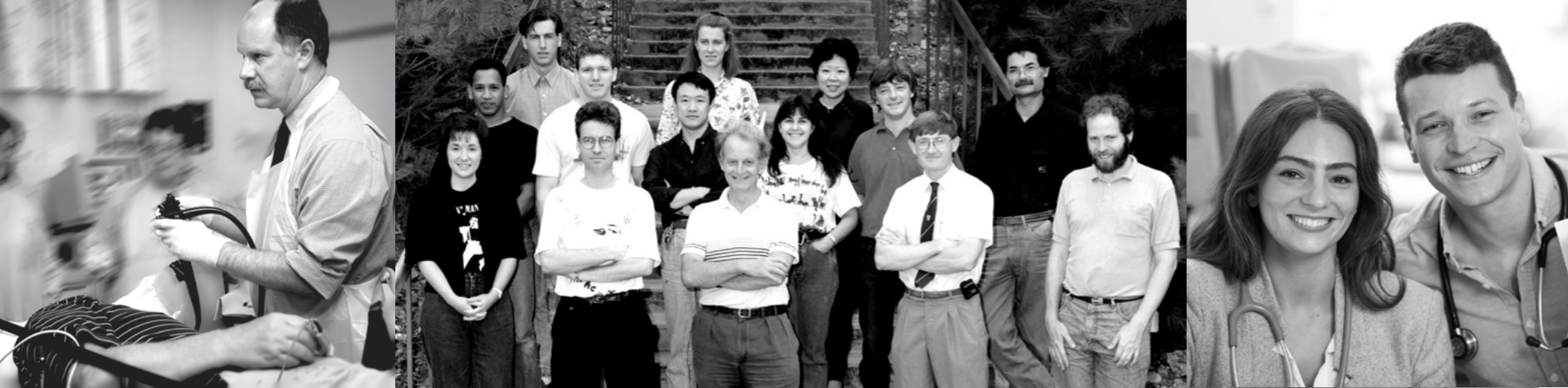


*Celebrating*  
50 Years of Medicine



1974 – 2024





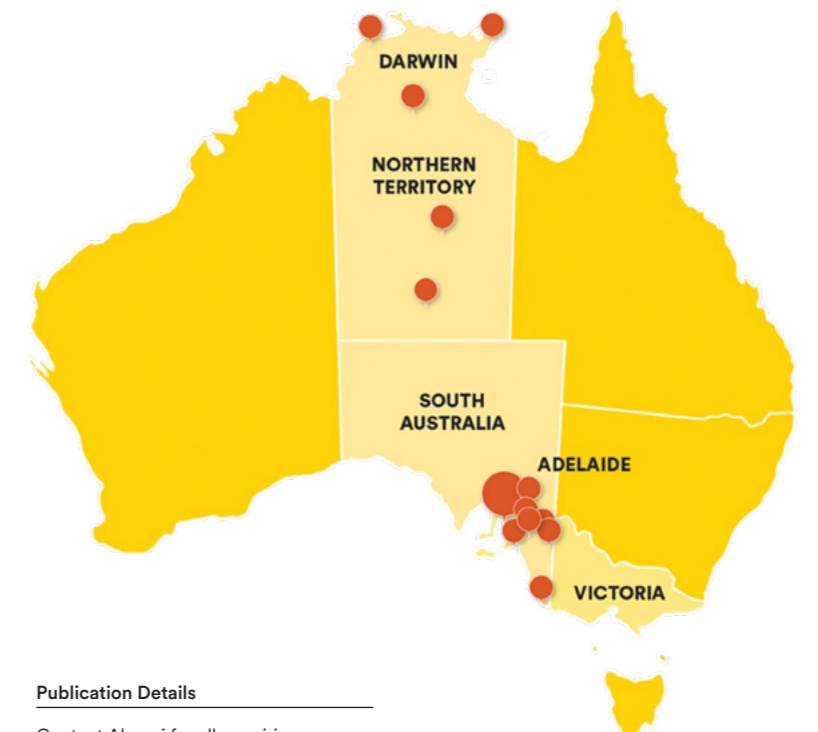
## Acknowledgement of Country

Flinders University acknowledges the Traditional Owners of the lands on which its campuses are located. These are the Traditional Lands of the Arrernte, Dagoman, First Nations of the Southeast, First Peoples of the River Murray and Mallee region, Jawoyn, Kurna, Larrakia, Ngadjuri, Ngarrindjeri, Ramindjeri, Warumungu, Wardaman and Yolngu peoples. We honour their Elders and Custodians past, present and emerging. We also acknowledge and pay respect to the Aboriginal and/or Torres Strait Islander nations that are home to our students, staff and communities.

Connection to Country, community and culture underpins strength, health and wellbeing in Aboriginal and/or Torres Strait Islander people. The ongoing colonisation of Australia and its First Peoples continues to have major health and social consequences. As the College of Medicine and Public Health, we acknowledge our responsibility in addressing health inequities. Acknowledgement of ongoing impacts of colonisation, the benefits of strengths-based models and approaches, and the integration of Indigenous knowledges and methodologies underpins our Strategic Plan. We are committed to the University's Reconciliation Action Plan. We will build Aboriginal and/or Torres Strait Islander workforce capability in the College and collaborate with other Aboriginal and/or Torres Strait Islander people across the University. And we will grow capacity in communities by creating opportunities for Aboriginal and/or Torres Strait Islander students.

Flinders University uses the term 'Indigenous' when referring to the programs and strategies and 'Aboriginal and/or Torres Strait Islander' when referring to people.

### Flinders University Campus Locations



#### Publication Details

Contact Alumni for all enquiries:  
[alumni@flinders.edu.au](mailto:alumni@flinders.edu.au)

Writers: Kate Holland, David Sly  
 Production: Esther Sterk, Morgan Pearse  
 Design: Esther Johnson  
 Photos: Supplied unless indicated

© 2024 Flinders University  
 CRICOS 00114A

# Historic Collaboration



**Fifty years of innovation in medical education – a golden anniversary – is an important milestone by any standards, and there is much to celebrate in the achievements of Medicine at Flinders University.**

Less than ten years after the foundation of Flinders University itself, we created what was then an Australian first: a medical school embedded in the very heart of a hospital.

In 1974, Flinders enrolled 64 undergraduate students to undertake a Bachelor of Medicine and Bachelor of Surgery (BMBS), while today the program has grown to encompass a cohort of over 3,000 students.

In 1996, Flinders responded to the pressing need for health practitioners in the regions by establishing the Northern Territory Clinical School. Three years later, our Centre for Remote Health in Alice Springs opened, and we launched the Remote Health Practice Program. These endeavours led to the establishment of the groundbreaking Northern Territory Medical Program (NTMP) in 2011, whose record in graduating Aboriginal and/or Torres Strait Islander medical doctors is second to none.

Now, 50 years later, our commitment to medical education remains unwavering as we expand the NTMP and also establish a brand new Rural Medical program in South Australia in 2025, to continue to contribute towards the medical workforce needs in regional and rural areas.

Flinders has always been a leader in health and medical research, and it is fitting that this year we have opened our brand new Health and Medical Research Building (HMRB) – the flagship of our Flinders Village development. Located in the Flinders Precinct alongside Flinders Medical Centre and Flinders Private Hospital, HMRB is home to more than 600 researchers, clinicians and professional staff, with a focus on collaborative research that will deliver positive impacts on countless lives into the future.

Medicine at Flinders has an incredible history of innovation and has much to be proud of in its 50-year history. But as we celebrate this milestone, we can also look forward with confidence to even greater impacts in the decades to come.

**Professor Colin Stirling**

President and Vice-Chancellor  
Flinders University

# International Recognition



**This year, Flinders University celebrates 50 years of delivering medical training to generations of doctors who are caring for patients, advancing research, transforming healthcare and educating the next cohort of doctors and health professionals, in South Australia, the Northern Territory, across Australia and globally.**

For the past 50 years, Flinders University has gained international recognition for its teaching, research and clinical practice.

Flinders is the first university in Australia to pioneer the integration of a medical school and hospital, and we understand the benefits of the symbiotic relationship between our medical school and Flinders Medical Centre.

This model, based on co-location and interconnectedness of research, education and clinical care, has now been replicated across all our sites in South Australia and the Northern Territory, with partnerships with many local health networks, hospitals and primary care practices.

Flinders will continue to build on the success of this integration across all elements of our medical program, from the design of our buildings to our staffing structure and our curriculum.

Thank you to everyone who has been part of our journey across the 50 years. Your contribution is immeasurable.

**Professor Jonathan Craig**

Vice President and Executive Dean  
College of Medicine and Public Health  
Flinders University



**1970** Foundation Chairman and Dean of the School of Medicine, Professor G.J. Fraenkel appointed

**1973** First School of Medicine board meeting

**1974** First students (64) accepted into the medical course

**1976** Flinders Medical Centre opened as the first purpose-built, integrated university medical school and hospital in Australia, partnering with what is now Southern Adelaide Local Health Network (SALHN)

**1976** Establishment of the Office of Medical Education

**1977** First medical graduates for Bachelor of Medicine and Bachelor of Surgery (BMBS)

**1979** School of Medicine established

**1980** Northern Territory Clinical School officially created (final 2 years of learning in the NT)

**1993** First to develop four-year graduate entry BMBS program

**1993** Centre for Remote Health established, Remote Health Practice Program launched in Alice Springs

**1996** Riverland Parallel Rural Community Curriculum (PRCC) program began at Renmark Campus

**1996** Hills Mallee Fleurieu PRCC program began at Victor Harbor and Murray Bridge Campuses

**1997** Greater Green Triangle PRCC program began at Mt Gambier Campus

**1999** Greater Green Triangle University Department of Rural Health was established as a collaboration between Flinders University and Deakin University

**1999** Flinders University Rural Clinical School created to provide medical education, research and clinical service for rural communities

**2001** Barossa Valley PRCC program (Nuriootpa Campus) commenced

**2002** Establishment of the Northern Territory Medical Program (NTMP) as a collaboration between Flinders University and Charles Darwin University

**2006** Partnered with the Northern Adelaide Local Health Network (NALHN) and Calvary Hospital to increase placement access for Flinders MD students

**2008** 'Stay in Place' option for students to stay in their chosen rural community

**2011** Bachelor of Medicine/Bachelor of Surgery (BMBS) transformed to Doctor of Medicine (MD)

**2013** Establishment of the South Australian Rural Medical (SARM) Program

**2014** Launched the Health and Medical Research Building in the Flinders Health Precinct

**2021** Official opening of Centre for Remote Health building in Alice Springs

**2023** Official opening of Centre for Remote Health building in Alice Springs

**2024** Official opening of Centre for Remote Health building in Alice Springs





Photo credit: Brenton Edwards

# Striving for Answers Brings Discoveries

**Emeritus Professor David Wattchow AM CUniv  
BMBS '80, PhD(Med) '89, CUniversity '16**

**By Kate Holland**

**Since he began studying medicine at Flinders University 50 years ago, Emeritus Professor David Wattchow AM CUniv has never stopped asking questions. In the process of seeking answers, he's undertaken numerous groundbreaking activities.**

He's had a remarkable medical career for someone who initially aspired to move back to the country. When he realised farming wasn't feasible for him, training as a country GP gained appeal and he signed up to study at Flinders.

"I enrolled in the new medical course at Flinders University commencing in 1974, in the inaugural class," says Emeritus Professor Wattchow. "We graduated in 1980 and I was awarded

the Flinders University Medal which has a medallion inscribed with a picture of the Greek god Prometheus who, legend has it, brought the gift of knowledge from the gods to mankind."

He never did make it back to the country as a GP but has savoured the gift of knowledge ever since – during his internship, training in medicine, doing a PhD, and as a surgeon. His impressive career saw him become a Senior Consultant in Surgery, Clinical Director of General and Digestive Surgery and heavily involved in trauma care at the Flinders Medical Centre.

Emeritus Professor Wattchow says the unique model established at Flinders by Professor Gus Fraenkel, the Foundation Chair and

Dean of the School of Medicine, put it ahead of its time and was influential in his success. The model, which has continued to this day, combines clinical medicine (patient care) with research and teaching.

He believes strongly in the importance of mentors, thanking Professor Paul O'Brien (an academic surgeon), Dr Neil McIntosh (an accomplished general surgeon) and in science Professors Costa, Furness and Brookes for their encouragement. "Professor O'Brien encouraged me to undertake a PhD in science which led to great collaborations with scientists and the development of critical thinking."

To study at a time where there was no rush to specialise was fortunate, according to Emeritus Professor Wattchow, who believes you can lose something in narrowing too early. He was able to explore other areas such as neurosurgery before developing his expertise in general/gastrointestinal surgery. He says his path to becoming a general surgeon was a very gradual progression. It was when general surgery became sub-specialised that he went into colorectal surgery.

"It was useful to have trained widely in medicine and surgery so I could deal with most problems and advise or help in parallel areas of medicine throughout my career."

## A Long List of Achievements

Emeritus Professor Wattchow worked alongside senior scientists to establish a world-class anorectal investigation laboratory. "Rudimentary studies of the mechanism of the anus and rectum were already established when I was appointed," he says. "Over time, ultrasound and nerve studies were developed and I obtained, and paid for, the equipment for doing these. We combined them all in a single setting."

In 2016, he was made a Companion of the University, which he says came out of the blue and was most humbling, especially when he found out he was the only graduate of medicine to be awarded university companionship. Then he was made a Member of the Order of Australia – again unexpectedly.

While these awards were indeed personal highlights, Emeritus Professor Wattchow also lists surgical experiences such as draining an extradural haematoma in a young boy, and seeing the eventual accomplishments of those he has assisted in their training, as especially rewarding.

## Giving Back

Not only did Emeritus Professor Wattchow savour the gift of knowledge, but he continually sought more and strove to share it. He was able to travel with his work and learn from experts in the field, which he says was a boon.

"One can truly appreciate an expert when you see them in action. I undertook two periods of sabbatical and travelled to visit centres in North America (Mayo, New York, Cleveland, Vancouver) and Europe (University of Bologna Italy, St Marks,

London and University of Lund, Sweden). Those trips gave me new knowledge in areas of science and surgery, which I brought back to Flinders University/Medical Centre. I also attended, chaired and presented at many national and international conferences."

He has supervised 11 higher degree students and examined many more. "Each was a lot of work. But new knowledge was generated and led to students graduating with the solidity of a tangible thesis. I can only hope they might now follow in my footsteps," he says. Whatever they choose to do, he advises that they immerse themselves in the journey.

Beyond the skills and knowledge that Emeritus Professor Wattchow has contributed to the world of medicine over the past 50 years, he has also donated over two million dollars to research efforts. Much of this money was made by personal endeavour and hard work, largely by treating private patients, for which the University is incredibly grateful. Recipients include the Lindon Wing Research Fund which fosters innovations in clinical science, the Matthew Flinders Scholarship which provides financial support for students in need, and the Neurogastroenterology and Motility Fund.

The Emeritus Professor Wattchow and Margaret Wattchow Research Travel Grant, which he established with his wife, is helping to advance neuroscience research at the University. The annual \$1,000 grant supports one higher degree student or early career researcher to travel and explore new ideas in this field and to bring their knowledge back to the University.

