment to support their roles in the clinical program. In addition to providing a ‘face’ for a wide variety of clinical presentations, community members are encouraged to provide feedback on the ‘patients’ perspective of the encounter. Community members of the GSM’s Volunteers Program have also expressed their enjoyment in the opportunity to interact with students and contribute to their learning. The GSM is deeply indebted to our volunteers for providing such integral support to clinical skills teaching of medical students.
Currently 246 members of the community have registered as GSM Volunteers across both campuses, to support the delivery of the clinical skills curriculum. Recruitment and training of new volunteers is ongoing at both Shoalhaven and Wollongong campuses.

In addition, 58 people are currently involved in the Teaching Associate (TA) Program. The TA program has proven to be a valued teaching support to students, while the men and women in the TA Program report a great sense of personal empowerment from being involved in this sensitive area of medical student training.

Communication sessions with children, teenagers and younger women with obstetric and gynaecological problems are some examples of the sessions which involve many people from the community and children from local schools. These sessions provide invaluable opportunities for our students to engage in conversation and practise their history-taking skills. Community members with cardiac conditions are referred yearly by local Cardiologists to take part in “The Abnormal Heart” sessions for Phase 2 students. Community visits by Volunteer Coordinators to various local groups and villages continue to enhance relationships with the local community.

There are a growing number of Mental Health and Drug and Alcohol professionals actively involved in Psychiatric history taking and Clinical Competency sessions. These professionals act as “simulated patients” and are able to give feedback based on their knowledge, skills and experiences with clients.

Finally, in 2013 we were gratified to see a large number of volunteers again involved in GSM Admission Interviews for the new 2014 Cohort. All reported a great feeling of personal achievement from this opportunity. To conclude the year, the GSM hosted well attended Christmas functions at both campuses to express our thanks to all of the volunteers who have contributed their invaluable time over the year.

**GSM ALUMNI**

The annual GSM Alumni event was held at 67 Dining on 28th November 2013 providing a networking opportunity for the graduands, alumni, staff and clinicians whom attended. Following a welcome from the Dean of Medicine, Professor Alison Jones, GSM Alumnus, Dr Amanda Venables, presented her own personal experience as one of the 2010 first cohort of graduates of the GSM. Dr Venables spoke of her involvement in the School’s teaching programs, the Honorary Clinical Academic program and she spoke passionately about how particularly in a regional area of NSW, the ongoing relationship helped her maintain practical involvement in areas of interest; opportunity to work with varied clinicians and enabled her to continue to engage with the School’s learning and teaching opportunities. Professor Ian Wright followed on by speaking broadly of the learning experiences with the School environment and the ongoing learning experiences that would continue outside of this for both newly graduated interns as well as seasoned alumni. The opportunity was taken at this event for both the GSM and the UOW Alumni Office to promote to the graduands the various ways they could maintain engagement with the school and the university following their graduation.
RESEARCH

In 2013, Medical Education research lead the way with the growing engagement of a broad cross-section of the Academic staff in medical sciences, clinical teaching, personal and professional development and research and critical analysis engaging in introspective research into their processes and curriculum success. Meanwhile, the GSM continues to build slowly its clinical and laboratory based funding and research capacity. The 2012 ERA assessment, announced during 2013, saw the Clinical Sciences at University of Wollongong rated “5” (evidence of outstanding performance, well above world standard) in this the second largest of the Medical and Health Sciences disciplines nationally. Covering the period between 1 January 2005 and 31 December 2010, this was the first ERA to involve significant contribution from GSM research. Primary Care research continues to build upon the growth of public health, and health literacy research as well as initiatives of the Illawarra and Southern Practice Research Network (ISPRN) which had the deliberate task of facilitating research engagement in General Practice. Medical Sciences research continues to grow as the mainstay of active research output and NHMRC Project applications, with gradual evolution into the research laboratory space afforded by the Illawarra Health and Medical Research Institute (IHMRI) which opened its doors in July 2010.

