The Newsletter of the School of Public Health and Community Medicine

JUNE 2008

An exciting new era for the School

By Raina McIntyre
Head of the School of Public Health and Community Medicine

I am delighted to launch The Globe, a quarterly newsletter of the School of Public Health and Community Medicine (SPHCM), UNSW. In this issue we highlight several initiatives involving members of the School which will help improve health policy and knowledge in both international and local settings.

The SPHCM and the University recognise the unique position of the Aboriginal and Torres Strait Islander peoples in Australia’s culture and history. We acknowledge that the Aboriginal people are the original owners of the lands occupied and used by our School. Sorry Day on 13 February 2008 was a proud moment and an important step in the reconciliation and healing process that will allow us to move forward as a nation. Our own Lisa Jackson Pulver and Sally Fitzpatrick have written a viewpoint piece “Beyond Sorry — the first steps in laying claim to a future that embraces all Australians” which was published in a recent issue of the Medical Journal of Australia.

Congratulations to Anthony Zwi, Rohan Jayasuriya, Anna Whelan, Alan Hodgkinson, Daniel Tarantola and Lois Meyer who secured the contract for the AusAID Hub in Human Resources for Health. I look forward to a new era of engagement and activity in international health around this initiative. Congratulations also to Mark Harris and a team of researchers who have won the largest grant in a recent round of funding from the National Health and Medical Research Council (NHMRC) to research a general practice-based tool to reduce risk of heart attacks and strokes.

My vision for the school includes a range of strategies such as consolidation of research strengths (including flagship areas of research); attracting new talent; a range of incentives for research excellence; encouraging strategic collaborations and links; incentives for teaching excellence; public relations and marketing; a governance restructure and promoting a mentoring culture. I am also pleased to relaunch the lunchtime seminar series on Wednesdays, three times a month. Visitors from other universities and health organisations are welcome to attend. A schedule of upcoming seminars appears on page 7 of this newsletter.

I was glad to see that preventive healthcare featured in the 2020 Summit this year and hope this heralds a new era of investment in public health and public health research. The NHMRC is also conducting a review of funding for public health research (The Nutbeam Review), with the Sydney event hosted at UNSW on 3 June.

Finally, who are we as a School and what do we stand for? Public health and community medicine are different but related disciplines which have key elements in common that bring us together as a School. These include a concern beyond the individual, an interest in the societal context in which health care is provided, and a commitment to equity and social justice. Public health and community medicine are powerful tools with which we can bring some equality into an unequal world. Where there is poverty, inequity and suffering, public health and community medicine can make a difference.

Many major advances in medicine emanate from public health breakthroughs, from the founder of modern epidemiology, John Snow and his discovery of the role of the Broad Street Pump as the source of a cholera epidemic, to the iodisation of salt, the fluoridation of water, the eradication of smallpox and the Papanicolaou smear, which drove cervical cancer from being the leading cause of cancer deaths in women in developed countries to a relatively rare cause of death. Public health never ceases to inspire me and fill me with hope. I hope you enjoy the first edition of The Globe – please send your feedback and suggestions for future content to the editor, Kevin Forde.

Inside this Issue

- A quick dash to Darfur ...
- Staff profile - Professor Nick Zwar ...
- Research that makes a difference ...
- HRH Knowledge Hub ...
- Learning and teaching ...

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Page 1
A quick dash to Darfur: 
My first hand experience

By Dr Mohamud Sheikh

I am reminded of Shakespeare's stanzas and cannot forget the attire he gives an old grudge.

"From ancient grudge break to new mutiny, Where civil blood makes civil hands unclean."
(William Shakespeare in Romeo & Juliet, Prologue)

Darfur, a place famous for its recent humanitarian crisis has, like many others, captured my mind and I longed to visit to get a first hand experience. The conflict in Darfur has many interwoven causes. It seeds from a combination of past colonial scars to mounting inequalities resulting from underdevelopment, racial rivalry, contest for natural resources, environmental calamities, political opportunism and many more. It is reported that more than 300,000 people have been killed and nearly 3 million displaced since the recent war begun in 2003.

The United Nations secretary general Ban Ki Moon suggested that the trouble in Darfur is a “climate change driven crisis”. It is over two decades since the rains failed and crops and animals were lost, leading to extensive population movement and friction. Apparently, for this reason, the conflict in Darfur was no coincidence but rather climate driven. Historically, the Arab herders and non-Arab farmers lived side by side amicably until resources started to dwindle.