## Upon Reflection

Despite his extraordinary achievements (many more than can be included in this article), Emeritus Professor Wattchow considers himself rather ordinary.

"I had a stimulating career, helped many patients and students, and worked with good colleagues (in medicine and in science). I enjoyed dealing with people – generally at a vulnerable time in their lives. I also found the physical act of operating very satisfying, as were new discoveries. And I'm most proud of my stable family with my wife Margaret and my now independent children," says Emeritus Professor Wattchow.

"I am grateful I was able to complete a career in surgery that was demanding, and to combine this with a career in science. I only regret the time involved – but I bet Roger Federer spent a lot of time on the tennis court practising."

Emeritus Professor Wattchow can remember his first day at Flinders University, 50 years ago, like it was yesterday. He saw a lot of changes throughout his career and says they were for the better – as was remaining adaptive and open minded. He recommends this approach. After all, as the saying goes, 'the only evidence of life is change'.

"Keep asking questions. Have faith it'll work out and take more holidays, so you're refreshed for the job!" Given his illustrious career, this is all advice worth noting.

# Taking Bold Steps

**Professor Rosalie Grivell**  
BMBS '98

By David Sly



Photo credit: Brenton Edwards

**Applying medical expertise and powerful advocacy skills has made Professor Rosalie Grivell a central voice in research and policy developments of women's health and maternal fetal medicine – and has ensured that women are best cared for through the complications associated with high-risk pregnancy.**

Clinical data that Professor Grivell produced, synthesised and incorporated into policy over her career has been vital in improving health outcomes for women, but her scientific expertise has also been highly influential in reforming abortion legislation in South Australia, bringing clarity and conclusion to an emotion-charged public debate.

Without the input of medical evidence and data presented by Professor Grivell and an expert medical team, she doubts that the Termination of Pregnancy Bill 2020 would have passed through South Australia's Parliament. "It was crucial that everyone examining this issue understood the emotional toll on women and their families through high-risk pregnancies and their often-tragic outcomes," she says.

## **From Medical Practitioner to Public Advocate**

Taking the bold step from medical practitioner to public advocate is daunting – and certainly beyond any initial brief in medicine – yet Professor Grivell committed to involve herself at the core of this contentious issue, as the temperature of debate spiralled to an often-hysterical pitch. To offer a pragmatic voice of reason in such a difficult situation, she had to steel herself to perform at her best.

"I felt as though I owed it to the women I had worked with over so many years who had experienced very complicated pregnancies – to help arrive at a fair and equitable result," she says. "It wasn't a specific choice that I made, but an opportunity that arose, and I saw that something needed to be done.

"I could offer something positive, both in my medical expertise and my ability to translate essential information to people outside the sphere of medicine.

"It was an enormous privilege to be able to take my professional experience and translate that into something that will hopefully bring meaningful, ongoing change."

This landmark achievement represents only a fraction of her work. Professor Grivell has carefully balanced clinical work, education

and research throughout her career, especially during her work as a consultant obstetrician at Flinders Medical Centre and Matthew Flinders Fellow in Maternal Fetal Medicine research. From March 2020, she was also Director of the Flinders Medical Program, inspiring innovative teaching to enhance student experiences in medical education.

This crucial Director's role proved especially challenging through the COVID-19 disruptions, as significant changes to teaching were accompanied by substantial changes in the clinical environment in order to minimise risk to patients, the public, staff and students. Professor Grivell notes during this time and through her time as Director of the Medical Program, the constant theme that was critical to success was one of teamwork. "I was so fortunate to work with many great people during this time who just wanted to make a contribution to the student journey and do what needed to be done at the time."

Key to the team that surrounded her were the students themselves, "It's something that was so important during this time. The student leadership became a very strong voice in making decisions about our day-to-day work. I realised, as program director, that the students are the people we are here for, so it became my focus to always work closely with them."

Such attributes of cooperation and empathy had been instilled in Professor Grivell since her days as a medical student at Flinders – she completed her Bachelor of Medicine and Bachelor of Surgery (BMBS) in December 1998 – and then working at Flinders Medical Centre as a junior doctor from 1999–2002. She therefore has a unique perspective, having viewed Flinders University's medical program from many angles, and sees important strengths at Flinders that have endured.

"I always felt valued as a medical student at Flinders and then as a junior doctor at Flinders Medical Centre. I felt that I had something to offer as part of a team, whether that be a team of learners or a team providing care for patients," she says. "The senior doctors included me, and that collaborative approach means that students can develop leadership and have a voice as part of the team."

## **Evidence-Based Practice**

Beyond learning technical expertise in medicine and surgery, Professor Grivell says her Flinders experience established behaviours and mindsets of how best to approach difficult tasks. These lessons were clear and burned a lasting impression. "I saw this collaborative approach that always placed the patient at the centre of the clinical team's care – and

I took this aspect and carried it into my clinical career," says Professor Grivell.

"As a student, I saw clinicians at Flinders focus on evidence-based practice and talk about the underpinning research that guides our practice as clinicians. It's what led me towards a combined clinical/research career – the desire to always marry those two aspects together, along with teaching. I always saw the value of those three things being tied together.

"This is where Flinders plays to its strengths, with the University and hospital working in close collaboration and constantly reinforcing that evidence-based research underpins clinical practice. This has remained a pivotal aspect of all the different jobs that I've done.

"I really like that Flinders is unique. It has always been prepared to be different, to support the most diverse array of students and medical professionals. And the community of mentors I met through Flinders has been especially strong – I have been able to build strong relationships that have endured and inspired me throughout my career.

"Through my advocacy, research, teaching and clinical work, I hope to have been able to embody a diverse medical career and encourage students and junior doctors to take their own wide-ranging path."

For the sum of her work, Professor Grivell won the Australian Medical Association (SA) Award for Outstanding Contribution to Medicine in 2021, with particular reference to her influential advocacy that led to the overhaul of South Australia's abortion laws. "I have never shirked from important responsibilities," she says, "and I'm proud to have been able to advocate for such positive change."

Her desire to continue steering change and achieve positive outcomes has triggered a significant shift in her professional direction. She is now based in Canberra, working for the Australian Organ and Tissue Authority, a Commonwealth agency that leads the Government's national program to improve organ and tissue donation so more Australians have access to a transplant.

"I wanted to spread my wings a bit and move outside of Adelaide, and this represents an exciting and important new challenge for me," she says. "I think it's important to stay fresh, to not sit still. I want to keep putting my energy where it will make a difference, and more importantly I want to keep learning."

# Avenues of Trust

**Associate Professor Emma Kennedy**  
BMBS '93

**By David Sly**

**Shared understanding between doctor and patient is the 'cure' to improve medical care – and in Australia's Top End, Associate Professor Emma Kennedy knows this means greater cooperation and communication with Aboriginal and Torres Strait Islander people.**

As Director of Flinders University's Medical Program in the Northern Territory, she knows that extreme health inequity has compounded problems facing First Nations patients and says improving this is a primary focus of her attention.

"I understand the importance of recognising that people have choices about their health – both good and bad – and that it's only improved avenues of information and trust between health professionals and patients that lead to the best choices," says Associate Professor Kennedy.

"There are lots of reasons behind the choices that people make in regard to their health, but if trust fails, if communication fails, you are only left with poorly informed choices."

She is pleased that a strong model of person-focused care is taught in the Flinders NT Medical Program, with a realisation that a patient brings their own agenda to medical consultation – some aligned to a science basis but other parts that are not. "All of that has to be recognised if we are to contribute positively to the health decision-making process. The patient must be trusting and involved if we are to get a positive outcome."

## Breaking the Barriers

Flinders' involvement in the NT started in 1998, which coincided with Associate Professor Kennedy commencing her medical education role with Flinders. Having been raised in the tropics as the daughter of two doctors, she implicitly understands the core health issues at stake in the NT, but her challenge remains how to implement person-focused solutions to lingering healthcare problems.

Associate Professor Kennedy's decades of work as a clinician in the Northern Territory has informed her work as a teacher and Director of the NT medical teaching program. She realises that a gap has existed between medical teaching and effective delivery of health services, especially with Indigenous patients, and that this must be addressed.

"In the medical system, we can easily be patronising. We can fail to realise the barrier that exists when we wield authority,

so we have to develop a more shared understanding of what people's health problems are, and that stretches far beyond a simple diagnosis of symptoms," says Associate Professor Kennedy.

"The medical profession has a lot of power in being able to define things and raise awareness of them, so in my position I need to be aware of how that power is managed.

"Because there is such a health need that sits within a larger context, we need to address ignorance about Aboriginal and Torres Strait Islander cultures in order to make a significant impact on health. It's not only money or expertise that will address health issues, or for people to recognise solutions to their own problems, but the future is how we all move forward in Australia together."

## Building Resilience

An effective medical teaching program in the NT points the way forward, but the onus is on teachers and students to be understanding and adaptive to best address pertinent NT health issues.

"There's not much point teaching people to work a certain way if the health services aren't working in a way they recognise. So, our learners need to be resilient. They need to be able to read the reasons why health services are structured in a certain way, and to be reactive to the people and experiences they are presented with. Health care must meet the context of the communities that need it."

For these reasons, it is crucial that more medical students remain in the NT, so they can apply the regionally focused and community-specific health knowledge they have learned through the Flinders programs.

"It's crucial for us to be investing in people who are adaptable and recognise the solutions to problems they are presented with in the Northern Territory, and are probably specific to certain parts of the NT," says Associate Professor Kennedy.

"Sometimes, you have to be in a place for quite a long time to see and understand what works in that place, and what doesn't – to understand the specific factors involved in all of that. It's not what you learn from texts or in a classroom. It's what you learn from being a part of that community."



Photo credit: George F Photography

## Understanding Local Culture

Flinders' NT medical program is now making a significant difference, with record numbers of NT applicants now studying in the program – and increasing numbers of graduates remaining in the NT to continue their work rather than moving to other cities.

"We now have more than 90% of the applicants coming into our program every year that are Northern Territorians," says Associate Professor Kennedy. "We also have research into the retention of medical staff in the local workforce, and this has shown that more people coming through our program become attached and connected to NT communities."

She is very conscious of the need to equip graduates with an understanding and appreciation of Aboriginal and Torres Strait Islander culture, so she is therefore delighted to see more NT health graduates developing confidence in their skills to provide medical care relevant to the communities where they live – both large and small.

"I get frustrated by the ignorance of policies and decision making that don't adequately provide for the populations that are in dire health need – especially remote communities," says Associate Professor Kennedy. "Our health initiatives focus on individuals; however, the outcomes could be better, with more community-driven solutions. Shared models of decision making are essential. It is important to also guide students with more student-centred approaches.

"The key to improving all of this is building trust – between everyone. It's fundamental to person-centred care, to develop a very real understanding between the medical providers, the patients and the entire community.

"Reconciliation is about working out where things have gone wrong and recognising that. The biggest thing is to come together and move forward together. Our society can't change if we are not aware of the problems and prepared to face up to them. We all have to own them."



# Flinders Helped Shape a Significant Future

**Dr Brendan Nelson AO DUniv  
BMBS '83, DUniversity '11**

**By Kate Holland**

**Studying Medicine at Flinders University changed the course of Dr Brendan Nelson AO's life. It taught him the gift of problem solving, how to deal with uncertainty, a sense of his own inadequacies and that one person can make a difference to the lives of others.**

Dr Nelson was thumbing through the course book for Flinders University in late 1976 when he read about applications for the then new medical school. He says his eyes popped out of his head when he realised that students who had not done advanced physics and chemistry in Year 12 would be considered, providing an outstanding matriculation result had been achieved.

A rather lacklustre Year 11 had led him to drop physics and chemistry for Year 12. To his surprise, he had close to a perfect Year 12 result and, unsure what to do, he'd enrolled in economics. By the end of his first term, however, he was bored and frustrated. He informed his parents that he was going to drop out with no idea what he would do. They were devastated but supportive.

"I took a full-time job working in the basement of Harris Scarfe on Rundle Mall, selling doors and curtain fittings. On weekends I worked at the Clovercrest Tavern in Modbury where I learnt a lot about life and working Australians, especially in the front bar. I kept thinking what I might do with my life and concluded that

those who end their lives with the greatest sense of satisfaction are those who spend it in some way in the service of others. When I spotted the opportunity at Flinders, I applied immediately."

Dr Nelson says he had ruled out medicine because he was not strong enough in 'hard sciences' and he is incredibly grateful that the opportunity to take it arose. "Beyond my parents and the Jesuits, it was the single most important influence in my life. To it and the remarkable men and women who pioneered the medical school and who taught me, I owe an enormous debt. Medicine gave me privileged entry into the most painful and traumatic experiences in people's lives, to their homes, and in doing so the gift of wisdom acquired through life itself."

He says the adjustment back into study was difficult, but he got through. "I loved medicine and the practice of it. The more we moved into the clinical from the theoretical, the more rewarding it became." He did hit a wall in third year and when feeling overwhelmed it was a local GP, Dr Gil Blicavs, who persuaded him to stick with it.

Among the many inspiring teachers he had at Flinders, Dr Nelson says neurologist Professor Rick Burns and surgeon Professor Jim Watts stand out. He will never forget Professor Burns spending an hour speaking about the clinical mistakes he made, why he had made them and what he learned. Few people in life would ever

do such a thing. Witnessing a powerful, respect-commanding Professor Watts call out a registrar who was disparaging a GP to their patient reminded him that every person is important.

A physician by training, Dr Nelson moved to Hobart in 1984 to work at the Royal Hobart Hospital. He was a resident medical officer and his wife Kate a registered nurse. He says it was one of the best years of his life, though not without some tears.

"I would do four rotations – anaesthetics, emergency medicine, obstetrics and radiation oncology. From a modern tertiary teaching hospital, I had come to one harking back to an earlier era. I learned quickly and I learned a lot. I was able to assume responsibilities that at Flinders would be at least another year away. I loved my obstetrics rotation, ran a clinic for sexually transmitted diseases (STDs) as part of emergency medicine, and was also witness to death and tragedy in radiation oncology. I think it was working in the latter that the idealism, love and decency of the everyday person was fully revealed to me."

By 1987, Dr Nelson was angry with the government and angry with the Australian Medical Association (AMA). He felt his generation of doctors were not being accurately and effectively represented and he decided to get active. He was told not to waste his time, that no one would listen, and that he wouldn't get anywhere. It only strengthened his resolve.

He joined the AMA in 1988 and became the Tasmanian State President in 1990. After serving as the National Vice President from 1991 to 1992, he was elected unopposed as the youngest ever national president in 1993, at the age of 34. Two years later, in 1995, he received the AMA's highest honour, the Gold Medal for "Distinguished Service to Medicine and Humanity".

"Beyond the professional and industrial issues facing the profession along with health financing, I took the AMA into a range of health and social issues for which the profession's voice was needed.

"Aboriginal health, tobacco control, environmental health, legal discrimination against gay people, treatment of women by specialist colleges, exploitative alcohol promotions, immunisation, drug law reform, suicide prevention, the stigma of mental illness, road trauma and others. In many of these areas we made a difference. In others less so. I am a big believer that peak bodies should try to challenge and change societal attitudes and shape the thinking of governments."

