Alumni Magazine
2021

CELEBRATING
FLINDERS IN THE NT

Delivering medical education in the Northern Territory since 1997
2021: rising to the challenge

The success of our students and our graduates is our collective success. This annual edition of our College Alumni magazine showcases some of the achievements that our graduates continue to make in Australia and all around the world, in these times of great challenge.

Contributing to healthy communities

Flinders’ communities extend all the way along the Australian Central Corridor from Kangaroo Island in the south, to Mt Gambier, Victor Harbor, Adelaide, the Barossa Valley, Renmark, up through Alice Springs, Tennant Creek and Katherine to Darwin and Nhulunbuy. In these, and an expanding number of areas around Australia, we engage in partnerships with local health services, community and government agencies and support research about health issues relevant to local communities.

Our extensive rural and remote footprint, with community relationships, strong partnerships, significant infrastructure investment, and stakeholder engagement is something we are very proud of.

The NT Medical Program: an important partnership with Charles Darwin University

This year we’re celebrating the impact that we continue to make in the Northern Territory, providing authentic tertiary health workforce education for over 20 years – first as a rural clinical program, and contribute to improving the health of all Northern Territorians.

We employ local experts who lead our work across the Territory, from our campuses on Larrakia land (Darwin); Yolngu land (Nhulunbuy); Jawoyn, Wardaman and Dagoman land (Katherine); Warumungu land (Tennant Creek); and Areernte land (Alice Springs).

The Northern Territory Medical Program graduates to date include nine Aboriginal doctors, with another six Aboriginal graduates likely in 2021. Most importantly, through our valuable partnership with Charles Darwin University, we have delivered on the primary aim of the Program to produce graduates who are fit-for-practice in the unique context of the Northern Territory.

For the greater good

One of our aims is to provide more choice and access for regional students pursuing higher education. This has never been more important because the COVID-19 pandemic has taught us how important it is for our students to be able to study as close to home as possible. The College’s new Paramedic Science degree in the NT is one example of our responsiveness to the unmet educational needs of the community. The pandemic has also highlighted the importance of public health practitioners, so we have recently developed an undergraduate degree in Public Health to complement our postgraduate offerings.

As always, there is much to be proud of and much that we can continue to learn from each other. But just as we were partners in your education, we aspire to be partners in your future: your achievements enhance our standing as a university, and our reputation in turn influences the professional credibility of our graduates. I hope that we have instilled in you the values of resilience, dedication and self-belief and an enterprising spirit as you continue to grow, adapt and in your own ways, change the world.

Professor Jonathan Craig

MBChB, DipCH, FRACP, M Med (Clin Epi), PhD, FAHMS

Matthew Flinders Distinguished Professor
Vice President and Executive Dean
College of Medicine and Public Health

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We acknowledge the traditional owners of the lands and waters where Flinders University operates - Arrente, Boandik, Dagoman, Erawirung, Jawoyn, Kaurna, Larrakia, Ngarindjeri, Ngaru, Peramangk, Ramindjeri, Waramungu, Wardaman and Yolgu - and honour their Elders past and present.

Tenth anniversary celebration for Poche SA+NT

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Helping remote communities design better health care

A year since commencing the job as Australia’s National Rural Health Commissioner, Professor Ruth Stewart says she has seen unexpected strengths in how our health system operated in remote and rural areas through the COVID-19 era – but she has also seen serious flaws and vulnerability.

‘It exposed the dependence rural health services have on fly-in fly-out health workers, the arrival of new international medical graduates and locum services. Short-term solutions have been in place for far too long, and they aren’t necessarily the best solutions,’ says Professor Stewart, who completed her PhD at Flinders University in 2013, having earlier studied medicine at Melbourne University and been a long-serving GP obstetrician in rural Victoria.

However, she also notes that Australia’s biosecurity measures protected rural communities, which were feared to be especially vulnerable to the pandemic – and particularly the Aboriginal and Torres Strait Islander population.

‘This was something that many people thought would have been impossible – and I don’t believe this achievement has been celebrated enough,’ she says.

For continued success in rural health services, Professor Stewart identifies a need for more generalists operating in rural and isolated areas – a problem she believes is even more critical than diminished medical staff numbers.

She is determined to drive change through her role as advisor to the Federal Minister responsible for rural health, Mark Coulton, and the Commonwealth Department of Health. However, accepting that major change is a slow-moving behemoth, Professor Stewart is focusing her energies to ensure the ongoing rollout of the National Rural Generalist Pathway, which aims to attract, develop and retain more students and trainees to rural medical training pathways and rural generalist practice.

She understands the importance of this strategy from many angles – not only as a senior bureaucrat and practising doctor but also as a client who has received urgent health care in remote areas.

Despite dividing much of her work time between Canberra and Brisbane, Professor Stewart has called Thursday Island in the Torres Strait home for the past five years. It’s where her husband of 30 years, Dr Anthony Brown, works as executive director of medical services for Torres and Cape Hospital and Health Service. In 2016, after being diagnosed with lymphoma, she had chemotherapy treatment on Thursday Island via telemedicine – and made sure media publicity about her successful treatment promoted an important public health lesson.

‘I knew what could be done because I know how the system works. Now I want to make sure more people know what can be done in rural and remote areas within our healthcare system.’

Her husband also enjoyed the benefits of local emergency attention after suffering an acute myocardial infarction whilst cycling near Mareeba, and given life-saving thrombolysis in an ambulance on the side of the Kennedy Highway in northern Queensland.