Ostensibly, the villagers of Darfur have been forgotten by their government. While the world focused on the many who fled their hearths and homes and live in refugee camps, my mind was captured by those who stood their ground to remain in their villages. Even as the battles raged between the rebels and national forces, “we stuck our heels on our gardens and dens” says elder AB (name suppressed). He strides his walking stick on the hot ground at the front of his homestead. “I owe a great deal of loyalty to our ancestors to pass this land to our future generation, and I will until death pits me”.

Village X (name of village suppressed) is located about 60 kilometres North West of Al Fashir, the capital city of North Darfur, a remote and rugged landscape with little vegetation, but its horizon beautified by red hills. Modern transport is not known here and those that are lucky ride on a mule's back to fetch food from the capital city, or else they stride for days on the hot sand of the Sahel desert.

There are no proper health care services and the nearest health centre is Al Fashir Hospital which is about 60 kilometers away. The village is served by a small community run clinic consisting of a single 5 square metre room, sponsored by a Sudanese charity organisation known as Sudan Islamic Medical Association (SIMA). The clinic serves over 300 people but does not have a qualified medical practitioner. It is run by a traditional assistant nurse, elder AR, who says he does it voluntarily because “there is no one else to wait to help my kinsmen”.

The makeshift village clinic (myself second from the left with a black/white stripped shirt)

Rebuilding their future: school boys re-constructing their school destroyed by rebels

When the beast becomes the best option: the only means of transport available to and from the villages
Dash to Darfur

He cannot read and write in English, even though the medicines are written in English, he confidently dispenses medicines and manages all minor ailments. I asked him how he does that. With a grin on his face, he politely responds “I get translated scripts on each container, but sometimes, the many years of dispensing experience reads for me”.

Mrs MM, an elderly lady in her late 60s, is the village traditional midwife. She does not have modern facilities nor is she medically qualified. She says “my hands are not letting it go, especially when there is no one else to look up to”. She is revered and even admired by the village chief. A representative from the ministry of health says “we have young midwives in Al Fashir hospital (about 60 km away) but older ladies culturally find it hard to accept a younger midwife to help them”. There are no operational schools as the village school was burnt by the rebels. Running water is a myth and the community trek miles to fetch water.

The villagers, though disillusioned, get their strength by being together. They do not get food rations from aid organisations, as they are not in refugee camps, nor does the government provide any services for them.

On our return en route to Al Fashir we came to Abu Shok refugee camp. Dr NN who accompanied us spoke to an elderly man sitting in the shade of a makeshift camp. He asked him if he would return home. “Sooner or later we will, but if it is to happen, we will have to forge a deal, and the deal should be to compensate us and protect us then we will go” the old man bellowed. No respite seems to be on the horizon for the people of Darfur.

Dr Mohamud Sheikh is a NHMRC Post Doctoral Research Fellow at the School of Public Health and Community Medicine UNSW. He has recently returned from a trip to Darfur.

STAFF PROFILE

Spotlight on general practice

Professor Nick Zwar has recently been appointed to the position of Professor of General Practice within the School. In this role Nick will be responsible for providing leadership in general practice teaching and also playing a leading role in primary health care research in collaboration with the School’s affiliated research centres, in particular the UNSW Research Centre for Primary Health Care and Equity.

Prior to taking up this appointment Nick had been Professor of General Practice and Director of the Sydney South West Area Health Service General Practice Unit based at Fairfield Hospital. He says: “I had been in that role since 2001 and helped develop an active program of research based in South West Sydney and established close collaborations with Divisions of General Practice and General Practice training organisations.”

Nick has a range of research interests and experience. “My main interests are predominately in the areas of health systems research on chronic illness, intervention on risk factors for chronic illness, in particular tobacco smoking, quality use of medicines and educational program evaluation.”

Nick is leading a portfolio of projects on chronic respiratory disease as part of the prevention and management of chronic disease research stream of the UNSW Research Centre for Primary Health Care and Equity, as well as collaborating on projects focused on teamwork in practice, cardiovascular disease and diabetes.

Within the School Nick has a long term collaboration with Professor Robyn Richmond on research and education to support smoking cessation in general practice. “Robyn and I were lead authors of national clinical practice guidelines for smoking cessation in general practice published in 2004 and a recent update published in 2007.”