However, it was during his second year in the national presidency that he realised he wouldn't get any more done unless he was elected to the federal parliament. "The medical profession had invested a great deal in me. I could spend my life telling people not to smoke or not take illicit drugs, but if I could directly influence legislation, I could have a bigger impact across society."

## Mixing Medicine and Politics

From 1996 until 2009, Dr Nelson was a member of the Australian Parliament, and although it was health that drove him there, he never became a health minister despite being asked.

Mid-2005 at dinner after a cabinet meeting, Prime Minister John Howard enquired if he would be interested in moving

from Education, Science and Training to Health. He said yes, "but only if you want reform, not someone to run it". Six months later, he was moved to Defence.

This move was in 2006 when troops were deployed to Iraq, Afghanistan, East Timor and the Solomon Islands. He also oversaw major defence acquisitions, including ships, helicopters and fighter jets. He was elected leader of the Liberal Party of Australia and federal Opposition from 2007 until 2008.

Dr Nelson credits his time at Flinders for much of his ongoing success. "I didn't fully appreciate the quality and value of my Flinders training and medical degree until I had graduated and moved on. Our basic training equipped me superbly for critical intellectual interrogation of facts, problem solving, treating others with respect, teamwork and practical skills second to none."

He has leveraged this training post-politics too, as the Australian Ambassador to Belgium, Luxembourg, the European Union and NATO, and as Director of the Australian War Memorial. He is currently President of Boeing Global and an Executive Vice President of the Company. Based in London, he oversees all of Boeing's operations, strategy and growth outside the US. He also serves on the Executive Council of the Boeing Company.

## Accolades and Advice

Dr Nelson's biography is teeming with honours which he says are humbling in every possible way, truly deserved more by the many men and women with whom he worked and "bled for our common causes". Yet, his immense achievements cannot be denied.

He was awarded an Honorary Doctor of the University from Flinders in 2011 and has since received honorary doctorates from the Australian National University (2017) and the University of South Australia (2019). Among many other accolades he was awarded an honorary fellowship of the Royal Australasian College of Physicians, and appointed an Officer of the Order of Australia (AO) for his services to the community, the Parliament of Australia, diplomacy and cultural leadership. He is even an honorary citizen of the Belgian city of Ieper/Ypres, and in 2021 was appointed Commander of the Order of the Crown for his service to the Belgian people.

Dr Nelson says the foundations of this success were taught to him by the Jesuits at Saint Ignatius College, where he completed his last two years of schooling.

"Their impact on me was transformational and set me on my path in life. 'Success', they said, 'would be built on four values – commitment, conscience, compassion and courage'. I would need all four for what lay ahead."

He has plenty of sage advice of his own for young people of today: keep an open mind, nurture and protect the inner integrity of your intellect, remember that character is everything and imbue yourself with the imaginative capacity to see the world through the eyes of others.

"Should you want to contribute to a better world and find fulfilment, study medicine."



# From Vet to Chief Medical Officer

**Professor Chris Baggoley AO DUniv**  
BMBS '80, BSocAdmin '84, DUniversity '12

By Kate Holland

**Professor Baggoley AO was one of Australia's most distinguished and respected medical leaders, but his journey to the top was not a straightforward one. In fact, his career didn't even start in medicine.**

Professor Baggoley grew up in Melbourne, Victoria, as the youngest son of hard-working parents who had no qualifications beyond high school. His father was a textile import agent and his mother was a homemaker who he says carried out her role remarkably given her right arm was completely paralysed by polio, which she contracted while pregnant with him. Despite this challenge and all that entailed, they gave him a good education and encouraged him to pursue his interests.

Unsure what he wanted to do at university, Professor Baggoley enrolled in a veterinary science degree at Melbourne University, which he graduated with first class honours. He says he enjoyed working with animals, but also felt a curiosity about human health and disease. "I decided when I was doing my veterinary science course that I would gain more personal satisfaction, and do more for society, if I pursued a career in medicine. That really was a rather pompous overreach on my part, but I haven't ever regretted my career change."

Professor Baggoley moved over to Adelaide in 1974 to join the inaugural intake of medical students at Flinders University. He worked as a vet while studying, graduated in 1980 and started his internship at Flinders Medical Centre.

"I am most grateful for the opportunity that was afforded to me by Flinders – to be able to come from Melbourne and embark on a second degree at a time when those sorts of opportunities were very limited. Without it, my life would have been totally different. Because of my entry into the Flinders Medical School, and the energetic and innovative teaching faculty there, I have had such a rich, satisfying, privileged and rewarding experience."

In addition to medicine, Professor Baggoley completed a degree in social administration at Flinders University in 1983, which gave him a broader perspective on the social and economic factors affecting health and healthcare.

## Forging a Professional Path

Although he started out in his postgraduate years as a physician trainee, Professor Baggoley says he much preferred the pace and practice of clinical care in the emergency department (ED). He put it down to a short attention span. "The requirement to help multiple patients, rapidly and effectively, suited my temperament," he says.

Short attention aside, he was good at it and went on to specialise in emergency medicine, gaining a fellowship (FACEM) in 1986. He rose through the ranks of emergency medicine, becoming the Director of Emergency Medicine at Flinders Medical Centre, Ashford Private Community Hospital and Royal Adelaide Hospital.

It was working in these environments and increasingly overcrowded EDs that caused him to reflect on the circumstances where a health system could allow such overloading to occur. He also stepped into the fields of medical administration and health policy, becoming Executive Director of Medical Services at the Adelaide Community Healthcare Alliance from 2000 to 2003.

Roles as Chief Medical Officer (CMO) for South Australia and Australia followed, with a period as Chief Executive Officer of the Australian Commission on Safety and Quality in Healthcare in between. The title of CMO comes with a variety of tasks, including public health, and Professor Baggoley contended with many infectious disease outbreaks in South Australia and across the world.

He became involved with the World Health Organization (WHO) and took part in the annual World Health Assembly on six occasions. He was asked to Chair the WHO Emergency Committee on MERS (the Middle East Respiratory Syndrome), was a member of the WHO Ebola Emergency Committee and contributed to the international response to Zika in his role as CMO for Australia.



Photo credit: Australian Red Cross Lifeblood

Despite all this experience, he says he feels very lucky to have been Australia's CMO after the H1N1 influenza pandemic and before COVID. "Either of those, especially COVID as it has lasted so long, would have been extraordinarily demanding. My regard for Jim Bishop, who preceded me, and for Brendan Murphy who led Australia during the early phase of COVID with such authority, expertise and resolve is very, very high."

Professor Baggoley retired from his role as Australia's CMO in 2016 but didn't stop contributing to the health sector. He held a variety of roles, such as Executive Director of Medical Services for the Southern Adelaide Local Health Network, and positions on numerous boards. Professor Baggoley resigned from his most recent job as Chief Medical Advisor at Calvary Care in 2019 while he was being treated for pancreatic cancer. However, not even a cancer diagnosis, for which he had major surgery and six months of chemotherapy, could stop Professor Baggoley in his tracks.

He was appointed to the Board of the Little Company of Mary Health Care (Calvary) where he was made Chair of the Clinical Governance Committee. Determined to make a difference, he accepted an invitation to become a director, then later Deputy Chair, of the Board of Pankind, the Australian Pancreatic Cancer Foundation. He is now a Director of the FCD (Flinders and Charles Darwin) Health Board and Member of WHO's Independent Oversight and Advisory Committee (IOAC) – Emergency Programmes.

## Gratitude and Gravitas

Professor Baggoley says he has been privileged to undertake such a variety of roles, and each seemed to be right for the time in his career. He concurs that the essential art of communication he learnt studying medicine stood him in good stead for them all. "The ability to communicate in a way that a patient and their family or carers could understand was essential."

Looking back, he says he particularly enjoyed working in leadership roles but will never take for granted the privilege of providing direct clinical care, especially to those in urgent need for assistance. "Having a person put their trust in me and whatever skill I could bring to them was a very solemn interaction."

As well as holding various prestigious positions, Professor Baggoley has received numerous awards and honours, including Flinders University honouring him with the University's highest alumni award, a Convocation Medal in 1999, followed by an Honorary Doctor of the University in 2012. Professor Baggoley was also made an Officer of the Order of Australia in 2013 and elected as a Fellow of the Australian Academy of Health and Medical Sciences in 2015 – and the extensive list goes on.

While he says he was inspired and supported by many people throughout his career, he credits Professor Garry Phillips, a former Director of the Flinders Medical Centre Anaesthesia and Intensive Care Units, as well as Director of the Emergency Department and the President of The Australian and New Zealand College of Anaesthetists (ANZCA), as the person who took a particularly keen interest in his career and his family. They remained good friends until his death in 2016.

He says he will be forever grateful to Flinders for giving him the chance to study medicine. Were he to meet his younger self, he would implore him to "be very grateful for the blessings that will come in your life because there will be many".

Having just become one of the 10% who survive pancreatic cancer at the five-year mark, Professor Baggoley is not tempting fate by making long-term plans. He loves to walk daily with friends, follow the Sydney Swans and add to his 1,600 strong Phantom comic book collection.

His aim is to continue doing what he can, for as long as he can, and enjoy each and every day along the way.



# A Keen Medical Mind Honed at Flinders

**Dr Anne Tonkin AO**  
BMBS '82, PhD(Med) '92

By David Sly

**When Dr Anne Tonkin AO was made an Officer of the Order of Australia in 2023 for her distinguished service to medical professional regulation, tertiary education and clinical pharmacology, she says it reflected her passion for analysis and evaluation. And the origins of these traits can be found in her medical education that began at Flinders University.**

“Perhaps it has been my analytical mind that has propelled me through this career journey – but I know that style of thinking was nurtured during my student years at Flinders and with the guidance of my medical mentors at the University,” says Dr Tonkin.

After starting at Flinders in 1972, undertaking a Bachelor of Science (Honours) in biology, Dr Tonkin was part of Flinders University’s third intake of medical students in 1976, a dynamic period when the nexus of teaching new medical students, carrying out research and undertaking clinical practice at Flinders Medical Centre was being inexorably fused.

“It was a great time to be at Flinders and we were all so enthusiastic to be at the heart of this very new concept that allowed students to have access to a working hospital, and for us to see the real-world application of what we were learning rather than just having theoretical tuition in a classroom,” says Dr Tonkin. “Having the hospital and the medical school in the same building and the integrated structure of the curriculum made it really easy for us to have a seamless learning experience in medicine.

“I think it gave me a really good fundamental background for what I went on to do in my career. It certainly broadened my horizons about what I thought I could do in medicine, because my education gave me a more expansive view of what was possible with my skill set.”

## Shift from Practitioner to Academic

Dr Tonkin trained as a general physician with a sub-specialty in clinical pharmacology. “A really important mentor of mine at Flinders University was the late Professor Lindon Wing, whose approach to pharmacology made the subject utterly fascinating to me,” she says. “It set me on a path of pursuing a particular interest.”

However, the focus of Dr Tonkin’s medical roles soon diversified. Her shift from medical practitioner to academic began after she finished her PhD and was awarded a fellowship in England for two years – at the same time that an academic position came up at Adelaide University in pharmacology, which was her specialty. “While I really enjoyed academic pursuits, the bit that I enjoyed most was teaching, and the position at Adelaide involved quite a lot of teaching, along with research.

“I wouldn’t have thought it possible to diversify in that way if I hadn’t been at Flinders, where I greatly valued the role of people in those split research/teaching positions and had seen how they provided such an important link between the hospital and the medical school.”

## New Era of Medical Drugs

Dr Tonkin’s arrival at Adelaide University’s pharmacology department coincided with the dawn of an important new era of medical drugs, which included the introduction of statins to lower high cholesterol in the blood and ACE inhibitors to address heart failure and high blood pressure.

“A surge in the importance of pharmacology placed our work in the spotlight, and the acceleration of new drug development also increased the volume of drugs being evaluated – which also required the closest scrutiny,” she says. “I got involved quite quickly with drug regulation and served terms on the Australian Drug Evaluation Committee and the Pharmaceutical Benefits Advisory Committee, and provided evaluation services to the Therapeutic Goods Administration.”

Through Dr Tonkin’s work on drug regulation, she was asked to be involved in national committees to assess new drug registration. “For evaluations in the pre-digital age, I would be delivered a load of up to 19 boxes containing A4 ring binders filled with data about a new drug, and I needed to distil all that information into a 20-page report with a conclusion about whether the data supported the drug being registered or not,” she explains, “and I really enjoyed that challenge. I like to make order out of chaos. I’m one of those strange people who enjoys regulation, and I suppose that led me down the path of being involved in more and more committees.”

## Decision Making at the Highest Level

While Dr Tonkin worked as a clinical academic in the Adelaide Medical School for 22 years, becoming Professor in Medical Education with responsibilities for curriculum planning and implementation, she also served on the Australian Medical Council and had longstanding involvement with its accreditation processes for medical schools and specialist colleges.

Dr Tonkin then became a member of the South Australian Medical Board from 2009 and, when a new national board responsible for registration and regulation of all doctors in Australia was launched in 2010, she continued as a South Australian representative. She then joined the National Board in 2015 and was appointed Chair of the Medical Board of Australia in 2018.

“It marked a different phase of my career, towards the end of my clinical career after having practised at the Royal Adelaide Hospital for more than 25 years, but I enjoyed the challenges that come with decision-making at the highest level,” says Dr Tonkin.

“My brain probably works that way quite naturally, but it has definitely been enhanced by my training and the experiences I had as a young practitioner. I’ve been able to carry everything I’ve learned over to the medical boards, and even though it’s focused on a totally different kind of regulation, it still requires me to look at a lot of information and distil the important parts quite quickly. It certainly helps that I’ve learned to read very quickly, which is especially useful when some of our medical board meetings have agendas that are 3,000-pages long. It’s not for everybody, but I love it.”



# Tightening the Ties

**Professor Steve Wesselingh**  
BMBS '82, PhD(Med) '92

**By David Sly**

**As Chief Executive Officer of Australia's National Health and Medical Research Council (NHMRC), Professor Steve Wesselingh advocates for closer ties between hospitals and research facilities – and he points to Flinders University as a shining example that underlines the great benefits from such close collaboration.**

Adelaide-born Professor Wesselingh, who went through secondary school at Marion High School, was part of the third intake of students at Flinders University's School of Medicine before he commenced doctoral training at Flinders University and Flinders Medical Centre. Through his dual roles as a clinician and researcher at Flinders, he saw the seamless

integration of research with hospital practices – which he says has underlined his belief in the importance of placing research at the heart of the health sector.

“Ironically, it's now 50 years after Flinders started, and the Academy of Health and Science has recently released a major paper on the value of embedding research into health. Flinders started with that philosophy. It was seamless. You wouldn't know if you were in the hospital or the medical school, they worked that closely together – so I always assumed that everyone worked that way. It's such a pity they don't. I still believe that universities and hospitals should be so closely tied.”

Professor Wesselingh notes that the opening of the new Health and Medical Research Building at Bedford Park in 2024 reinforces Flinders' leading position in building closer ties between a working hospital and university research facility. “That's how we improve health and best deal with the health challenges we face,” he says. “This same philosophy also has to be replicated in rural and remote settings. Sure, it starts in the big metropolitan facilities, but for the sake of health equity for all people in this country, it has to apply throughout the nation.”