As a grateful health client who intimately understands the value of effective public health, Professor Stewart wants more consumers to have an active voice in health policy, and has spent a lot of time talking with consumer groups to learn their concerns and ideas for improvements to the rural and remote public health system.

She believes such improvements will deliver greater health equity for rural Australia through different funding models.

‘We will have to blend our future funding models, because the current Medicare funding flows to where there are doctors and hospitals already located, so rural Australia is missing out,’ she says. ‘However, it’s not just an allocation of funds. We’ve seen from the US that spending vast amounts of money on health care doesn’t necessarily result in good health care.

A better rural healthcare system will develop multidisciplinary teams that are local and engaged, providing integrated care and continuity of care.’
Dr Claire Chandler is one of the early graduates of the Flinders Northern Territory Medical Program and has remained a source of inspiration for many subsequent students ever since. She is remembered by Flinders Rural and Remote Health NT staff as a conscientious and diligent student who was determined to make a positive difference to health outcomes in communities. Dr Chandler graduated in 2016, and in the same year she won the Telstra Medical Student of the Year Award.

Following her internship in Alice Springs in 2017, Dr Chandler was accepted into the paediatric specialist pathway with the Royal Australian College of Physicians, training to become a paediatric consultant. At the age of 28 she became the youngest paediatric registrar at Alice Springs Hospital.

‘In terms of career accomplishments, getting into a paediatric training program for me is pretty big,’ says Dr Chandler.

‘You need to have a great resume and you must interview really well. I got my top picks of hospitals for this three-year contract. By the end of my first year I was doing the same job as the senior registrar. I was by myself in the hospital overnight, looking after kids in the children’s ward and coming through ED, as well as resuscitating babies born at the hospital.’

With a skill for creating opportunities and a determination to follow her dreams, it is no surprise that Northern Territory born and bred Dr Chandler was nominated 2020 Northern Territory Young Achiever of the Year.

‘Winning that award was fantastic,’ says Dr Chandler, ‘it’s something that I’m incredibly proud of, but also surprised and humbled. I do have a strong drive and passion for everything I take on, but I sincerely believe that as health professionals we have a responsibility to provide the highest level of care, treatment and service that we possibly can. And so that’s the baseline that I work from.’

Dr Chandler’s passion for healthcare and helping people started at a young age. At nine, she was a St John’s Ambulance Cadet, and the mother of her high school boyfriend (Darwin GP, Dr Karen Stringer) nurtured that passion, and encouraged her to pursue medicine as a vocation.

‘It’s something that I’m incredibly proud of, but also winning that award was fantastic,’ says Dr Chandler, ‘I knew all 26 people in my cohort and we all supported and encouraged each other, so it wasn’t competitive, it was just open and collegial.’

She entered the Northern Territory Medical Program in 2013, following two years of undergraduate Clinical Science at Charles Darwin University, which is one of the key pathways enabling students to undertake their medical training wholly within the Northern Territory.

‘One of the opportunities offered through the Northern Territory Medical Program was to go out into remote Aboriginal communities and learn about the people, the culture and the very special type of medicine that exists there. That’s an experience I have that really differentiates me from a lot of other doctors.’

In 2020, Dr Chandler gained a three-year contract to complete part of her paediatric training program at the Queensland Children’s Hospital in Brisbane. It’s where she is working as a paediatric registrar until 2022, after which she vows to return to her beloved Northern Territory.

‘If all of those accomplishments aren’t enough to make your head spin, wait until you hear what she does in her downtime. My new hobby is learning to dance on roller skates,’ she says. ‘I can now do a 180-degree jump, and the moonwalk and skate backwards in circles.’

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Celebrating our rural generalists

Mount Gambier GP Dr Michelle McIntosh undertook the Parallel Rural Community Curriculum (PRCC) as a third-year medical student in Millicent, a small town near Mount Gambier in South Australia. Her experience with the program – recently renamed the Doctor of Medicine Rural Stream – shaped her decision become a rural general practitioner.

‘At that time Millicent GPs ran the hospital, provided daily anaesthetics cover, delivered babies, provided chemotherapy and haemodialysis, as well as running a GP clinic. The experience gave me an enormous admiration for the extent of their knowledge and skills,’ says Dr McIntosh.

The PRCC year gave me an excellent understanding of the challenges facing both rural and regional health services in South Australia. I enjoyed being part of a rural community and those established links played a role in me deciding to complete my internship in Mount Gambier. It was the experiences that I had during my intern year that cemented my decision to practice rural.

Dr McIntosh went on to become a GP Supervisor and a Clinical Educator at Flinders University’s Mount Gambier campus. She also worked as the Director of Clinical Training within the Junior Doctor Program and the Director of the Workplace Based Assessment Program.

‘It’s been a real privilege to be able to know medical students far more closely than I would in Adelaide, and there really is such a sense of pride in seeing them graduate into whichever type of doctor they choose to be.’

After making a significant contribution to medical training at Flinders University, Dr McIntosh has taken up a Medical Administrator training position at the Mount Gambier Hospital.

RURAL MEDICAL PROGRAM Celebrates 20 years in 2022

Save the date to celebrate:

Friday, 25 March 2022 | City Hall Complex, Mt Gambier

If you have taken part in the PRCC program / Doctor of Medicine Rural Stream in the Greater Green Triangle, please save the date to join past and present students, staff and clinical educators to celebrate 20 years of rural medical training in Mt Gambier, Millicent, Naracoorte, and Hamilton in Victoria.

To ensure you receive your invitation please register your interest:

flinders.edu.au/alumni-mtgambier2022

Tenth anniversary for Poche SA+NT

In June this year, Poche SA+NT celebrated its 10-year anniversary in Darwin.