Nick also has expertise in systematic reviews and synthesis of evidence for policy through leadership of two Australian Primary Health Care Research Institute projects. As well as these roles in producing research, Nick is involved in research capacity building in primary care and leads the UNSW primary care research capacity building initiative. Other clinical and research interests include travel medicine and immunization and for more than ten years Nick has contributed a column on travel medicine to Australian Doctor magazine.

Nick has been involved in teaching in the undergraduate medical program for a number of years as well as contributing to vocational training for general practice, postgraduate teaching and research student supervision. Other current roles include memberships of Pharmaceutical Health and Rational Use of Medicines (PHARM) Committee; RACGP National Standing Committee Research; Research Advisory Committee, National Prescribing Service; Editorial Board, Australian Family Physician; Management Committee, Institute of General Practice Education Inc; RACGP representative, Travel Health Advisory Group. Out of work hours Nick is married with three children and tries to keep active playing tennis and surfing, though the latter is definitely a “work in progress”.

Dr Mohamud Sheikh is a NHMRC Post Doctoral Research Fellow at the School of Public Health and Community Medicine UNSW. He has recently returned from a trip to Darfur.
The Centre for Primary Health Care and Equity (CPHCE)

You’ve probably heard of the Centre for Primary Health Care and Equity at one stage or another. You may have collaborated on one of their projects, taught alongside their staff, or been invited to one of their events. But what does the CPHCE actually do?

Research interests

CPHCE is a group of 45 researchers based in the former AGSM building on the UNSW campus, Liverpool, Fairfield Hospital and Wollongong. While some staff have been working together to research primary health care and health equity issues since 1996, the centre was formally established in 2005. Since then the centre has continued to grow and in 2007 undertook 44 separate research projects in areas as diverse as improving quality of care for chronic disease, primary health care system development, early childhood health and health impact assessment.

Main activities

Professor Mark Harris, Executive Director of CPHCE, says: “Broadly our work falls into three streams: the prevention and management of chronic disease; primary health care system development, and health equity. In addition to these streams we also dedicate a specific program to capacity building - the UNSW research capacity building initiative (RCBI).”

Working towards common goals

CPHCE already enjoys a close relationship with the School of Public Health and Community Medicine. This relationship is based, in part, on a number of common values and goals.

Mark Harris says: “We both recognise the need for collaboration in healthcare research and work with communities, academic institutions, health professionals and government bodies. We are both advocates for health equity and access to healthcare services. We both understand the need for research that makes a difference to both policy and practice. We hope that this relationship continues to give rise to successful partnerships in the future.”

For more information about CPHCE go to www.cphce.unsw.edu.au.

Examples of CPHCE projects

- **Chronic Disease Management – HIPS (Health Improvement and Prevention Study)**
  This randomised control trial aims to evaluate the impact of a general practice based intervention for patients with high risk for vascular disease on change in behavioural and psychological risk factors. This is conducted as part of a recall for a health check in general practice with referral of high risk patients to an intensive physical activity and nutrition program.

- **Primary Health Care System Development – Health One**
  CPHCE has been selected to evaluate the HealthOne NSW program, which involves establishing integrated primary health care services in up to 26 locations in NSW. The evaluation will run for four years, and covers processes of development, the extent to which sites succeed in developing integrated primary health care services, and their impact on health care.

- **Health Equity – Gudaga**
  The Gudaga project is a birth cohort project of 159 Aboriginal infants born in Campbelltown hospital from Oct 2005 - May 2007. The children will be followed until they are 5 years of age and the project will describe the health, development and health services usage. Collaborators from SPHCM include Lisa Jackson Pulver. The success of this project is largely due to the involvement of the local community in the research project, something the whole team is passionate about.

- **Research Capacity Building Initiative - PHReNet-GP**
  PHReNet, a network providing education, support and mentoring to researchers in primary health care was established in 2001. PHReNet-GP, a practice based research network which offers support for practices involved in primary health care research, was launched in 2007. Currently the network has over 50 members and is already providing a useful resource in the challenge of engaging general practitioners in research.
The Parliamentary Secretary for International Development Assistance, Bob McMullan, recently announced that the Human Resource for Health Knowledge Hub (HRH) for Asia-Pacific will be located at the School of Public Health and Community Medicine (SPHCM). As a result, researchers from SPHCM were awarded $6.6 million over four years for a strategic partnership with AusAID to improve the quality and effectiveness of health sector aid in the Asia-Pacific region. The selection of UNSW to be one of four Health Knowledge hubs identified by AusAID confirms the School’s reputation as one of the leading institutions with expertise in global health in Australia. “Each hub will work both within and outside academia, to develop a critical mass of knowledge and expertise in their respective field, linking people, strengthening and expanding networks and identifying opportunities for collaboration,” says McMullan.