## Arriving at the New School

Professor Wesselingh's journey in medicine encompasses a wealth of medical experience, clinical leadership, as well as national and international research success – and he remembers his experiences as a student at Flinders setting him on the right path to taste such success.

“When I arrived at Flinders Medical School, everything was so very new – not only the buildings, but also the innovative curriculum and the people teaching, who were quite young and enthusiastic – so it had a terrific, very vital atmosphere,” he recalls. “I didn't want to go to staid old Adelaide University. I wanted to go to the more radical, interesting new campus.”

“Flinders' medical course also allowed me to spend 25% of my time doing other subjects – so I also studied economics and sociology, which I was both very interested in and ultimately became very important planks of knowledge that I built on through my career. In medicine, you need to draw on a lot of other skills, so encouraging this broader education certainly helped me understand the broader impacts of the social determinants on health.”

He specialised in infectious diseases training after being inspired through a three-month elective spent in Papua New Guinea. “It was an opportunity Flinders provided for me as a medical student. Under Peter McDonald and John Findlay-Jones at Flinders, I was urged to do a PhD to focus on this interest. It wasn't a case of whether you'd do a PhD, but more a case of when was I starting – and that expectation was a terrific way to make you seriously focus.”

## Transition from Research to Leadership

Professor Wesselingh's eventual transition from researcher and clinician to health organisation leader began after a post-doc at Johns Hopkins, with his move to Melbourne to head the newly merged Fairfield Hospital and Alfred Infectious Diseases Unit in the early 1990s, during the worst part of the HIV/AIDS epidemic. He later moved to the Burnet Institute, addressing infectious diseases, immunology and major public health issues affecting disadvantaged communities in Australia, then became Dean of Medicine at Monash University.

He returned to Adelaide to head the South Australian Health and Medical Research Institute (SAHMRI), facing the daunting task of establishing the direction and purpose of the new institution from its inception. “When I arrived, things were only just getting started, I worked out of an office in King William Street, so everything – the building, the staff, the research

programs – had to be created from the ground up. I'm so proud that it continues to fulfil its purpose as South Australia's really strong independent medical research institute.”

After 12 years at SAHMRI, his transition to head NHMRC in 2023 was pre-empted by Professor Wesselingh chairing the NHMRC research committee for five years, and working very closely with previous NHMRC CEO Professor Anne Kelso, particularly on gender equity initiatives. “What appealed to me most about accepting this job was obtaining a national view on policy and research strategy. I'm keen that NHMRC and the other national bodies all think very keenly about national policy and strategy, so that we can deliver what leading researchers need to perform at their best.”

## Focusing on Future Funding

Two big tasks Professor Wesselingh wants to achieve are creating harmony between Australia's two main health research funding bodies – NHMRC and the Medical Research Future Fund (MRFF) – and developing a national health and medical research strategy, which currently does not exist.

“While we are doing this, we have to keep looking at health provision through an equity lens, so that we don't increase gaps in the diversity of our research workforce or health outcomes. It can easily happen that medical research gets centralised in bigger cities, so that people in those cities get better health. We have to make sure all of our research outcomes are equitable and can reach the most people possible.”

His expertise in infectious diseases was especially significant during the COVID pandemic. “It was a completely new situation for everyone, so the work of our public health officers and their departments in Australia was incredible,” he says. “We probably could have worked together better as a nation rather than individual states, but smart public health modelling was fantastic in preparing necessary responses, and I think that going forward, work with the new Australian Centre for Disease Control, when established, can help to make a national approach to solving problems more likely.”

His thinking continually points to a need for greater cohesion between all parties and people working together in the health sector. “It circles back to the cohesion between research and clinical practice being a fundamental aspect of efficient and effective public health systems,” says Professor Wesselingh. “You want to bring the universities, the health system and the medical research institutes close together to solve the big challenges.”

He sees these priorities as the equitable and assessable delivery of health care, especially with servicing and staffing rural and remote care, and aged care, which will keep growing in importance in Australia. “Neurological disease – and particularly dementia – is going to be a big issue very soon, because of the growing numbers of people affected in Australia. All of this points to how we use innovation in health appropriately, because Artificial Intelligence (AI) will fundamentally change health delivery in this country. We already use AI in radiology, research and drug development – but that is only the start of things. Health delivery never stands still.”

# A Search for Information and Innovation

**Professor Jamie Cooper AO**  
BMBS '80, MD (Adel) '97

By David Sly

**The impetus to continue exploring better medical solutions and keep learning has propelled the landmark career achievements of Professor Jamie Cooper AO – and he recalls that this journey of exploration first took shape during his formative years studying medicine at Flinders University.**

“At Flinders, we learned that medicine would always be constantly changing, and over the following 50 years, it certainly has,” says Professor Cooper, who was part of the first intake of medical students at Flinders University in 1974. “We learnt how to keep searching for information, and that has never stopped.”

Awarded an Order of Australia Medal in 2017 and Flinders University’s highest honour, the Convocation Medal, in 2020 for his outstanding contribution to national and international intensive care medicine, Professor Cooper has been an inspiring leader in traumatic brain injury research.

“I grew up during my six years at Flinders, changing from an immature 17-year-old into a more sensible 23-year-old who wanted to travel and specialise in hospital-based medicine. I was always proud of being in that first year of the Flinders Medical School, and wanted to show everyone that we were good, solid doctors out in the real world.”

## Advances in Intensive Care

While completing his training as a physician, a young Dr Cooper was exposed to work in the Intensive Care Unit (ICU) at the Royal Adelaide Hospital, and he enjoyed the challenge of working at speed to assess patients and having a huge bearing on their health outcomes. This experience also set his mind racing about what intensive care therapies demanded more focused attention and improvement.

“Intensive care was a relatively new area of specialisation when I started, and there was a lot of dogma that was not well supported by high-quality research, so we never really knew whether some of the techniques we used were beneficial for patients or not,” he says. “It set me on a path of building

small and then large clinical research trials in conjunction with intensive care colleagues in other Australian states and many other countries, which took time but really could change the way we managed our patients.”

A pragmatic need set Professor Cooper along this research path. He encountered a high number of traumatic brain injuries while working at Alfred Hospital ICU in Melbourne, and he devised high-quality trials with these patients, leading a network of ICU sites to ensure results that were applicable internationally.

## Global Impact

Of particular note, he led a randomised trial of a neurosurgical operation over eight years for ICU patients with traumatic brain injury. The trial found that surgery was great at decreasing brain pressure in the short term, but poor at improving patient outcomes. Indeed, head injury patients in the trial recovered better in the long term, after medical intensive care alone. There was a global impact, resulting in better neurosurgical planning for brain injury patients.

This approach led to a remarkable sequence of big research outcomes, with Professor Cooper driving a large and diverse research team from Alfred Hospital and Monash University that has been supported through 25 years of continuous National Health and Medical Research Council funding. In working with other intensive care units from across Australia, New Zealand and 20 other countries, this strong collaborative network has produced five high-impact randomised trial results in traumatic head injuries, applicable across many domains rather than just in one small area.

## Inspiring the Next Generation

Professor Cooper continues to work in a multi faceted capacity – as Sir John Monash Distinguished Professor in the School of Public Health and Preventive Medicine at Monash University, and Senior Specialist in Intensive Care at The Alfred Hospital, Melbourne – though he perhaps views his

most important role now as a mentor, especially to mid-level academics. “I see them being in the same position that I was 20 years ago, and I see my role as trying to help them get their first grants, to continue the research they are pursuing, and to keep their motivation going.”

His capability in this regard is without question, having published 430 journal papers (with 11 in the New England Journal of Medicine) and received \$91 million in research funding, which has delivered life-changing results for seriously ill patients and resulted in significant savings to the Australian healthcare system.

“I was led by the people who taught me. There were only 64 medical students in that first intake at Flinders, and we were initially located in the main university building while we watched the medical school in Flinders Medical Centre being completed. When we finally got into the new facility, it was all so fresh and new – and empty. It was just us and a handful of professors, so we all became very close, and those professors became great role models to us.”

## Quest for Learning and Research

The close-knit Flinders medical fraternity also appreciated that they stood at the threshold of a new enterprise that presented an opportunity to explore and reach for innovations in medicine.

“Flinders’ medical course was set up in a new way – the curriculum being modelled on the esteemed McMaster University curriculum from Canada – and many of us were excited and attracted to this new system,” says Professor Cooper.

“It equipped us with the capacity and desire to keep learning, to expand on our interests over time. We did this of our own volition; we didn’t have access to personal computers or mobile phones until at least a decade after we graduated, so we had to search hard to find answers to our questions – but we realised how important it was for us to keep learning and pursuing important lines of research.”

Professor Cooper’s rigorous pursuit of more medical knowledge continues. He is currently leading his sixth randomised clinical trial in traumatic brain injury, using a special device to measure oxygen levels in the brain after injury to help maintain the best possible levels while unconscious during ICU and surgery, then to adjust therapies individually, to give patients their best chance of good outcomes. “It’s complicated and I’m sure it will take a long time, but the most exciting thing is that I’m sure this will have an impact,” says Professor Cooper. “We have created an Australian-led model for these randomised trials to determine the best options for improving a head trauma patient’s long-term function and outcome.”





# Stepping into Roles to Improve the Territory

**Associate Professor Kerrie Jones**  
BMBS '87, GradCertClinEd '16

By David Sly

**A four-month placement at Central Australian Aboriginal Congress and Alice Springs Hospital as a Flinders University medical student was a fundamental component of Associate Professor Kerrie Jones' medical qualification. This experience has driven her lifetime commitment to effect change through taking health leadership roles in the Northern Territory (NT).**

"When I first arrived in Alice Springs, I was shocked at what I saw. I felt this was a part of Australia I knew nothing about. I knew so little about the health of Indigenous people in Central Australia and the levels of exploitation, discrimination and power imbalance Aboriginal people were subject to," says Associate Professor Jones.

"I started to educate myself, reading about Indigenous history, colonisation and talking to others who worked in the area. I then began to understand the huge difference between the two cultures, as well as all those socio-economic determinants of health that needed to be challenged."

Building her knowledge and making enduring connections with many remarkable people in the Territory made it inevitable that Associate Professor Jones would return to the NT after completing her training at Flinders University in Adelaide. "It was always in the back of my mind that I wanted to make a difference. I was brought up in a family that challenged social injustices, so I was primed to do things. My mother was a teacher, so I found that teaching came instinctively to me."

Upon deciding to pursue her interest in emergency medicine, Associate Professor Jones moved to Darwin in 1997 with her young family to further her training. In 2001 she became the first NT-based trainee to qualify as an emergency physician. "Of course, there were challenges that came with being among the first emergency physicians in the NT but there was an incredibly collegiate working environment," she says.

## Impacting Lives of Territorians

Her success sparked ambition and a determination to make change and have impact on the lives of Territorians. In time, Associate Professor Jones served as the Director of Emergency Medicine Training at Royal Darwin Hospital, then became the first woman to take on the role of Clinical Dean of the Northern Territory Medical Program. She then became the first Director of Katherine Hospital's Emergency Department.

"I'm very passionate about supporting women to come into leadership roles in medicine. Setting up processes for them and mentoring them informally so they can feel empowered to be leaders has been a big part of my purpose," she says.

"I stepped into roles where I could see a void. We didn't have a director of training, so I took on that role and developed a successful training program. I was clearly attracted to making change and positive impact through leadership roles, and showing that women could have success in those roles."

Associate Professor Jones, who now has academic status with Flinders University, works in emergency medicine based in Alice Springs. This role involves teaching and the supervision

of students in Flinders' NT medical program, a role she takes pride in – especially because it gives her an opportunity to share her knowledge and experience with the next generation.

She holds a unique perspective, having come through the Flinders medical school as a student, and now holds an important leadership role.

## Improving Health for the Whole Community

"One of the strengths of Flinders, which has been maintained, is a great social justice perspective and emphasis on the social determinants of health. My lecturers were very committed to public health principles and improving health for the whole community, rather than focusing on private practice. That view influenced a lot of graduates – and Flinders continues that tradition, especially in the NT Medical Program."

Associate Professor Jones has seen progress on some levels of public health care, but in some cases health disparities continue to widen. "We have rising rates of chronic illnesses such as kidney disease, which pose unique challenges for remote people in the NT," she says. "But against these problems we've also seen better primary prevention make huge gains in reduction of heart disease and other illnesses. To maintain this, more needs to be done. I feel that we are at risk of undermining all these gains in health – and Aboriginal and Torres Strait Islander people are disproportionately affected."

"Until we fully address the many impacts that colonisation has had on first Australians, the poor health outcomes will remain. It's such a complicated thing to address, but we all must keep trying, working together, rather than in silos. It's more important now than ever before."

"I've seen a lot of open-hearted generosity and a willingness from Aboriginal and Torres Strait Islander people to keep working on improving health outcomes. That's what is really humbling, and what motivates a lot of us to keep working here. We work alongside Aboriginal people to work together to help find better outcomes."

"We clearly need more Aboriginal and Torres Strait Islander people working in medicine, nursing and allied health across the entire Northern Territory. They are still under-represented, so it is good to be a part of Flinders University programs that are working hard to change that."

Associate Professor Jones is involved in research collaborations that aim to make a difference, and is also teaching the next generation to make an impact – especially the growing number of Territorians training as medical professionals who will serve their local communities.

"It's inspiring that I now work with doctors who were once my students," she says. "We've had a big shift in the culture of medicine since I was a student, and that's a very positive thing. It's very satisfying to be a part of building a stronger, more equitable health system here."

# Unconventional Medical School

**Professor Lilian Kow OAM**  
BMBS '85, PhD(Med) '96

By David Sly

Since her childhood in Malaysia, Professor Lilian Kow OAM knew she wanted to be a surgeon. Now, as a world leader in obesity and metabolic surgery, she reflects on following her curiosity to explore innovative ideas that started at Flinders University.

“As a student in the Flinders medical program, I really benefitted by coming through an unconventional medical school with a very diverse group of students. In the 1980s, it was a new course and there was a quite young faculty. It was a dynamic place of fresh ideas and great possibilities,” she says.

Her journey of specialisation in surgery followed an unconventional path, sparked by her personal interests and inspiration but also her capacity to seize a fresh opportunity.

“I always wanted to be a surgeon because I was particularly interested in the technical aspects of surgery – rather than a dermatologist examining skin, or being a physician that required a lot more brain power than just being hands-on. I’m a practical type of person and have always been good with my hands – I loved playing the piano and playing racket sports – so surgery seemed the natural fit for me.”

## Surgical Breakthroughs

Her first area of specialisation was in hepatobiliary pancreatic and liver transplant surgery at Flinders Medical Centre, but her career changed direction in 1996 when laparoscopic adjustable gastric bands were introduced to South Australia.

“We have been doing a little bit of obesity surgery at Flinders because we were only doing about 12 liver transplants each year – and weight loss surgery was a passion of James Watts, the first Professor of Surgery at Flinders, so he made sure we were all involved in some way. Because of that interest, the then GI Surgery Director at Flinders Jim Toouli brought back a new type of an adjustable gastric band that had been invented by a surgeon in Sweden. He suggested we may want to introduce this to Australia, and we gave it a try so that we could study this curious new device.”