‘Poche SA+NT is designed to drive local action and to promote national collaborations across a number of University partners, enabling us to work together on issues of priority that are identified by Aboriginal and Torres Strait Islander leaders,’ Vice-Chancellor Professor Colin Stirling said in his welcome address at the Darwin event.

To amplify the impact of health initiatives, the University’s Poche SA+NT centre recently unveiled a high profile, 10-member Advisory Board. It also plans to form alliances with community organisations across the Australian Central Corridor.

Acting Director of Poche SA+NT, Dr Maree Meredith, released a new prospectus encapsulating what the centre has to offer, and encouraged event attendees to connect with Poche SA+NT as potential collaborators and partners.

‘Poche SA+NT is exciting because we are transforming our presence,’ said Dr Meredith at the event.

‘We realise that to build on the past 10 years, we need a greater presence. We are in the perfect place to engage with Aboriginal community-controlled organisations, universities and corporations. We will never achieve much with just the hands that we have, but if we use our ears to really listen, our minds to identify solutions, our mouths to share networks, information, collaboration and opportunities, then we can hope to tremendously amplify our impact.’

New approaches and partnerships will place the Aboriginal-led research centre in a position to lead significant progress in improving Indigenous health in communities across the Northern Territory and South Australia. Its goal is to create change by bringing together disparate perspectives, priorities and understandings of Aboriginal and Torres Strait Islander people, university research and government and philanthropic resources.

‘We are here to serve, encourage and empower Aboriginal communities throughout the Australian Central Corridor, from Adelaide to Darwin and beyond.’

Want to know more? Visit flinders.edu.au/poche or email poche@flinders.edu.au

In the old days, when Elders and adults would want you to come together and stand up for each other, they would put their hands together and show eight fingers. It was a kind of sign language. They didn't need to say anything else – we needed to stand strong together.

Aunty Patricia Miller AO

Dr Maree Meredith (PhD(HlthSc) ‘18), Professor Jonathan Craig and Kay Van Norton Poche AO
Bright future for public health
Insights from Professor Billie Bonevski

I’m writing this as a relatively new staff member, in a new position, and having started this new job in Adelaide after moving from Newcastle in New South Wales. What’s not new in all this change is the importance of public health in our society.

As someone who has spent the past two decades championing public health measures in Australia, I am particularly proud of our proactive responses to the pandemic. Countries with weaker public health systems, workforces and leadership have suffered greatly, but our success demonstrates how public health can have a profound, life-changing impact on the health of a country.

Public health has also gained increased prominence in discourse and consciousness over the past 18 months. Previously technical terms such as “exponential growth”, “epidemiology” and “contact tracing” are bandied about in household conversations with an increased familiarity that demonstrates a more widespread awareness of public health.

One of our ambitions at Flinders is to translate this awareness of public health into education and research opportunities for our students. The University has offered successful higher degree programs in Public Health for many years, with our alumni making a difference in the World Health Organisation, SA Pathology, State and Commonwealth departments, rural and remote communities, and community organisations such as the Heart Foundation and Cancer Council.

We have been successful in this area thanks to an established team of world-leading experts in health economics, biostatistics and epidemiology, addiction science, social determinants of health, injury epidemiology, Aboriginal and Torres Strait Islander health and point of care testing, and numerous projects that contribute to real and positive change, resulting in the development of healthy communities.

Some flagship examples include a program to build the resilience of people on low incomes to help them stop smoking; a project examining the role of Aboriginal and Torres Strait Islander health workers in hospitals; and a nationwide program enabling point of care testing in rural and remote communities for infectious diseases including COVID-19.

Public health is one of those unique disciplines that students often select because they want to contribute something positive to society … and it has the capacity to deliver.

This year we’ve started offering a Bachelor of Public Health, available on campus and online, to train the next generation of public health professionals to address significant health challenges in all parts of the world. Real world experience throughout their degrees will equip students with an understanding of the standards and expectations in workplaces, and allow them to be immediately effective in their chosen professional field.

We are in a privileged position, guiding students on that path and giving them every opportunity to succeed.

This work-integrated learning is a critical part of the Flinders education experience. Many of our courses and programs in public health are developed with input from local public health leaders and from community-based health organisations, to ensure that what we teach is what the community needs. We also invite guest lecturers from the community and public health industries to give perspectives on public health leadership and public health practice.

My responsibility is to facilitate collaboration across our public health disciplines, to ensure that we are providing the best possible education experience for our public health students. And to build capacity in public health by supporting the next generation of public health academics, and to contribute to public health research uplift.

I think that we have every reason to be excited about the future of Public Health at Flinders. I have been astounded to hear many stories about our graduates who have gone on to change their parts of the world, and I really am looking forward to being involved in developing the next generation of graduates who will continue to make our communities healthier.

I have very quickly learnt that Flinders is a place that is fearless in its approach to big challenges.

Whether it’s climate change, pandemics, artificial intelligence, social inequities or space travel, there are staff and students here working towards solutions, being innovative and designing the answers to our biggest questions. And then there are our alumni all over the world applying knowledge and leading change.

While everything might be a bit new for me at the moment, being at a university like Flinders gives me great confidence for the future.

Public health is ‘prevention practised by a community collectively’.
Taking our place at global health research table

The flagship Flinders Health and Medical Research Building is paving the way for partnerships between clinicians, researchers, other global research institutions, as well as the South Australian community.