GSM researchers have generated 42 peer-reviewed journal articles in 2013, representing a consolidation of the increase seen in the 2012 output, and with 21 peer-reviewed articles published or accepted “in press” for the first few months of 2014, there is continued expectation of a sustained productive output over the next reporting period. As in the previous year, this has been achieved with only modest financial support for research, but the output is creating a firm base for the establishment of track records needed to underpin successful mainstream grant applications. As a result, there were four NHMRC Project Grant applications lead by Academic staff of the GSM in 2013, seeking project support for 2014-2016 in areas of: strategic applied cellular research to develop a new and effective biomarker of colon cancer; basic research into the purinergic and cholinergic pharmacology of the human urinary bladder for development of more targeted treatments for urinary bladder disorders; strategic applied research translating novel observations in animals into prevention of muscle fatigue and risk of falls in older adults through nutritional means; and strategic research into prevention and treatment of heart failure through nutritional intervention. Whilst none were successful, the latter application received near miss-funding support from the University research Committee and two have been further developed and rolled-over in to applications in 2014.

With collaborative involvement at Chief Investigator level in at least three more NHMRC Project Grant applications submitted through other institutions in partnership with the GSM and several major project grants submitted to bodies such as the BUPA Research Foundation in 2013, the strength of the GSM researcher base continues to show evidence of growth. The 49 conference presentations made in 2013 augers well for continued growth of research output and continued effort is
The University of Wollongong underwent a major restructure in 2013 and with it the GSM has developed a research strategy to engage with the overall UOW restructure process and facilitate existing research potential. In addition to a new school structure, which combined the GSM with disciplines of: medical and exercise science; nutrition and dietetics; and indigenous health within a single School of Medicine, medicine has been deliberately brought together with biology and chemistry in a new faculty to facilitate medical research opportunities. Within the GSM, five programs of research alignment were forecast in the last annual report to enable the integration of research and teaching efforts to keep both at the forefront, in recognition of the vitality given to the teaching program by active research-engaged Academics. They will facilitate internal collaboration and support amongst an academic faculty heavily engaged in teaching and ongoing curriculum development to ensure continued engagement in research year-round and continued growth of research achievements. They are all already well represented in the publication output and applications for research funding through 2013, and they afford particular opportunities for collaborative research being provided within the new University, Global Challenges research matrix in the field: Living Well, Longer.

- Regional, rural and remote primary care
- Mental health and community mental health
- Population health and processes of health and disease, including lifestyle and ageing
- Medical sciences, including medical physiology, pharmacology and toxicology (and including phase II and III pharmaceutical trials)
- Medical education

FIGURE 7:

THE GSM’S TEACHING RESEARCH NEXUS


Book Chapters


Conference Presentations / Abstracts


29. Mullan, J. (2013). Mental health literacy - is there a gap between health professional and the public’s knowledge and understanding? IAP International Conference 2013: Mind the Gap (in psychiatric treatment, research, education) (pp. 17-17).


32. Pai, N. & Vella, S. I. (2013). Does food addiction heighten the propensity towards obesity in schizophrenia? 15th ISAM Annual Meeting: Managing Addiction through Evidence-Based Medical and Psychosocial Interventions (pp. 69-69). Malaysia: ISAM.


Letters / Editorials / Book reviews


VISION FOR THE FUTURE

This is a medical school with extraordinary potential to continue to deliver on its mission. Having set up residence across NSW in rural and remote hubs, the GSM is well positioned to address some of the world’s most pressing health and welfare concerns, in partnership with others. The importance of public health, the community mental health agenda, research in rural primary healthcare, together with evolution of community based participatory research is a key to positively impacting on the lives of our citizens who need it most. By working together in collaborative research with all our communities we can enhance research to improve health, as well as translating health and medical research discoveries here and elsewhere into best clinical practice. The “Academy of Clinicians” was launched in 2013 to provide free continuing professional development for clinicians across New South Wales, as a mark of respect for all they do in partnership with us and to create the opportunity for us all to engage, and learn as a broader “family”.

The Graduate School of Medicine will remain firmly committed to our community engagement agenda, of which by far the most obvious is the production of high quality medical graduates fit for rural and remote Australia, but also includes our commitment to Indigenous health and our partnerships with clubs and communities. Our commitment to the highest standards of professionalism remains firmly embedded across our organisation.

From this Annual Report you will see that our energy is palpable and our mission... never more important.