It proved a revelation. At that time, the only available obesity surgery was an open gastric bypass, leaving patients with a very large abdominal wound and postoperative pain confining them to bed for at least a week. Inserting the gastric band via laparoscopic keyhole surgery, allowing patients

to go home the following day, revolutionised and quickly popularised obesity surgery – even though its introduction was rather dramatic.

“I remember the first surgery we did, and we had Dr Peter Forsall the inventor of the gastric band talking to us over the phone from Sweden, instructing us how to do this operation,” recalls Professor Kow. “Laparoscopic surgery was just starting at Flinders, so we were using instruments that are usually used by the gynaecologists. It was frustrating because we didn’t have specific instruments or refined techniques at that stage. The first operation took nearly three hours. We now do the same procedure in 20 minutes.”

## Innovative Procedure

The success of that first innovative procedure saw Professor Kow and colleagues become pioneers in gastric band surgery and weight loss (bariatric) surgery in Australia, and demand from patients for adjustable gastric band surgery quickly accelerated. “It prompted the start of my private practice – but if you had told me earlier in my career that I would specialise in bariatric surgery, I would have laughed,” says Professor Kow.

It coincided with a global escalation in the concern about obesity. “It was becoming an epidemic – especially in the United States, but we also realised that Australia was not so far behind, being ranked in the top five around the world for the disease of obesity. The successful introduction of gastric band surgery made it easier to have serious conversations about obesity in medical circles and with patients. In Australia, gastric banding surgery increased in popularity for its adjustability and for its minimally invasive approach. Patients with obesity were coming to us and asking for this surgery. We quickly went from doing a few gastric bands a year to about 15,000 bands a year in Australia by 2008. By then bariatric surgery became acceptable as a safe and effective procedure and newer types of surgery have now been introduced and superseded the adjustable gastric bands.”

Professor Kow says working with gastric bands taught her a different type of medicine, and also a different way of dealing with patients. “I learned to manage people with a chronic disease that surgery never taught me. With most surgery the procedure is intended to cure or remove disease and the surgeon doesn’t get to see their patients again. Obesity is a chronic disease, so even after their surgery, we need to



Photo credit: Brenton Edwards

continue looking after the patients to provide them with multi-disciplinary care. We work with them along their journey to trigger and maintain the crucial changes to their daily lifestyles.”

## Women in Surgery

Professor Kow’s expertise placed her in an authoritative position, leading to her joining the Australian and New Zealand Metabolic and Obesity Surgery Society (ANZMOSS), then the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO). “In groups like that, when a female surgeon came along, they were always asked by the men to be the secretary – because we are the most organised and efficient.” She was so organised that she ended up being the first female president of ANZMOSS, then the IFSO Asia-Pacific chapter, and then the first female president of the World Body of IFSO, from 2019 to 2022.

Without consciously realising the significance of these landmark achievements, Professor Kow was being cited as a female role model. “That surprised me, because it certainly wasn’t something I set out to do, but then I realised the importance of me being recognised for doing the best job that I could,” she says.

“When I was accepted into general surgical training at Flinders, I was told that there had been no female trainee for the previous 20 years in South Australia. The lack of a female role model in Adelaide at that time was obvious.

“I’m so pleased that we now have women surgeons in almost every surgical subspecialty in South Australia and Australia, and that we are being recognised at the highest levels by our peers and across society.”

She now encourages young women to take an active role in advocating for better policies on gender discrimination to be implemented at universities and large professional healthcare institutions. “We can make surgery a better profession not just for women, but for everyone seeking to provide health care in an environment free from discrimination. We don’t think about gender any more, but instead about a person’s capacity to do the job.

“Removing all of the barriers to women in surgery will require fundamental and long-lasting social changes in how people perceive the role of women within society, and increased understanding of the fact that a person’s career opportunities should not be limited by their gender, race or sexual orientation. This will take time.”

For her work, Professor Kow was awarded the Certificate of Distinguished Service in 2011, the ANZ Journal of Surgery Medal in 2023 by the Royal Australasian College of Surgeons, the inaugural International Award by the TREC Foundation of the American Society of Metabolic and Bariatric Surgery in 2023, and the Medal of the Order of Australia in 2022 for her distinguished service in bariatric and obesity medicine.



# Indigenous Pathway Leads to a Doctor's Degree

**Dr Angella Campbell**  
MD '21

By David Sly

Photo credit: Brenton Edwards

**Perseverance has paid off for Dr Angella Campbell. After decades spent working as a nurse in hospital emergency wards and as a combat medic for the Australian Defence Force, the 46-year-old mother of three graduated from Flinders University as a Doctor of Medicine in 2021 – overcoming crippling self-doubt as an Indigenous woman seeking elite qualifications.**

“I always had the desire to become a doctor – and twice during my previous roles I’ve been prompted by medical colleagues to commence a doctor’s degree – but I lacked the confidence and self-belief to take that decisive step,” says Dr Campbell. “I thought I was too old. I thought that I couldn’t do it as a mother.”

It has been a long journey to finally obtain her degree and now work for SA Health at Noarlunga Hospital in the Emergency Department. Dr Campbell admits she had to work hard through many personal difficulties to complete her medical degree, but her achievement has made her an inspirational role model for other women and Indigenous students.

“I always wanted to be involved in medicine. My mother worked as a registered nurse, and as a single mother who managed everything, she inspired me so much – but I’ve always doubted myself,” says Dr Campbell. “Right back when I first considered medicine, I hesitated and instead went and studied music in 1999.”

## On the Move

Living in Melbourne, she also joined the Army Reserve in 2003, moving into the role of a combat medic. “I found something that I loved, and I did it with all my passion,” she says, explaining that her work with Army Reserve continues. Her skills and commitment have been duly noted, earning Dr Campbell the Soldiers Medallion for exemplary service in 2010 and an Outstanding Soldier of the Year award in 2013.

Inspired by her army medical experience, she enrolled in nursing at Australian Catholic University in Melbourne and started working with people with disabilities until she had her first child. She moved to Adelaide, had a second child and then studied to become a registered nurse. After graduating in 2011 and having a third child, she worked at the Royal Adelaide Hospital in the emergency section, where she loved being “busy and constantly on the move”.

She moved to Flinders Medical Centre on a permanent part-time basis, again focused on emergency department nursing, and took on roles of greater responsibility, working closer with doctors and growing in confidence in such a high-pressure role. “I started initiating a lot more work in the emergency rooms, so that by the time the doctor saw a patient, a lot of the preliminary work was done – and that got me thinking that I may as well take the next step to do all of the doctor’s job.”

She says the crucial aspect that finally made her commence studying medicine was having necessary access and support at Flinders University. “At the end of 2015, a friend told me about the postgraduate Indigenous pathway in medicine at Flinders, and I saw that as a way of getting the support I needed,” she says. “I applied for the FUIES program (Flinders University

Indigenous Entry Stream process) and was accepted. I met two other Aboriginal and Torres Strait Islander colleagues through this, and we’ve helped each other to become doctors. They assured me that I wouldn’t be alone, that there were other people with similar backgrounds and learning styles that I could connect with – and so I felt safe through my studies.”

The study process still provided a giant challenge. “There was a lot on my plate, and I really struggled. I was working part-time and trying to raise three children, along with trying to address a lot of difficult independent learning. I was in classes with a lot of younger students, and they were the shining stars of the course – which did nothing to help my shaky confidence. I also found it difficult to remove my nursing approach, because studying to be a doctor is entirely different, with its depth of anatomy and physiology knowledge. I had to unlearn quite a lot of my instinctive nursing aspects to become a doctor.”

During her third year of study, she hit a wall and needed to take a break. “Ultimately, I persevered because of the amazing support I received through Yungkurinthe Student Engagement, the Aboriginal and Torres Strait Islander student support network at Flinders. The staff were phenomenal. I always had someone to talk with and debrief, to work through my problems. I also received financial support through a Flinders scholarship, which was crucial for our family. I wouldn’t have been able to do it without that scholarship.”

To get back on track and complete her degree, Dr Campbell gives great credit to her husband Steven, who remained at home to raise the family, and the good behaviour of their three children – Caleb, 18, Ethan, 16 and Vivienne, 12.

## Serving Remote Communities

Now, her ambition continues. Dr Campbell has long-term plans to become a general practitioner and serve remote communities, and she also plays an important mentoring role for other Indigenous students.

“I recognise the need to give back to other students, so I’m tutoring Aboriginal and Torres Strait Islander students currently going through the Flinders medical program. I understand their needs and the eight different styles of learning in our culture, so I can explain things in a way that is perhaps different to how some of the other teachers operate.

“We always worry how Aboriginal health is delivered in medicine – and because I come from an Aboriginal background, I initially got a lot of my test questions wrong. The way we are taught growing up is much more suited to intimate, small group learning. So, I’m a narrative learner, and problem-based learning is really good for that. I did this with patients as a nurse, going through their story together to learn about them, but teaching medicine is very different, so it initially made me feel very insecure.

“Having come through the process, my confidence and knowledge has kept growing from doing practical work. Every day in the hospital, I’m thrilled that the knowledge I’ve gained is helping patients.”



# Alleviating Hardship

**Professor Tom Snelling**  
BMBS '98

By David Sly

**Finding inspiration during his student years at Flinders University provided Professor Tom Snelling with the impetus to not only excel in medical practice and research – but also to appreciate the people who need better medical outcomes.**

As Professor of Infectious Diseases at the Children's Hospital at Westmead, and Professor in the School of Public Health at the University of Sydney where he leads the Health and Clinical Analytics team, Professor Snelling says his work, especially with children, has been humbling.

"Medicine has given me a good appreciation of the extreme hardships encountered by many families, and a deep respect for those who work to help alleviate suffering," he says. "I regret that society doesn't always value this work as highly as it should."

## Career Trajectory

Professor Snelling describes his career trajectory as being more circular than linear, and influenced more by chance than by design.

"I think I always wanted to do something valuable, but in my last year of school I was leaning more toward engineering, and even enrolled in a civil engineering degree. I switched to medicine when the opportunity arose at the eleventh hour, after I had finished school in 1992. I received a call from the Flinders University admissions office to let me know someone had withdrawn, and that I was invited to interview to replace them. It was my grandmother who convinced me to take the opportunity."

At Flinders, he gravitated toward teachers who were not only impressive and motivating, but who also took an interest in his personal development – especially Professor Jack Alpers and Professor Gary Kneebone, who inspired his interest in internal medicine and paediatrics.

He also remembers a few lighter moments as a medical student that tickled him. "My friend Frank Mwaungulu was part of a contingent of students who joined us from Malawi. I remember Frank was once asked to assess an elderly patient who was concussed after a fall. He pulled the curtains around him, roused the patient, and asked 'Mr Smith, can you tell me where you are?'. The patient looked back at Frank confused before responding, 'Africa?'."

Before graduating from Flinders in 1998, Professor Snelling spent a term at Alice Springs Hospital, returned during his basic paediatric training and also did a year in Darwin for advanced training in infectious diseases, as well as at the Women's and Children's Hospital, at Flinders Medical Centre and at the Children's Hospital at Westmead. He returned to Darwin to do a PhD under the supervision of Ross Andrews and Jonathan Carapetis, in which he evaluated the new rotavirus vaccination program and its impact on severe gastroenteritis among remote children, finding high rates of persisting disease among young Aboriginal children.

Eventually he moved with his young family to Perth to take up a combined clinical and postdoctoral research position at the Perth Children's Hospital and the Telethon Kids Institute, shifting from observational studies to clinical trials of paediatric infectious diseases and vaccination. "A driving goal was to design studies that were highly efficient, and also directly relevant to policy and clinical practice. The design expertise we developed has become sought after and has led to a number of collaborations across a broad range of disease areas."

After seven years in Perth, Professor Snelling moved to Sydney to set up a new research team in the Sydney School of Public Health and a learning health initiative at the Sydney Children's Health Network. "Our driving philosophy is that every patient encounter is an opportunity to learn about what works, what doesn't and in whom."

## On Reflection

Reflecting on the genesis of his medical career, Professor Snelling says that if he had his time again, he would approach medical studies in a different way.

"I'm pleased that I studied medicine, but I regret that I entered straight from school," he says. "I wish I'd studied a more general degree first, although that wasn't the usual pathway back in the 1990s. Now, most medical students have completed other degrees first, and I think that's leading to a more academically diverse workforce, although there is still far to go toward a workforce that is also more diverse in life experience."

"The amount of information that junior doctors are expected to know is growing quickly. Flinders was an early adopter of problem-based learning, recognising that it was not possible to teach students everything they would ever need to know, so we should instead teach students how to teach themselves by finding and synthesising relevant information. The digital era has greatly expanded the quantity and quality of accessible information, so these skills are now more important than ever."

"Young people who have asked me about careers in medicine usually say they want to be of service to the community. I think it's important that they know that there are a whole range of careers where people provide service, and medicine is by no means the only way to do this. But I feel the main advantage of a career in medicine is that it leads to a vast range of possible futures and a highly varied working life."

"If I thought my younger self would listen, I'd tell him to stay as general as possible for as long as possible, hold off specialising – and to take more leave."

## Kick-Start

In 2002, Professor Snelling received the first Frank Fenner Early Career Research Fellowship from the NHMRC, which kick-started his postdoctoral research career. "It had great meaning to me because the late Professor Fenner was heavily involved in the elimination of smallpox and was a hero of mine."

Professor Snelling's focus has been to improve how clinical studies are designed, and how evidence is generated and used to guide decision-making. "I worry that too much research is designed following a one-size-fits-all approach, with insufficient thought about the needs of decision-makers as the end-users of that research," he explains.

"I'm trying to understand how studies can be designed bespoke to the specific needs of consumers, clinicians and policymakers. Unlike many researchers who focus on a particular disease or a particular aspect of a disease, I take more of a meta-research perspective, to think about the process of doing research itself."

"Essentially, I enjoy the intellectual challenges in medicine. I've always had difficulty doing as I'm told, so I've been very lucky to be able to choose my own adventure. So, to paraphrase Frank Sinatra, I'm proud that, for the most part, I've done it my way. I've taken many risks with my research and I've had my share of failures but I hope that I've forced people to think more about the purpose of research, and how studies should be designed and implemented. At the very least, I hope people will learn from my mistakes."





# Our Humble Hero

**Dr Richard Harris SC OAM DUniv  
BMBS '89, DUniversity '19**

**By Kate Holland**

**It's almost impossible to separate retired specialist anaesthetist Dr Richard 'Harry' Harris SC OAM from that cave-diving rescue. He and Dr Craig Challen SC OAM were jointly awarded 2019 Australian of the Year for their efforts. The backstory that led him there includes studying at Flinders, and lots and lots of diving.**

Harry is a third-generation doctor who grew up around medicine. Raised in Adelaide, his dad was a vascular surgeon, and his mum was a nurse. If job prospects had been more viable for marine biologists, or if the veterinary school had accepted him, his story might be completely different. He credits a very influential Year 12 Biology teacher for pushing him in medicine's direction.

"I went to uni straight from school, aged 17. I always did outdoor holiday jobs, and I was working on a station near Broken Hill when I heard I was accepted. I was having so much fun I thought about spending a year up there. I decided it best to get on with it or I might not come back!" Harry explains.