“If you look at some of the best medical research centres in the world—such places as Johns Hopkins and the Mayo Clinic—they have strong relationships between a university and a well-respected teaching hospital,” says Professor Peter Eastwood, Matthew Flinders Fellow, Dean (Research) and Director of the Flinders Health and Medical Research Institute.

Flinders University and Flinders Medical Centre have traditionally had a strong relationship, which Professor Eastwood is working to extend.

“There’s no reason a Flinders health precinct could not replicate the activities of the big international medical research centres, whereby collaborative research between scientists and clinicians results in improved patient care,” says Professor Eastwood.

Central to that ambition is the $255 million new research building, just over 50 metres away from the Flinders Medical Centre, which Professor Eastwood sees as an enormous opportunity to ramp up the collaborative clinical base.

The building is due to be completed in mid-2024. As it is built over the next three years, Professor Eastwood will work to develop the existing relationships and capabilities between the clinicians of the hospital and the researchers in areas of research strength. These areas include public health, vision science, neuroscience, sleep science, mental health, ageing, Indigenous health, primary care, gastroenterology, social determinants of health, pain, cancer, and infection and immunity.

He is also cementing relationships with South Australia’s health authorities including the Southern Adelaide Local Health Network (SALHN). SALHN’s Office for Research is a key partner and is located at Flinders Medical Centre.

“SALHN is providing vital support to develop this kind of research presence within a clinically orientated environment,” says Professor Eastwood.

“I believe that we have enormous opportunities to foster more engagement between University scientists, who are well trained in research design, methodology and analytics, and clinicians, who are best placed to understand the clinical issues facing their patients.

“Such partnerships are essential to ensure the most effective translation of discoveries made in the research laboratory to the patient bedside. The Flinders health precinct will facilitate these relationships.”
Time to say goodbye to fly-in fly-out eye care

Ever since graduating from Flinders University, optometrist José Estevez has been working on improving Aboriginal and Torres Strait Islander eye health, giving him a practice area so vast he needs to access it by light plane or 4WD.

His first role was a joint position between Flinders Ophthalmology and the South Australian Health and Medical Research Institute (SAHMRI).

“That was a research position, but I was still doing clinical optometry work and visiting pretty much every remote Aboriginal community in South Australia,” he says.

Now completing his PhD, he has just returned from his latest trip to the remote Anangu Pitjantjatjara Yankunytjatjara (APY) lands – 103,000 square kilometres of Aboriginal-titled country in the far northwest of the state.

Originally from Cuba, José became interested in Indigenous Australia at high school in Mount Gambier where he had Aboriginal friends.

“But I guess my first exposure to Aboriginal health was when I was lucky enough to do some rural placements in Port Augusta and Port Lincoln. It was there I started to understand more.

Aboriginal and Torres Strait Islander eye health has a troubling history. Blindness and vision impairment is around three times more prevalent in Indigenous populations than non-Indigenous – actually an improvement on the 2008 figures where blindness was six times more prevalent.

There are three main conditions that affect the Indigenous population, two of them common enough among the whole population – the need for glasses, and cataract surgery.

But the third, diabetic retinopathy – the damage to blood vessels in the retina caused by diabetes – is a disease which affects up to 40% of Aboriginal adults with diabetes.

It is also a big contributor to cataracts, particularly at a younger age.

While glasses and cataract surgery can improve sight more or less instantly, retinopathy treatments are more complex.

“It is entirely preventable, but once it has moved into the severe stages, it’s difficult to reverse, if at all,” says José.

The solution is regular screening but that is not always easy in the vast remoteness of some Australian regions. José says the way to tackle it is by making community health centres more self-sufficient.

He is on a research team with researchers from Flinders University, SAHMRI, Alice Springs Hospital and SA Health. They have a grant from the Medical Research Futures Fund to create a community-led model of eye care for Indigenous Australians to prevent diabetic retinopathy.

“It has a really strong reach from a clinic right here in Adelaide all the way to Central Australia. At the end of the day, the research will actually be led by the Aboriginal community controlled health services. But the way we implement an overall plan will be co-produced together.

“If communities and health services can drive their own eye health care and rely less on fly-in fly-out models, then we will go a long way to prevent a lot of blindness.”

José Estevez (BMedSc(VicSc), MOpt ’14)

Giving a human face to Indigenous health data

A ‘simple’ ambition to build prosthetics for family and community members who had lost limbs to diabetes led Dr Courtney Ryder on an unexpected route to her current mission – to study ways that will bring greater equity to health outcomes for Aboriginal and Torres Strait Islander people across the system.

“I don’t feel like it’s a career that I’ve chosen but that it’s a career that chose me,” says Dr Ryder, a Nunga woman from South Australia.

Her journey began in a logical enough way, for someone interested in prosthetics with a first degree in biomedical engineering from Flinders, and she says she remains an engineer at heart.

But she followed that with a PhD at the George Institute for Global Health, looking into outcomes for Aboriginal and Torres Strait Islander children in hospital burns units. She was supervised by Associate Professor Tamara Mackean, a Walen woman, Public Health Medicine Physician and Fellow of the Australasian Faculty of Public Health Medicine, who holds a conjoint appointment with Flinders Health and Medical Research Institute and the George Institute.

It was an eye-opener into the systemic issues facing Aboriginal and Torres Strait Islander families in the health system.

To her surprise the answers were in the data – both what they told and what they did not tell.

One clear message was that the hospital length of stay for burns patients was significantly longer for Aboriginal and Torres Strait Islander children than for others.

The reasons were varied, but a big one was because many of the children lived in outer regional to remote communities and did not have access to early tertiary treatment and interventions in the vital early hours after the burn.