"The original plan was to become a country GP, but that changed over the years. While my career trajectory was pretty smooth, I actually failed my first year of medicine comprehensively. I never failed another exam, but I was very intimidated by the postgrad anaesthesia exams. Those exams put me off doing further study to be an intensive care (IC) specialist despite how much I enjoyed it. The thought of more exams was too much."

## University Life

Harry graduated from Flinders University with a Bachelor of Medicine and Bachelor of Surgery in 1989. He says it was a great time of his life.

"There was a good community, I had a great social life and I made lifelong friends – far more so than at school where I didn't really hit my stride. I think Flinders made me more open-minded and tolerant, and, to my parents' horror, a bit more of a lefty!"

It was during his time at Flinders that his interest in diving flourished and distracted him from study. He says he was an average but well-connected student.

"I have great memories of camping trips to the Yorke Peninsula with uni friends to go fishing and diving. I became a dive instructor at the Flinders University Underwater Club, and then started cave diving which has remained a passion. I know that current online learning and less face time has changed things a lot, so I hope that clubs and social activities are still as vigorous."

## Linking Skills and Passion

Having graduated, Harry did 12 months of anaesthesia training in the UK and loved it, so decided to apply to the training program in Adelaide. Before long, he was able to unite it with diving medicine and ICU and retrieval work to create a swag of specialities that he says were riveting.

"Anaesthesia was good for my extracurricular activities. It taught me to keep calm under pressure when you need to make difficult decisions. Cave diving shares the same need," he says.

Across his more than 30-year career, Harry has worked in a variety of critical care and aeromedical retrieval environments in Australia, Vanuatu and New Zealand. It was his acclaim in cave-diving circles that saw him specifically requested by British experts to assist with the Tham Luang Nang Non cave rescue in Thailand.

The process involved navigating a dangerous cave system to retrieve 12 young soccer players and their coach, guiding them out through nearly 2.5 kilometres of zero visibility water. His skills as an anaesthetist and diver combined perfectly.

Although Harry was always training for something like this, he says that particular incident was, "out of the box".

"I certainly never expected to be involved in something of that scale, and definitely didn't expect the intense change to our lives that followed. My most meaningful award following that was the Edgar Pask Citation from the Association of Anaesthetists (AAGBI) in London. Edgar was an historical figure that I greatly admired."

Harry was awarded a 2018 Distinguished Alumni Award from Flinders for outstanding service to the international community through this specialist response role, and in the following year received an Honorary Doctor of the University. He also received the Star of Courage and the Medal of the Order of Australia.

## The Way Forward

Harry says that anaesthesia has never been safer, but that good clinical skills and teamwork remain the most important thing in patient safety.

"Working in Vanuatu reminded me of that fact. I see a lot of technology and monitoring being used because it is the 'accepted standard'. I worry that it costs more but doesn't contribute further to patient outcomes. We need to constantly reassess these priorities."

He pictures more automation, more AI and more assistants, like nurse anaesthetists, performing some of his skills in the future.

"I think other practitioners like nurses can really value-add, especially as we become overwhelmed with greater numbers of older, sicker and more complex patients. As doctors we need to stop being so protective of our patch and be more open-minded to using other skilled practitioners, so we can concentrate on the most complex of patients," he says.

To those considering medicine as a career, Harry encourages them not to hesitate

"Just go easy on yourself and ask for help if you are struggling. At times it's genuinely hard for everyone," he says.

Retired as an anaesthetist since 2022, Harry is the current Lieutenant Governor of South Australia. He's also on the speaking circuit, pursuing his career in factual filmmaking – particularly underwater – and writing kids' books.

"Life is great and I'm so very fortunate to have these opportunities. Cave diving and imaging remains a big focus. I also took up grassroots motor sports a few years ago, racing an old mini and a 1974 Ford Escort."

## Wise Words

Cave diving and motorsports might seem reckless or courageous, but Harry says he is far from fearless.

"I am actually a bit of a nervous person who doesn't consider himself at all brave. But I do believe I am a good risk manager."

The idea of getting out of your comfort zone is something he advocates.

"If someone asks if you want to do something new, difficult or scary, say yes, then think about it afterwards! Especially at work. If they ask if you want to do something that seems a bit outside your wheelhouse, chances are they think you are ready, so just do it. Maybe refresh on the text books a bit first!" he says.

His motto makes sense and rings true. Richard 'Harry' Harris won't die wondering.

# A Dynamic Medical Duo

**Professor Phillip Carson**  
**Dr Bronwyn Carson**  
BMBS(GradEntry) '09, GradCertClinEd '18

**By Kate Holland**

**Professor Phillip and Dr Bronwyn Carson met in the 70s at a combined student health workers camp. Dr Carson was a second-year student at the relatively new Flinders Medical School and Professor Carson was in his fifth year at the University of Adelaide. Depending on who you speak to, they didn't really like each other to begin with or were merely slow to start. Regardless of how things began, a common interest in music, medicine, working hard and making a difference led to a beautiful relationship that has resulted in six children, an enduring marriage and two incredibly successful careers.**

Both were raised with a backdrop of Christian mission life. Professor Carson was born and raised in Port Adelaide, believing it to be the centre and envy of the world thanks to its football team. His parents also expanded his world view through their interest in Christian world missions. He recalls he and his siblings giving up beds to visitors from PNG, Africa, India and Nepal. Dr Carson spent the first six years of her life in East Arnhem Land, at the Yirrkala Mission, where her family was heavily involved with the local people and culture. From here, her family moved to Adelaide.

## Medicine Over Engineering

Influenced by several family friends who were doctors, and encouraged by his GP, Professor Carson chose to study medicine over engineering. A trip overseas defined his career purpose.

"A medical elective at a remote rural hospital in Northern India enlarged my experience of the world and further confirmed my desire to serve people in need, particularly those who were underserved medically," he says.

"Because I was interested in returning to remote Nepal once qualified, I thought the best preparation would be to train as a procedurally competent GP (now known as a rural generalist). After an intern year in Adelaide, I went to Alice Springs as a junior doctor thinking it would be a good place to get broad hands-on experience and learn how to work cross-culturally. I was right."

Professor Carson's move to Alice Springs put Dr Carson's medical studies, something she had always wanted to do, on hold for 30 years. They were engaged at the time and after a few months apart she deferred her studies to join him. It was a gap

she never wasted. Along with raising six children, she completed a Bachelor of Arts, a Bachelor of Music and Masters of Public Health, and worked for five years as a public health researcher. She was also lead editor on the seminal book *Social Determinants of Indigenous Health*, an experience she lists as one of her most rewarding achievements.

## A Life of Service

When Dr Carson did return to study medicine aged 48, it was back at Flinders. Soon after she qualified as a GP, alongside her clinical work she became Director of Training for the Northern Territory (NT) GP training organisation, added a postgraduate diploma of medical education to her qualifications and served on the SA/NT state committee of the RACGP. In 2020, the RACGP honoured her as the SA/NT GP of the year. She then went on to become the inaugural medical director of Doctors Health NT for three years before retiring in January this year. Professor Carson is right when he remarks that she's had, "a remarkable and inspirational life of service."

Dr Carson says, "it was a privilege to have been given a second chance at this career and I loved working with people to help them achieve the best health outcomes that they could."

Given his subsequent high-profile roles, it seems incongruous that Professor Carson experienced career delays of his own – difficulty getting recognised surgical training. Inspired by the long serving NT surgeon John Hawkins, having witnessed how his range of competency had been vital for the wellbeing of the people of Central Australia for 20 years, Professor Carson sought to gain broad surgical skills. He studied for and passed the surgical primary exam at the same time as the Diploma of Obstetrics. However, on applying for basic surgical training back in Adelaide he was told there was no position for him, and that he was not a serious candidate as he had, "left town and married early".

A role as an orthopaedic registrar in Darwin and six years of gaining valuable experience working as a 'non-accredited' surgical trainee and senior registrar in Adelaide and England would follow – as well as passing the fellowship exam in Edinburgh. When plans to work in Nepal were thwarted, Professor Carson sought the support of local Adelaide surgeons and was finally recognised by the RACS, then spent a few more years expanding his experience in multiple surgical specialties, passed the Australasian Fellowship and went back to work in Darwin in 1990.



The upward trajectory was swift. After a year he was appointed as Director of Surgery and oversaw departmental growth, the introduction of many new techniques and training levels, and the expansion of an outreach service to remote communities. When Professor Carson relinquished Director duties he was increasingly involved with university and College of Surgeons (RACS) work. With the latter, he became an examiner, Chair of the Court of Examiners, a Council member, Chair of Global Health and then Censor-in-Chief, overseeing all surgical education and training programs in Australia and New Zealand.

## The Flinders Connection

Professor Carson became a senior lecturer for Flinders University when it established a clinical school in Darwin in 1996, with students doing their last two years of the new postgraduate medical course in the NT. He was appointed Associate Professor to lead the academic surgical program in 2001. Since retiring from clinical practice in 2021, Phil has been appointed as a Flinders Professorial Fellow.

He says the commitment from Flinders, which expanded to a full medical program in 2011, has been terrific for the Territory, improving the whole medical culture. "Territorians can now train to be doctors entirely in the NT, which has led to higher retention rates for doctors and increased opportunities for Territory kids, mature age and Indigenous Territorians to become doctors," he says.

Although it wasn't their plan A, Dr and Professor Carson say that living and working in the NT has provided a wonderful life for them and their children.

"Living among and working with Aboriginal people of the NT is stimulating and challenges many of our comfortable preconceptions. It is a privilege to learn radical new ways of viewing life and country," Professor Carson says.

Dr Carson concurs and points out that there is always a need for people working in health. "You are never lurking. You're right at the front and dealing with a diversity of medical needs."

Passionate about supporting and encouraging NT medical students who want to serve the people of the NT in some ongoing way, they established the Carson Northern Territory Medical Program Scholarship, which provides \$5,000 of financial assistance to one student per annum.

That's not the only reason they established it. What many people don't know is that two of their children have tragically passed away, and they have a daughter who lives with a serious brain injury and significant disabilities because of a car accident just before her twentieth birthday.

"We are always conscious of the lost potential of those children, of what they might have done. The scholarship was also a way of quietly honouring them," Dr Carson says.

Thinking about and caring for others is what the Carsons do.

A portrait of Dr. Clare Huppatz, a woman with short blonde hair, smiling. She is wearing a dark grey short-sleeved top. The background is a blurred outdoor setting with green foliage.

# A Champion of Public Health

**Dr Clare Huppatz PSM**  
BMBS '98

**By Kate Holland**

**“Look for challenges, tell yourself you can do it and give it a red-hot go.” This is the attitude that saw WA’s Deputy Chief Health Officer Dr Clare Huppatz PSM achieve her goal of getting into medicine at Flinders and what underpins her continual success.**

Dr Huppatz says she was never the smartest in her class at school, but her parents instilled in her a very strong work ethic and sense of integrity. She was working so hard during Year 11 that teachers suggested she ‘have a break’ and participate in community service.

## Anything is Possible

Her experiences delivering supplies for St Vincent De Paul and assisting a woman who cared beautifully for her husband who lived in a persistent vegetative state were eye-opening and influential. But it was a conversation with a school academic counsellor that led her to fixate on medicine as a career path. When he said it was possible, she became thoroughly determined.

“I remember going back and telling my parents who probably worried about the expectations and pressure. The poor things then watched me work like mad and not get there. There was no medical school in Canberra at the time, so I applied to more than 10 universities, getting into none. I wasn’t particularly put off though. I did first year Science at Australian National University (ANU), achieved a mix of Distinctions and High Distinctions, and applied again to every university that would take me.”

Accepted by both the University of Queensland and Flinders, Dr Huppatz chose to head to Adelaide.

“I was impressed by Flinders. I liked that they offered a pathway that wasn’t straight from school and seemed to value a variety of life experience. My cohort was the last to complete the six-year degree, graduating in 1998, and I absolutely loved my time there.

“First year I lived in University Hall. It wasn’t perfect for my studies or my waistline – we ate a lot of chips – but it was great fun. The following year I moved out with friends that I’d made there.

“In fifth year, I put my hand up to move to Renmark and do the Parallel Rural Community Curriculum, which was established by Emeritus Professor Paul Worley, former Dean of Medicine at Flinders, to get more doctors in rural areas by training them in the country. It was the first program of its kind in Australia.

“Initially I thought we were disadvantaged by not spending time with lots of specialists because it was mostly GP or GP specialist work, but we learnt to do it all and got excellent experience, including an insight into living in a country area. I saw quite plainly the disparities between people who live in country areas and those who live in metro areas.”

Dr Huppatz graduated thinking she’d go into rural general practice. She also left with numerous accolades, receiving a Chancellor’s Letter of Commendation, Jane Preston Memorial Medal for Obstetrics and Gynaecology and the Clinical Prize in Paediatrics. It was the start of many high achievements and award-winning moments across her career.

## Making Choices and Creating Opportunities

Knowing it was notorious for offering the toughest program and providing excellent training, Dr Huppatz headed to Far North Queensland to undertake Rural General Practice training in the Atherton Tablelands. There she met numerous doctors who were doing public health studies at James Cook University and loving it, so she enrolled in a Master of Public Health simultaneously.

“They had a very inspiring Head of School of Public Health at the time, Professor David Durrheim. We had talks from people from the Red Cross and Médecins Sans Frontières, and I realised that’s the sort of work I wanted to do. I finished my GP training knowing I would head into public health when the opportunity arose.”

She spotted an ad for a remote position working in Aboriginal health before she’d done her exam. When it reappeared post-examination, she rang the organisation up, explaining that she’d just finished her GP training but was interested in public health. They flew her up for the interview – from SA to the Kimberley!

“That’s how I got my first job in public health. I was hired by Nindilingarri Cultural Health Services, an NGO in Fitzroy Crossing, as Director of Health Services. It was confronting at times, but my boss was an Aboriginal woman who had this great vision for what she wanted – a health service that really listened to the community and what their priorities were, with programs that prevented illness and promoted health. It was a fantastic role.”

While she was there, Dr Huppatz joined the formal public health physician training program which would contribute to her getting her fellowship of the Australasian Faculty of Public Health Medicine from the Royal Australian College of Physicians in 2009. On a personal note, she met her future husband during ‘Welcome to Fitzroy’ drinks at the pub. Their life together has been rich with a variety of work experiences and travel.

“Moving around has been one of the most positive things in my life. It has given me a sense of what other people do, and I think that helps you be more relatable. It’s also allowed me to see how other people run health services.

“I purposely shifted to Newcastle after Fitzroy Crossing to work under Professor David Durrheim, who was then the head of the public health unit. I had a couple of years working with him while I was also doing my Master of Applied Epidemiology. Without maybe knowing it, he was my mentor for a long time, and I have often found myself thinking ‘how would Dave do this?’

It was during her time in Kalgoorlie, working in the Goldfields, that Dr Huppatz laid the foundations for her rise to bigger roles. As the only public health physician in the region, there weren’t a lot of opportunities for professional development, so she reached out to the World Health Organization offering her services as a volunteer.

“They gave me consultant positions which were absolute gold. I had experiences I never would have got in the Goldfields, like investigating an outbreak in Kiribati, and being part of the post-cyclone emergency response in Vanuatu, then leading

their nationwide vaccination coverage survey. I really had to back myself to take those opportunities though. It cost a lot of money and meant uprooting our lives each time. And each time I had a moment of panic, questioning my ability. Then I’d remind myself that I wouldn’t have been picked if they didn’t think I was capable. Learning to do that made a difference for my career and being able to take on the next challenging thing.

“It’s what I would advise younger people to do – back yourself and invest in yourself because you are what you’ve got at the end of the day.”

Dr Huppatz began working as a Senior Medical Advisor/Human Biosecurity Officer for the WA Department of Health in January 2019. A year later, she was Coordinator of the Public Health Emergency Operations Centre (PHEOC) in response to COVID-19.

“I happened to be Acting Director of the Communicable Disease Control Directorate at the time COVID hit. The Director went away for a month in January 2020 and as he left on the Friday, he mentioned this ‘thing that was happening in China’. By the Monday an emergency meeting was called. Within about ten days of him leaving it was on and I knew I needed to open an emergency response centre.”

Dr Huppatz continued to lead PHEOC throughout 2020 and by late 2021 she was elevated to Deputy Chief Health Officer to assist in the hefty legislative piece required to implement a mandatory vaccine. From mid-2022 she led the Contact Tracing Team, which she says was as demanding to scale down as it was to ramp up.

“For about three years I barely had time to chew my food. I almost burnt out, but I also knew this was what I’d trained for. I got 15 years of experience in three, and an opportunity like that doesn’t come along often.”

## Award for Efforts

In 2023, Dr Huppatz was awarded a Public Service Medal for ‘outstanding service through management of public health responses during the COVID-19 pandemic’.

“Being selected was such a huge honour as there was a massive team of people who all worked really hard. I’m also pleased, as it demonstrated to my children how important all that working was – my husband and kids were my constant cheer squad!”

Dr Huppatz remains excited about the diversity that working in public health brings and the potential to make a difference.

“After COVID I worked on changing the WA abortion laws, and we managed to bring them in line with the rest of Australia. It’s a piece of work that will have a definite benefit for women in our state. Being able to do good for a large population is amazing and such a privilege.”

Her profile states that her career aspiration is to make a significant contribution to public health. One could argue she’s achieved that already.



# A Busy Balancing Act

**Dr Ruth Mitchell**  
BMBS(GradEntry) '07

**By Kate Holland**

Photo credit: Maja Baska

**As a first-year medical student, Dr Ruth Mitchell was invited to a congress on the prevention of nuclear war. In her fourth year she saw her first craniotomy. Both events changed her life.**

Dr Mitchell was born and raised in Peru. The doctor who delivered her was Nathaniel Davies, a wise and kind Welshman with a keen sense of justice and passion for looking after people who had no access to health care. It was he who inspired her to pursue medicine. From the age of six, she was quite certain she was going to be a doctor.

He wasn't the only example of what it looks like to live a life in service of others. Dr Mitchell says her parents have always been community-minded and selfless.

"Both have advanced degrees in theology. My mother also has a degree in nutrition and my father is a linguist. When I was growing up in Peru, my father was leading a team of Indigenous translators, translating the Bible into the Cusco Quechua language, and my mother fostered cooperatives for Indigenous women to sell their alpaca knitted goods, among myriad other things."

Dr Mitchell says they encouraged her to be herself and to do the things she was most drawn to – zoology and political science in her undergraduate time at the University of Calgary, and activism and student politics from high school onwards.

Most significantly, they encouraged her to dream big, helping her to believe that it's possible to make a lasting change if you find the right people to do it with.

## Finding Her People

In 2004, during her first year as a medical student at Flinders, Dr Mitchell received an email from foundation Professor Ian Maddocks, as did every other medical student, asking if she would be interested in attending the Congress of the International Physicians for the Prevention of Nuclear War (IPPNW) in Beijing, China.

"I have never replied to an email faster in my life, and before I knew it, I was meeting with the South Australian branch of the Medical Association for the Prevention of War, who very kindly funded myself and another student, Mahyar Amjadi, to attend the congress. This was life-changing – I found my people: doctors and medical students from around the world who agreed that nuclear abolition was a public health issue, people who really did want to change the world and make it a safer place, for everyone."

Dr Mitchell was a founding member of the International Campaign to Abolish Nuclear Weapons (ICAN). In 2017, while sitting at a café in Florence, she learnt they'd won the Nobel Peace Prize that year – Australia's first – for their role as the main civil society partner negotiating a treaty prohibiting nuclear weapons at the United Nations.

Following in the footsteps of her advocacy mentor, Professor Maddocks, Dr Mitchell went on to become the first woman Chair of the Board of the IPPNW, a position she still holds today.

## Love at First Cerebellum

During her fourth year of study, Dr Mitchell did her first rotation in neurosurgery and promptly fell "head over heels in love with the brain."

"The first time I saw a craniotomy, with the cerebellum on view, I felt tears welling as I took in the beauty in front of me. I was besotted, and I knew what I wanted to do with the rest of my life."

She currently works at the Sydney Children's Hospital and Prince of Wales Hospital, both in Randwick in Sydney. Her advocacy works extends deep into the medical profession too. Across her career she has worked tirelessly in pursuit of doctors' wellbeing and high-quality medical care, through advocacy, education and research.

In 2016, Dr Mitchell was the inaugural Australian Medical Association Doctor in Training of the Year, and in 2019 she received the John Corboy Medal from the Royal Australasian College of Surgeons for her advocacy for diversity and inclusion in surgery.

## Juggling Responsibilities

It's no mean feat to balance campaigning for a nuclear-weapon-free world with life as a neurosurgeon.

"Both endeavours bring soaring highs and crushing lows. Finding ways to be committed as a leader and a surgeon simultaneously is also a challenge. I find it to be a dance."

"In my current practice in neurosurgery, I look after both paediatric and adult patients, and I have a special interest in epilepsy surgery. It is particularly rewarding when you undertake a difficult operation, and it makes the patient seizure-free. Giving people their lives back is an unbelievable honour."

## Fondness for Flinders

While grateful for her education, Dr Mitchell is glowing about her former classmates.

"One of the great joys of medical school was my brilliant, hilarious classmates. I'm very grateful to everyone who helped make problem-based learning (PBL) tutorials, clinical skills acquisition and even exam preparation a shared and enriching experience."

The University was appreciative of her efforts too, both in and out of her medical degree.

"I was awarded the Flinders University Medical School Alumni Prize for outstanding contribution in a field other than medicine by a final year medical student. This was for leading trips of my medical student peers to Baxter Detention Centre near Port Augusta to visit asylum seekers, as part of the Health and Human Rights Group, during my second year of medical school."

In 2022, Dr Mitchell was awarded a Convocation Medal from Flinders for her outstanding contributions to the global community through humanitarian services and activism as a member of ICAN.

## Passing the Baton

The transition from student to teacher is not one Dr Mitchell takes for granted.

"I think of a lot of firsts in my surgical career: the first operation I did – incision and drainage of a scalp abscess as a medical student; the first brain tumour I took out – a meningioma; the first aneurysm I clipped – on the right middle cerebral artery; and I remember with enormous gratitude the surgeons who guided me to do these things."

"Now, I get to be the teacher, guiding my trainees to do their first cases, and together, we get to spend a lifetime improving our practice, becoming safer, more elegant, thoughtful surgeons."

"I'm proud of the people I've mentored, and nothing gives me deeper joy than seeing them soar and achieve things far greater than I have."

She may have briefly considered being a ballerina or astronaut, but all these years later Dr Mitchell feels she made the right choice in medicine. To anyone else considering it, her advice is plain.

"The main reason to do something is simple: because you like it. Finding something you enjoy and then leaning into that joy is so important. It doesn't really need to make sense to anyone but you. Choose your path for your reasons, then gather a crew of mentors who can speak into your life and keep you on track."

# Family Ties Bound Tight to Flinders

The Fraenkel Family

By David Sly



Dr Margaret Fraenkel

**The influence of the Fraenkel family on Flinders University's College of Medicine and Public Health is a legacy that continues to influence the output of medical professionals trained to make a difference.**

The late Professor Gus Fraenkel laid the foundations of what Flinders' medical program has become. He accepted the appointment of Founding Chairman and Dean of the School of Medicine and moved to Adelaide in 1970 from New Zealand, assisting in the physical design and progressive curriculum development of the first fully integrated Medical School and teaching hospital in the southern hemisphere. He welcomed the first medical students to Flinders in 1974 and is forever linked to the library he established within the Flinders Medical School in 1975 – officially named the Gus Fraenkel Medical Library on his retirement in 1984.

All three of Professor Fraenkel's children obtained Flinders University medical degrees and have devoted their careers to medicine – Margaret, who graduated in 1982 and is now a renal physician in Melbourne with a keen interest in chronic kidney disease and dialysis; David graduated in 1985 and specialised in respiratory and intensive care medicine in Queensland before retiring in 2020; Graham graduated in 1991 and trained as an ophthalmologist.

## Supporting Medical Students

They maintain the same affection that their father held for Flinders University, inspiring them to provide funds to support the mental health and wellbeing of medical students, and the Matthew Flinders Scholarship for students in financial need – so that the University can continue nurturing the next generation of medical professionals.

"Flinders is ingrained in our memories, because it was the centre of our lives," says Margaret. "We had moved from New Zealand. I was 12 and Graham was only five, so his earliest memories of Adelaide are wandering around the paddocks at Bedford Park that would become the Flinders Medical Centre."

Professor Fraenkel's commitment to Flinders was absolute – especially his determination to create a unique and modern curriculum, not only for the medical students but also for nurses, right through to his retirement in 1984.

Flinders had a significant stamp on Fraenkel family life during the early years. "A lot of family socialising involved my parents hosting the applicants for positions in the medical school, and

our mother was closely involved in helping settle the families of the new academic staff at the School of Medicine, who moved to Adelaide from overseas and interstate," recalls David.

This included entertaining architects brought from the UK to design the Flinders Medical Centre. "I remember those architects sitting around on the lounge room floor with us children, making model hospitals out of blocks for fun," says Margaret. "I remember that we'd always put a courtyard at the centre of those models – and that became a defining feature of Flinders Medical Centre."

The Fraenkels acknowledge that their time studying at Flinders was pivotal to their success. "The early clinical exposure and clinical case studies in the curriculum were decades ahead of other Australian medical schools, and I think this helped me integrate and perform at a clinical level in my intern year and the years to follow," says David. "My time at Flinders encouraged intellectual growth, and the elective units available in the first three years were particularly valuable in broadening my education. I undertook units in Art History, English and Communication Studies."

It touches on the ironic point that the Fraenkel children didn't initially have medical ambitions. Margaret had wanted to study law/arts at Australian National University, but her parents couldn't afford to send her to Canberra, so medicine became her second choice – although she took additional study units in computing, Italian and music while at Flinders. Graham did engineering first before crossing over to medicine.

"I suppose we were ultimately drawn to medicine because we were all so familiar with it," says Margaret. "It was never an issue being the children of the Dean. Nobody made a fuss. We just got on with it, and I think that was one of the blessings of having such a diverse student group at Flinders – not just a few privileged boys from wealthy families, but people from all walks of life and different nationalities who were determined to succeed in medicine. Many of those students have remained friends for life."

## Moving Away

Once qualified, the Fraenkels moved far afield. Margaret relocated to Melbourne to study her PhD – then stayed, initially for work, then romance – which led to family life and also a career as a renal medicine specialist, pursuing an interest in chronic kidney disease and dialysis, poorly controlled hypertension, acute renal failure and glomerulonephritis.

David ventured overseas, working at the respiratory research unit at Southampton General Hospital in the UK, then returned to Flinders Medical Centre in 1994 to complete specialist training in intensive care medicine with the Joint Faculty of Intensive Care Medicine. He moved with his family to Brisbane in 1996 to be Staff Specialist Intensivist, spending 10 years at the Royal Brisbane Hospital and then 10 years at the Princess Alexandra Hospital. He helped develop the Electronic Medical Record for use in Queensland intensive care units, before retiring in 2020.

It was when David faced the prospect of prostate cancer surgery in 2020 that he reflected on the importance of his



Dr David Fraenkel



Dr Graham Fraenkel

Flinders education, so he donated to the Matthew Flinders Scholarship to support students facing financial barriers to education and to give back to the University that had set him on his career path.

"Now, in the fullness of time, I've come to really appreciate the value of what Flinders gave to me. It gave me a leg up at the time that wasn't available to everyone – and, in deciding to make my donation, I want to see that continue for others."

Such consideration mirrors the connections that Professor Gus Fraenkel maintained with Flinders long after he retired. "He'd visit the hospital weekly and continued giving tutorials on the History of Medicine at the Repat hospital until three weeks before he died in 1998," says Margaret. "It was his lifelong passion and commitment."

"I meet Flinders medical graduates all the time and it's clear that the Flinders course attracted the type of people who were driven to make a difference. There are an enormous number of influential Flinders medical graduates. They were taught to develop enquiring minds, with the confidence to speak up."

"What my father and the inaugural professors embedded into medical training at Flinders has been maintained. They set a new template that is stronger, better and more durable. It's an incredible legacy they have left us."

# Helping to Change the Narrative

**Professor Anne Kavanagh OAM**  
BMBS '87, PhD (ANU) '95

**By Kate Holland**

**Not everyone is crystal clear on their vocation at a young age. For Professor Anne Kavanagh OAM it came relatively early, in her fourth year at Flinders. Nearly 40 years later, motivated by lived experience, she's using that calling to improve the health of people with a disability.**

Born in England to Irish parents, Professor Kavanagh refers to herself as an Irish-Australian. Her dad had left school at the age of 13 – because the teachers went on a year-long strike! At 15, he joined the British Merchant Navy and came to Australia many times. He fell in love with it, seeing it as the land of opportunity and the place where his children could get the education he missed out on.

Professor Kavanagh arrived in Adelaide as a 'ten-pound pom' at the age of four. Her dad had a job lined up and soon after they bought their first home in St Marys, where Professor Kavanagh says she had a wonderful childhood. She may not

have loved school, but she loved learning and made the most of the opportunities that both her parents were denied. Her mum left school at 16 and never realised her dream to be a teacher, always thinking she was 'less than' as a result. That was far from the truth.

"Mum was a guiding light in my life; her wit, intelligence and integrity were unsurpassed, yet she didn't see it in herself. She died two years ago, and I miss her every moment of every day. When I face difficult things, I imagine my mum and ask, 'what would Carmie do?'. What is the ethical and honourable thing to do in this situation?" says Professor Kavanagh.

Going into medicine wasn't a given for Professor Kavanagh. She liked lots of things and originally thought of studying maths. Then her maths teacher suggested medicine. She went to Flinders straight from school and has been working in medicine ever since. A total of 37 years, 34 of them in public health.

## Big Picture Thinking

She admits she spent a bit too much time in the tavern during the early years at uni and found the pre-clinical years hard.

"I'm best at big picture thinking, bringing threads together and trying to see things from multiple perspectives. The clinical years aligned better with my skills and what we were learning," she says.

"I discovered research while doing my elective in fourth year. I had a blast and thrived with the late Dr Jill Need and Professor Michael Ross as my supervisors. The elective introduced me to new methods and perspectives from the social sciences. I was able to quantify stuff and discovered the beauty of epidemiology – a profession that was made for me. Without that experience, I wouldn't be doing what I am today."