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Dr Courtney Ryder (BEng(Biomed), BSc ’06 and Associate Professor Tamara Mackean)

‘These are all things that can impact on longer length of stay. But then when you have longer length of hospital stay, it impacts how much families have to pay out of their own pocket. Mum or Dad has to stay on the ward – that means the whole entire family generally has got to come to town for that and it’s a huge financial burden,’ says Dr Ryder.

The insights made her realise the data was important, but even more important was to create a true picture of the impacts and inequities in Aboriginal and Torres Strait Islander health outcomes – the need to contextualise the bald statistics.

“It’s about engaging with Indigenous knowledge as well as specific quantitative methods to contextualise outcomes,” she says.

Her work now crosses many health areas but at its core, it focuses on how data is collected and how it is analysed – work she now sees that her biomedical engineering degree prepared her for.

“I guess engineering is really a mathematics degree, with some physics thrown in. It’s very systematic. And obviously there’s that systematic approach when you’re working with the data as well.

‘Then there’s this real excitement when you’re engaging with community to bring together and make sure their variables and data needs are being met as well.’

José Estevez (BMedSc(VicSc), MOpt ’14)
Building a research support hub

Flinders University’s Research Education and Development (RED) Hub is a vital component of its effort to build research capacity and to support talented researchers through programs of mentoring, networking and professional development.

'We’re providing professional development bespoke to the researchers of our college,’ says Professor Briony Forbes, Deputy Director (Research Education and Development), and Head of Discipline of Medical Biochemistry in Flinders University’s College of Medicine and Public Health.

For the past 18 months RED Hub has been bringing together students and early to mid-career researchers for networking events and workshops.

‘Our mentoring program stalled a little last year because of the pandemic, but we’re back on track now. And we’ve found a way to do that in a mixed mode of delivery, so that people off-site can also be engaged,’ says Professor Forbes.

Another ongoing program looks at how best researchers can build relationships and engage with external partners, whether they are commercial or government bodies.

‘There’s a lot of work to be done in guiding researchers on how best to go about that and providing tools they might need.’

The Hub is also developing research pathways for students.

‘We want to make it clear to prospective researchers how they might enter research, where they might end up, and what opportunities there are.

That means having a very close community of researchers. This is exciting and challenging because we have health and medical researchers covering the clinical side to molecular research, to rural and remote, and to public health. It’s a very broad spectrum.’

To ensure that reach is not hindered by geography, Professor Forbes is setting up a rural and remote exchange week for PhD students, to build conversations between Bedford Park and the bush.

‘It also provides an opportunity for our Bedford Park students to gain an understanding of Indigenous culture and how they might be able to engage with Aboriginal and Torres Strait Islanders to undertake research together.

‘We’ve worked hard to try and promote these connections and promote those understandings, and to engage Indigenous people and everybody in that conversation,’ says Professor Forbes.

One of the greatest challenges, says Professor Forbes, is to bring people along the process of cultural change.

‘That means having a very close community of researchers. This is exciting and challenging because we have health and medical researchers covering the clinical side to molecular research, to rural and remote, and to public health. It’s a very broad spectrum.’

To ensure that reach is not hindered by geography, Professor Forbes is setting up a rural and remote exchange week for PhD students, to build conversations between Bedford Park and the bush.

‘It also provides an opportunity for our Bedford Park students to gain an understanding of Indigenous culture and how they might be able to engage with Aboriginal and Torres Strait Islanders to undertake research together.

‘We’ve worked hard to try and promote these connections and promote those understandings, and to engage Indigenous people and everybody in that conversation,’ says Professor Forbes.

One of the greatest challenges, says Professor Forbes, is to bring people along the process of cultural change.

‘We’re trying to really build our sense of working at a very high level of research excellence, but also helping each other as we go.

Most people probably think of serotonin as a brain chemical thanks to the popularity of anti-depressant drugs which target it, but 95% of our bodies’ serotonin is produced in our gut.

‘It’s funny that we talk about serotonin being only in the brain, because that’s only one function of the hormone,’ says Lauren Jones who is nearing completion of her PhD. She is looking at the role of gut serotonin in both colonic health and the gut-brain axis.

‘Serotonin has multiple roles throughout the body and impacts not only our gut functions, but also metabolism, blood clotting and various other functions.’

An important role of serotonin, and a key area of Lauren’s study, is in peristalsis – the wave-like muscle contractions that move food through the digestive tract.

But increasingly, researchers are also seeing a connection between what happens in our gut and mental health. It now appears beyond doubt that there is an important connection between gut and brain.

What is not clear is the mechanics of how this nexus might work and an investigation into this forms the second part of Lauren’s thesis.

‘It’s quite an emerging field. I’ve done a lot of microscopy and a lot of in-depth analysis as to whether it’s likely that the serotonin-secreting cells actually contact or communicate with nerves in the gut.’

Lauren says there is nowhere better to carry out these investigations than Flinders University.

‘We’re quite unique here in that we are really close to the Flinders Medical Centre. My lab’s actually in the Centre itself, so we work quite closely with the gastroenterology surgeons,’ she says.

‘We’re lucky that we have a really great program where a lot of the surgeons who are interested in research can give us human tissue when they remove specimens from gut surgery. People will have cancers removed, for instance, and we’ll get the perimeter tissue, the healthy tissue, from the sides and are able to fix that tissue and do microscopy analysis to look for certain things.’