Having graduated, Professor Kavanagh started as a cancer epidemiologist but that didn't satisfy her passion for social justice. She turned to social epidemiology and health inequalities research. In the last 15 years or so, her research has focussed on the health of people with disabilities, research that's informed and enriched by her own experience and that of her son.

"After having a range of perplexing health problems over decades, which no one could quite put their finger on, I was diagnosed with multiple sclerosis in 2011," she says.

"I have also had a fair share of mental health problems over the years. My son Declan, now 21 years old, is autistic and has an intellectual disability.

"When Declan was at school, I saw the discrimination and disadvantage that many children and adults with disability and their families faced every moment of every day. When I was diagnosed with MS, I could see how my own privilege helped me get the supports I needed to continue to work and contribute – I was aware that many others with a diagnosis like mine became marginalised socially and economically.

"I didn't see any Australian epidemiologists and few academics internationally looking at the social determinants of health for people with disability. It was just assumed disabled people's poorer health, relative to people without disability, was due to underlying health conditions. My research shows that it is far more complicated.

"Medical conditions do play a part but discrimination, socio-economic disadvantage and limited access to quality health care also play a big part. It is only in recent years people with disability have been included as a population group worthy of attention, alongside other groups including Aboriginal and Torres Strait Islanders, migrants and refugees, LGBTQI+ Australians and women. The narrative is changing but too slowly. As an epidemiologist I have been able to put numbers around this and show that things don't need to stay the way they are."

Such is Professor Kavanagh's contribution that in 2018 she was made a Fellow of the Academy of Social Sciences in Australia and in 2019 she was awarded the Convocation Medal for outstanding leadership and the advancement of research and knowledge on health inequities, particularly the health of people with disabilities.

"Being awarded the Convocation was such an enormous privilege. My dad died just a few weeks before the ceremony, but he knew about it," Professor Kavanagh says.

## Order of Australia

Professor Kavanagh received an Order of Australia for service to medicine and disability research in 2024. Among her other achievements, she has a PhD, spent time at Harvard School of Public Health learning from some of the world's best public health thinkers and was this year awarded Lifetime Membership for service to epidemiology and the association by the Australian Epidemiological Association. She is also Chair of Disability and Health at the University of Melbourne and on the inaugural board of the National Disability Research Partnership.

Not bad for someone who has the daily juggle of her own health along with her commitments as the parent of a son with a significant disability. That juggle is also motivation. Professor Kavanagh spent years advocating for the National Disability Research Partnership. Now it's an independent entity, and her vision to see disability research funded and commitment to building capacity is being realised.

Professor Kavanagh concedes the world of medicine is changing and that she worries the big debt students now leave with is steering some away from general practice and public health.

"With a shift to individualised medicine, public health has kind of been forgotten. In another 50 years, I think it will be central. With climate change causing population wide impacts – from pandemics to natural disasters – individual solutions won't protect people. We need to think about mitigation at a population level," Professor Kavanagh says.

## Future Planning

"As for disability, we are an ageing population and living longer. The prevalence of disability will rise. We need to plan for that now. Solutions like robots, already being used in some countries for both practical and social reasons, might come in. We need to ask ourselves as a society how we want to use them and what are the risks," Professor Kavanagh notes.

And for those planning to become doctors, Professor Kavanagh says relax, experience and be curious. Look outward, beyond the textbooks, hospital or clinic.

"You can't be a good doctor without understanding people and the world. Open your mind to different career paths. Don't make decisions based on how much you can earn, make them on what you are committed to, what you care about and how you can best make a difference. In the end money isn't what matters," she says.

Professor Kavanagh is incredibly grateful she found her niche via Flinders and that it still motivates her nearly 40 years later.

"How many people can say they found a stimulating, meaningful field to work that is valued? It has been a privilege," she says.

Fun fact: Her mum didn't know she was pregnant with twins until her brother David was born. She was born 15 minutes later, on the other side of midnight, so they have different birthdays!



# An Open Mind Spots Open Doors

**Professor Nigel Crawford**  
BMBS '96

**By Kate Holland**

**In 1996, consultant paediatrician and vaccinologist Professor Nigel Crawford was just 17, driving from Canberra across the Hay Plains with his family to begin his study in Adelaide. Canberra didn't offer a medical degree back then, so he'd applied at Flinders University instead. He lapped up all the opportunities the degree afforded him and started to seek out more.**

Professor Crawford has an incredibly busy CV as Chair of Australian Technical Advisory Group on Immunisation (ATAGI), Professor of Paediatrics at the University of Melbourne, Director of Surveillance of Adverse Events Following Vaccination In the Community (SAEFVIC) and Melbourne Vaccine Education Centre (MVEC) which are both based at the Murdoch Children's Research Institute, and Paediatric Consultant and Head of the Immunisation Service at the Royal Children's Hospital, Melbourne.

He also sits on numerous national and international committees for his expert knowledge and experience in vaccinations, immunisation policy and vaccines safety. It's a list of accomplishments that he says Flinders helped him prepare for.

"Living in University Hall, I grew up reasonably quickly in a supportive place. I made good friends, inside and outside of medicine, and I have wonderful memories of playing footy for the Crabs. Being a bit smaller than some universities, I think it helped us make good connections. Even after taking a gap year and going back, I made great friends and colleagues," says Professor Crawford.

"Back then we sat in dark lecture theatres watching rotating slides and taking lots of notes – or falling asleep. I was pretty good at the note taking but wouldn't necessarily learn from them so well. Mates would borrow them and then often do better than me in the written exams. We spent a lot of time interacting in the library which is probably different now it's all recorded.

"Career-wise, it set me up really well for the future. All the training and placements give you great exposure and get you ready for dealing with people and the real world of medicine. In fifth year, I travelled to Cape Town for an elective and saw some incredible things in a surgical ward, including conjoined twins. Working at the Repat hospital during final year was a real eye-opener. I'll never forget writing up stout on meal charts for diggers! For my medical term I went to Port Lincoln for six weeks and I had my GP placement in Bateman's Bay, NSW. I think you learn a lot from that diversity and venturing out of the metropolitan region.

"Also, despite being a Hawks supporter who had cans thrown at him at West Lakes, I became friends with then Crows player Matthew Liptak in my last few years at med school. That he could balance both activities says a lot about Flinders' flexibility."

While it appears that Professor Crawford followed in the footsteps of his paediatrician father, that wasn't exactly on purpose. Initially he was determined "not to do what dad did" and thought he'd go into sports medicine. By the time he'd finished his undergraduate study and interned in Hobart, he thought he'd be an adult physician and moved to Melbourne under the adult program. Then he enjoyed his term of paediatrics so much it's as if the role chose him.

## Continuing to Explore

A big fan of the gap year, and gaining new life and work experiences, Professor Crawford then spent time working as a locum in England and travelling through Asia, before returning to Melbourne to start paediatrics as a trainee at the Royal Children's Hospital.

Expanding his skill set into vaccinology was still to come. Having completed his clinical exam, he took another overseas opportunity, this time in Cardiff, working for Dr Colin Powell, a UK paediatrician he'd originally met in Australia. He cites Dr Powell as an important mentor who he worked with for three years while doing his advanced training in paediatrics. And because Dr Powell was really keen on research, he also completed a Masters in Public Health at Cardiff University.

Professor Crawford says it really set him up for his next role back in Australia as a General Paediatric Fellow at the Royal Children's Hospital and part-time immunisation researcher, working for his other significant mentor Professor Jim Buttery. He continues to enjoy the blend of clinician and scientist roles to this day.

It was Professor Buttery who convinced him to do a PhD and sent him down the vaccine route. His research was into special risk patients and their vaccine requirements, so he learnt a lot about immunology and infectious diseases. Professor Crawford's career progressed exponentially from there.

"I think it's beneficial to be open-minded about your career path. You might have a set vision at the start for what you want to become but being able to retrain and have a go at different things brings a lot of flexibility and diversity, which can help when applying for new things," he says.

## Working for ATAGI

Professor Crawford joined ATAGI in 2014, at the same time as working as a paediatric consultant on vaccine safety and head of immunisation at the Royal Children's Hospital. When the pandemic hit in 2020, he became part of the executive team, which was incredibly busy trying to provide regular clear advice to the service. He was also seconded from the hospital to the Victorian Department of Health for about 18 months to support their vaccine safety rollout and assist with clinical advice, evaluation and communication on both state and national levels.

It was, of course, a very intense time, particularly with Melbourne in extended lockdowns. Things moved very fast, but Professor Crawford says ATAGI remained committed to an evidence-based approach and adjusted its advice accordingly. He credits Flinders for teaching him to approach and conceptualise information this way during his early training.

As Director of MVEC, Professor Crawford also set up a podcast in 2020, *COVID-19 Road to a vaccine*, which he hosted on their website. He says he learnt a great deal over the 18 episodes, speaking with all kinds of different people involved with vaccines.

In 2021, Professor Crawford helped take on the business-as-usual team at ATAGI to assist with the work that had been neglected during COVID. He took on the role as Chair in 2021, which he holds until the middle of next year. The last few years may have provided steep learning curves, but new opportunities and learning curves are what fuel his motivation.

"Across my career, I've witnessed a mass psychogenic episode where a large group of girls fainted in succession following vaccination, and also seen the benefits of medical advancement firsthand, such as a young girl saved from certain death thanks to access to meningococcal treatment – a disease we now have two vaccines for," he says.

"I'm constantly inspired by the difference technological advancement can bring. Most recently, seeing a two-year old with a severe major neuromuscular disorder getting around in a specialised wheelchair, for example, was amazing. I am excited about the future of medicine and passionate about preventative public health."

Looking back, Professor Crawford's particularly grateful for the fellowship from the College of Physicians that enabled him to take the Advanced Course of Vaccinology in France and establish contacts all around the world. He continues to savour the interactions his work brings with people locally, nationally and internationally. He also acknowledges the support along the way from his family, especially his wife Jenny and three boys, Otto, Archie and Gus.

As well as aiming to travel and take time out to rejuvenate, high on Professor Crawford's ongoing agenda is seeking the questions that his areas of expertise can answer – a pursuit set to benefit us all.



# NT Trained and True

**Dr Jean Pepperill**  
MD '20

**By Kate Holland**

**Dr Jean Pepperill is Lecturer in Aboriginal and Torres Strait Islander Health at the College of Medicine and Public Health. It wasn't until her mid-20s that she became convinced that Aboriginal people could become doctors. And, thanks to Flinders, they could complete all their study in the Northern Territory, where she was born.**

Dr Pepperill's birthplace is Mparntwe (Alice Springs). She moved to Meanjin (Brisbane) following the arrival of her sister.

"My sister – the light of my life – was born with Down Syndrome. There were no resources in the NT at the time so we moved to Queensland so Mum could get support from her family.

"I have four older brothers who grew up in the Territory. I didn't get to grow up with them but being able to visit them has shaped my life, as did the presence of higher education living with Mum. I grew up on a Griffith University campus in a single parent household. Mum was a student and I watched her complete a Bachelor of Science with First Class Honours and then a PhD.

"Even though Mum was a scientist, I never liked science in school. There were three teachers who shaped my early adult life. They taught me English, modern history and ancient history. I graduated top of my class in my final year of English, and I loved ancient history so much, especially Egyptology, that I pursued it when I first left school."

But Dr Pepperill never finished the Bachelor of Arts that she started in 2006. She had a crisis about what she actually wanted to do and spent time back in the Territory reconnecting with family to decide.

"I then enrolled in a biomedical science degree in Brisbane, unsure whether I'd pursue medicine or medical research. While I had many family members who attended university, on my dad's side of the family, on my Kaytetye side, none had gone. I didn't know Aboriginal people could become doctors.

"Having graduated, now in my 20s, I came back to the Territory and spotted an ad from Flinders, inviting people to become NT doctors, the very same day. I rang up immediately and began studying in the Northern Territory Medical Program a few months later.

"Being able to live back in the NT closer to family and Country was a big drawcard. And the course allowed me to do all my training and time as a doctor in the NT, a fact some people still find hard to believe."

Dr Pepperill became a Doctor of Medicine in 2020.

## Hurdles and Highlights

Academic and cultural hurdles have appeared along the way for Dr Pepperill, but there have been some incredible highlights too.

"The medical program took a huge turn while I was still a student and adapting to new examination methods was difficult for me. I had to repeat a year. This is a common story you find amongst many Aboriginal graduates and students. Our journeys are never as smooth, which is why we need equitable supports in place.

"Professionally, I have had to sit with the reality of the discrepancies in health outcomes of mob. This, with facing systemic racism, brings unnecessary challenges as an Aboriginal doctor.

"There are also many rewards to being a doctor. I can't beat the feeling of meeting patients who are so excited when they have an Aboriginal doctor. Patient outcomes improve when their healthcare providers look, and sound, like them."

Dr Pepperill will never forget attending the Pacific Region Indigenous Doctors Congress in Hilo, Hawaii in 2018 as a student.

"Meeting and connecting with Indigenous doctors from around the Pacific was one of my most rewarding experiences as an Aboriginal medical student. The solidarity as Indigenous people in a field like medicine is incredible, and that congress was a huge highlight.

"Now I'm a doctor and board member of the Australian Indigenous Doctors Association (AIDA), a founding member of PRIDoC and proud to be hosting PRIDoC in Adelaide this year. I can't wait to experience that connection again on Kaurna Country."

AIDA has been an essential part of Dr Pepperill's story and a huge support. She served on the student representative council for three years as a medical student before joining the board.

"The community of Aboriginal and Torres Strait Islander medical students and doctors has given me lasting friendships and mentorships. Meeting other Aboriginal doctors who have been through what you are experiencing and seeing them thrive is the biggest motivator. That community is the biggest cultural and spiritual renewal you can receive outside of your own families and communities. AIDA is a family, and attending the conference every year to celebrate Indigenous excellence in the medical space is so rewarding."

## Mental Health Matters

Dr Pepperill has also been able to specialise in psychiatry in the NT. She's incredibly passionate about mental health.

"There is a long way to go until psychiatry as a discipline is culturally safe. I have made the decision to switch to general practice and hopefully intervene before people end up in crisis. I am studying a Graduate Diploma in Psychology, supported by a scholarship from Dr Tracy Westerman AM.

"I would love to see mental health integrated into all areas of medicine. We tend to silo mental health, but it has a profound impact on other areas of health and vice versa. What I hope to see is better external services in community to work with mental health services to provide better holistic and integrated care.

"As my career shifts and changes, I am considering a PhD that will help shape practice and contribute to culturally safe mental health care."

## Inspired and Grateful

Dr Pepperill credits working in medicine for teaching her to listen to people and believes it has fostered more creativity in her too. She took up painting just before graduation and still paints today.

Asked to reflect, she is incredibly grateful to all those who have supported her along the way.

"It does take a village to get to where I am. People who have provided kind words, friends who I've laughed, cried and crammed with, supervisors who have been supportive of my skills as a doctor, and even staff whose offices I've cried in."

Find your own village, is her advice. Surround yourself with a support network (from people inside and outside medicine) and you will be able to get through.

"Never forget why you started and write down all your good moments. When we are struggling, the brain will only remember the bad because it's primed for survival. You need to be able to go back and read about the good times."

As for defining her next move: she tends to follow where life takes her.