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Solving the prostate cancer dilemma

There is a terrible dilemma at the centre of prostate cancer treatment. In its early stages it is difficult to accurately determine whether a tumour is aggressive and potentially deadly or slow growing with little impact on quality of life.

This means many of men are either receiving treatment they don't need, with life-limiting side effects, or not getting the more intensive treatment they need to get the best outcomes.

“We don’t have very good tools or markers to accurately tell if a tumour is likely to be nasty and aggressive or not,” says Associate Professor Luke Selth, a researcher at Flinders Health and Medical Research Institute (FHMRI).

To overcome this issue, Associate Professor Selth is searching for markers that could distinguish a ‘sleeper’ from a ‘killer’ cancer. Although the work is in its infancy, he says microRNAs, molecules that play a role in gene regulation, show promise.

They appear to be very good markers. You can quite clearly distinguish between different tissues and cancers by looking at the levels of microRNAs in them,” says Associate Professor Selth.

But the other good thing about them is that they’re released into the bloodstream and that potentially could lead to detection with a blood test.

The other major issue in the prostate cancer field is that once a tumour has metastasised, or spread from the prostate, it is not curable.

Current therapies are called hormonal therapies, which essentially block the activity of a protein called the androgen receptor (AR). These therapies are often quite effective in stopping prostate cancer, but for some men this benefit is for only a short period of time. Hormonal therapies can also have very severe impacts on a patient’s quality of life.

“The androgen receptor is a major driver of prostate cancer growth but in the normal prostate, and in lots of other tissues around the body, the androgen receptor is a “good guy” and not causing any problems,” says Associate Professor Selth.

One therapeutic strategy we are investigating is whether we can promote the normal function of AR rather than blocking its activity. We think this could be more effective and do away with so many unpleasant side effects. We are also researching non-hormonal therapies, including thinking about how we could better harness a man’s own immune system.”

Associate Professor Selth was an undergraduate at Flinders University, then went to the University of Adelaide for his PhD. He moved his cancer research lab to Flinders University just 18 months ago.

“I was drawn back by the push at Flinders to develop a very strong and vibrant culture in biomedical research,” he says.

The relationship between Flinders Medical Centre and the University was also a big factor. “That to me is a big advantage. There’s a lot of interaction between researchers and clinicians at Flinders University. It really is quite a unique environment in SA. We also have access to a lot of research material thanks to the large catchment of patients.”

Starting Out
Interns from the Class of 2020

Two graduates from medicine’s class of 2020 undertaking their intern year at Flinders Medical Centre are Dr Chula Murray and Dr Connor McPhail. Both are working their ED rotation and have their sights set on a career in obstetrics and gynaecology.

Dr Murray says her interest in obstetrics and gynaecology developed during her time working in community health Papua New Guinea.

“I saw incredible amounts of suffering, trauma and hardship, and, more often than not, the burden was carried by the women. I’m passionate about women’s health and overcoming the challenges women face in accessing healthcare. And I’m passionate about supporting women in their journey as doctors and healers.”

Dr Murray says while she always had a keen interest in the field, her decision to study medicine ‘came via a long and windy path, initially driven by my partner’s near-death experience.’

A highlight of her intern year so far is ‘working with amazing teams and having really solid outcomes for unwell patients.’

Undertaking final year medical studies in the middle of a pandemic, Dr Murray found her perfect wellbeing strategy in the garden.

“I invested most of my free time in 2020 in a lockdown garden and have become obsessed with plants. Growing our own fruit and veg has been a delight and has been the biggest way I de-stress. Next up is a chook pen.”

Dr McPhail says his interest in obstetrics and gynaecology developed during his third year, spent in the MD Rural Stream in South Australia’s Riverland. “I was able to get a large amount of experience in delivery suites, antenatal clinics, and gynaecological theatre time with the visiting consultants.”

His interest in medical career was sparked in Year 11 when his father began volunteer ambulance work in Goodwa.

“As we learned more about the human body and body systems in biologi throughout Year 12, I found myself more attracted towards a medical pathway,” says Dr McPhail.

“The highlight of my intern year so far has been the people I’ve been able to work with. Your team is a major influence on your day-to-day life. I’ve been very fortunate in having a very supportive team for my first surgical rotation this year, and a great group of doctors and nurses in the ED who made the work enjoyable. “

Dr McPhail’s wellbeing strategy is to keep active, riding his bike along the south coast esplanade and following his creative passion in art.

“I like to experiment with lots of media and surfaces, but always find my way back to people and portraits. I’m currently trying to learn to paint after branching out from my normal pens and markers.”
Flinders University Alumni Awards

The achievements of 16 outstanding Flinders University graduates, across a range of professions, were acknowledged in the 2020 Flinders University Alumni Awards.

The highest award, the Convocation Medal, was awarded to Sarah Brown AM and Professor Jamie Cooper AO for their substantial and outstanding contribution to the community. Sarah is the Chief Executive Officer of Purple House that facilitates improved health services for Indigenous Australians living in remote communities. Professor Cooper is a Senior Specialist and Professor of Intensive Care Medicine at Melbourne’s Alfred Hospital and Head of the Acute and Critical Care Division in the Faculty of Medicine at Monash University.

Graduates from Flinders University’s Medicine and Public Health programs honoured with Distinguished Alumni Awards include:
- Dr Ian Davis OAM (1978-2018) (BMBS(GradEntry) ’06) Established FightMND fundraising organisation to support research into Motor Neurone Disease as he battled the disease himself.
- Professor Ross McKinnon (BSc(Hons) ’89, PhD(Med) ’93) Strategic Professor in Cancer Research and Matthew Flinders Distinguished Professor at Flinders University.
- Professor Wendy Rogers (BMBS ’83, BA(Hons) ’95, PhD(Med) ’98) Professor of Clinical Ethics at Macquarie University.

For the full list of awardees visit flinders.edu.au/alumni-awards

Advancing neuroscience research

Developments in neuroscience depend on great scientific minds exploring bold new ideas. To encourage this, the David and Margaret Wattchow Research Travel Grant has been established to help emerging researchers at Flinders University find fresh inspiration and respond to new opportunities.

A long-time donor to medical research and a foundation Flinders University Medicine graduate, Professor David Wattchow is a Senior Consultant Surgeon in the College of Medicine and Public Health at the University and an academic status holder. His special relationship with Flinders was recognised with a Companion of the University in 2016.

Recently Professor Wattchow, with his wife Margaret, donated $10,000 to establish the David and Margaret Wattchow Research Travel Grant.

The annual $1,000 grant aims to promote the growth of neuroscience research at Flinders University by supporting the travel of an emerging researcher in this field at Flinders to collaborate, learn and bring back new knowledge or techniques to the University. ‘The idea is to support the gaining of new ideas and techniques that the researchers will bring back to Flinders. This is precisely what a university is for,’ says Professor Wattchow.

‘The philosophy of giving back to the university that steered your path of learning is much more common overseas, particularly in the US, where medical practitioners often donate philanthropic funds. Professor Wattchow feels strongly that such generosity from successful citizens needs to be expanded in Australia, and together with his wife Margaret, he is prepared to set the tone.

‘I wanted to give back to the university and institution that had trained me. I was shown great generosity during my medical education, and now I’m in a good position to give something back.’

‘Many doctors who trained through Flinders have achieved similar seniority to me and now they might also be in a position to donate to support students and research at the institution.’

The University would like to acknowledge the generosity of Professor Marcello Costa AO, Professor of Neurophysiology at Flinders University, and Emeritus Professor John Chalmers AC, who have risen to the challenge with their gifts to neuroscience research at Flinders.

Support medical research at Flinders

If you would like to support medical research at Flinders University please contact Bonnie Allmond +61 8 7421 9995 or bonnie.allmond@flinders.edu.au

All donations $2 and above are tax deductible. 100% of your donation will support the research you specify.
A Flinders University
medical dynasty

Approaching his 60th birthday and facing the prospect of prostate cancer surgery, retired Intensive Care Specialist Dr David Fraenkel reflected on what is most important in life. His family ranked first, but Flinders University also figured prominently in his thoughts — so he donated to the Matthew Flinders Scholarship Fund, to support students in financial need. He wanted to give something back to the university that had set him on his career path and been so instrumental in his life.

Dr Fraenkel’s family ties with Flinders University are especially strong. His father, the late Emeritus Professor Gus Fraenkel (1919-1998) was foundation Chairman and Dean of the School of Medicine, established 50 years ago this year, with the first medical students commencing in 1974.

All three Fraenkel siblings obtained Flinders University medical degrees — David (graduating in 1985), specialising in respiratory and intensive care medicine, Margaret (1991), now a nephrologist in Melbourne, and Graham (1991), now an ophthalmologist in Adelaide. David admits their father’s influence was particularly strong and steered their course to follow in his footsteps and study medicine. The University even had a significant stamp on family life during weekends. ‘A lot of family socialising involved my parents hosting the new academic staff at the School of Medicine that Flinders had acquired from overseas and interstate,’ recalls Dr Fraenkel.

He 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. However, because jobs in this specialised area were scarce in Adelaide, he moved with his family to Brisbane in 1996 to be a Staff Specialist Intensivist, spending 10 years at the Royal Brisbane Hospital and then 10 years at the Princess Alexandra Hospital. In this time, he was instrumental in expanding areas of clinical management, safety and quality monitoring, and computerised clinical information systems.

Even though Dr Fraenkel has spent the past 25 years in Queensland, his retirement has given him pause to review the medical path he has trod, and he says his Flinders experiences — which saw him specialise in respiratory and intensive care medicine — were pivotal. ‘It became clear, after arriving in Queensland in 1996, that it felt like a new frontier because intensive care services had been chronically underfunded and plans to change were slow to come to fruition,’ he says.

‘I realised that my Flinders training left me better equipped to deal with everything, and that I was significantly better trained than many others.’

‘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.’
When disaster struck close to home

Anastasia Bougesis (BHlthSc(Paramedic) ’10, BNg(GradEntry) ’12)

After a wedding ceremony at her family’s Adelaide Hills vineyard in December 2019, Anastasia Bougesis, Chief Development Officer for Disaster Relief Australia (DRA), returned from her honeymoon to find much of their property destroyed by bushfire. For a trained nurse and part-time paramedic with several major disaster relief missions under her belt, this episode was very personal.

‘I decided to lead the DRA reconnaissance team during the Adelaide Hills relief effort which I found was a very cathartic experience for me,’ said Anastasia.

DRA unites the skills and experiences of military veterans with first responders to rapidly deploy emergency response teams in disaster response operations around the world. The model is based on a US founded organisation Team Rubicon, which was started by US marines.

Team Rubicon Australia began in Queensland after Cyclone Debbie in 2017 and the membership-based not for profit organisation has since grown to six locations in Brisbane, Sydney, Melbourne, Townsville, Perth, and Adelaide. It was renamed Disaster Relief Australia in 2019.

For three months after mid-January, DRA’s relief effort deployed 278 volunteers who completed more than 10,500 hours of work, providing assistance to 119 households.

As DRA’s State Commander, Anastasia also organised and led a second bushfire recovery operation on Kangaroo Island.

‘The 2019-2020 Australian bushfire deployment was one of the biggest challenges faced by the organisation.

‘We ran five operations across the nation concurrently and it was a very difficult time. Everyone was stretched.

‘Out of that experience we learned several lessons, particularly to work within our means and we have updated our recruitment methods. We also partner with organisations like the Minderoo Foundation.’

After graduating from Flinders University in 2012 with nursing and paramedic science degrees, Anastasia worked for the South Australian Ambulance Service before deploying in 2017 as a medic to Proserpine in Far North Queensland after Cyclone Debbie.

‘I took a leadership position with them in the same year and have since been promoted to an executive appointment as Chief Development Officer.’ Anastasia now manages a team of four, overseeing business development, marketing, fundraising, media and communications.

As Mission Commander, this gave me the opportunity to lead 30 people from three countries in our aid efforts. This was definitely a career highlight.’

Our vision for Disaster Relief Australia is to become the pre-eminent disaster relief agency in the Asia Pacific Rim. I would like to see us accomplish this during my tenure.’

Anastasia Bougesis

Stafford Wulff Opportunity Scholarship

Personal donations from Stafford Wulff and fellow paramedic Gabe Hicks enabled the creation of the Stafford Wulff Opportunity Scholarship to support first year Paramedic Science students.

Over the next four years, the scholarship will provide two students each year with $500 to assist them with the essential costs associated with their studies, such uniforms, fitness testing, vaccinations and diagnostic equipment.

Thanks to Stafford, Gabe and other generous donors who have contributed, the first two students have been able to benefit from the scholarship this year.

Gabe Hicks (BParamedicSc ’16) and Stafford Wulff (BParamedicSc ’20)

Your support will make a difference

If you would like to join Stafford and Gabe to support Paramedic Science students on their journey to becoming emergency responders in the community, please donate online, flinders.edu.au/staffordscholarship
On the COVID-19 testing frontline

Working for a pathology provider in the public health sector during a pandemic became the dream job for Kylie Howard, who works as a Medical Scientist at SA Pathology in Adelaide.

‘It’s a high pressure environment, and our team has been thrust into contributing a vital part of public healthcare pandemic. ‘I’ve been working with a fantastic team of people responsible for the Public Health system’s activity managing the SARS-CoV2 NAT (Nucleic acid testing). We moved from testing 60,000 NAT tests in a calendar year to testing over 1 million samples in the same time frame. This total test number does not include the standard in-house assays we have also continued to provide,’ says Kylie.

‘I work in and manage the Quality Control area which has been responsible for producing Mastermix and control material for the PCR (polymerase chain reaction) assays for the duration of the pandemic to date. ‘I have also been working on development projects by modifying current assays and evaluating commercial kit testing platforms in infectious diseases. As a team, our laboratory won the Premier’s Award for Excellence in Health for 2020. I am proud to have been part of a team that has been challenged and tested for a sustained period and has produced consistent, high quality results.’

While the work has been extremely demanding, it has also been professionally rewarding and created a lot of opportunities for people to really rise to the challenge. A particular inspiration for Kylie is her mentor and current supervisor, Head of SA Pathology’s Unit for Public Health and Epidemiology, Mark Turna — who has a Bachelor of Science (1996) from Flinders.

As a child Kylie wanted to be an archaeologist and began arts and nursing degrees before her interest in microbiology led her to study Medical Science. Reflecting upon her time at Flinders University, Kylie can see the qualities learned have been exactly those needed for a public health response to a pandemic.

‘I realise that our Flinders experience imbued us with certain characteristics. We support, we share, we collaborate, and we recognise how much more powerful it is to achieve together.’

Canadian connection

Family physician and Assistant Clinical Professor of Family Medicine at University of Alberta, Dr Trevor Day, is among 140 students from Canada who have studied Medicine at Flinders University.

‘I was fortunate enough to have a friend and Flinders graduate introduce me to the idea of going to Flinders University in Adelaide,’ says Dr Day, who saw many similarities between his home city of Edmonton, Alberta and Adelaide that would help smooth the transition.

‘There were many aspects that drew me in – the Problem Based Learning approach and the emphasis on clinical teaching from the very beginning. Given that it was a Graduate Entry Medical Program, I knew that the other students would be more mature and have a diverse array of backgrounds, which would further enhance the experience.’

Returning to Canada after graduation, he completed his postgraduate training in Family Medicine (General Practice) at the University of Alberta. He now works as a family physician in Edmonton and is President of Edmonton West Primary Care Network.

‘Dr Day’s other passion is training medical and postgraduate students at the University of Alberta, where he is Assistant Clinical Professor of Family Medicine. Personal experience has taught him the value of exposing junior doctors to clinical teaching, and mentoring students early in their career.

‘When I interact with learners, I am compelled to see life from their point of view, which in turn helps me learn and become a better physician,’ says Dr Day. ‘I also get to form new relationships with amazing people who will go on to do wonderful things, and so all around it’s win-win for everyone.”

Thinking of organising a class reunion?

The Alumni Team at Flinders can help make your class reunion a great success by assisting with promotion, sharing class lists and arranging campus tours.

Contact your Alumni Partner, Jane Russell via alumni@flinders.edu.au or +61 8 7421 9758

To ensure you don’t miss out on events at Flinders keep your contact details up to date via flinders.edu.au/update

Stay in touch

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- Loss, Grief and Trauma Counselling
- Medicine* (2023 entry)
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