The other three Health Knowledge Hubs are located at the Nossal Institute for Global Health (University of Melbourne) which will focus on health policy and health financing; the School of Public Health, University of Queensland which will concentrate on health information systems and burden of disease and the Burnet Institute, the Centre for International Child Health (University of Melbourne) and Menzies School of Health Research, a partnership that will focus on women’s and children’s health issues.

This is believed to be the largest single grant in the history of the School and congratulations go the core research team who steered it through the extensive selection process: Associate Professor Rohan Jayasuriya, Professor Anthony Zwi, Associate Professor Anna Whelan, Alan Hodgkinson, Professor Daniel Tarantola and Lois Meyer. The team was advised and assisted by Melanie Randall, executive officer of the School and the Dean’s Office.

The aim of HRH Knowledge Hub@UNSW is to be the key reference point for the generation, management and dissemination of state of the art knowledge on HRH for all its partners. In so doing, the HRH Knowledge Hub@UNSW will be able to respond to partner needs for new knowledge and make significant contributions to building capacity in partner institutions in developing countries and global networks.

The core research team at the knowledge hub will direct the establishment of a number of research themes that will be able to respond to the needs of AusAID and partners in Asia-Pacific. Associate Professor Rohan Jayasuriya has been appointed as the principal investigator and Director (Technical) of the hub. Visiting Fellow John Dewdney, who is known internationally for his work on health workforce planning models and Lorraine Kerse, formerly with the Western Pacific Regional Office of the World Health Organization, will also contribute their HRH expertise to the hub. In addition, the hub has established a steering committee chaired by Professor Anthony Zwi with representatives within the School and the wider university community to provide oversight and strategic direction.

The group has already commenced work to develop partnerships with HRH experts in Australia and overseas to give priority to the needs identified in countries of the Asia-Pacific region. Many of these countries are facing a crisis in producing and maintaining a sustainable health workforce and have been identified as priority countries in the Australian Government’s assistance program. The Hub hosted a visit on 12 May of Ms Laura Hawken from WHO, Geneva to explore collaboration of the hub with the Organization and Management of Health Services Unit of WHO, Geneva.

In this first six months the hub will undertake the following activities in order to refine and identify core priority areas for activities that will be undertaken over the next four years:

1. Establish administrative and governance mechanisms for the Hub
2. Consolidate existing partnerships and collaboration locally with other Hub partners and also globally
3. Identify Australian expertise for HRH in development in the Asia-Pacific
4. Advocate and communicate about HRH Knowledge Hub@UNSW
5. Undertake systematic reviews of HRH in workforce planning methods and models, effectiveness of leadership and management development in health settings and health workforce migration in the Pacific

The objectives of HRH Knowledge Hub@UNSW are to:

- Establish a sustainable partnership for knowledge generation, synthesis and dissemination for HRH in the Asia-Pacific region.
- Facilitate the generation of knowledge in HRH in development that contributes to policy and programs in strengthening health systems in the Asia-Pacific region.
- Enhance the capacity in a network of institutions in the region to address HRH issues for development through research, training and development.
- Participate in the wider networks for strengthening health systems and global health initiatives by contributing to the HRH expertise of the hub and its partners.
Embedding graduate attributes across our programs

SPHCM led the development of the graduate capabilities which underpin the undergraduate medical program. We are now working on embedding the graduate capabilities developed for our postgraduate programs.

The development of graduate attributes has become increasingly important at institution, faculty and program levels across Australia. The Australian Universities Quality Agency (AUQA) recently affirmed UNSW’s efforts to ensure that its graduate attributes are appropriate for each discipline and professional area and encouraged the University to complete the process of mapping graduate attributes to all programs.

Faculties and schools have been charged with the responsibility for developing graduate attributes in the context of the professional area, discipline and program levels, and for ensuring that these attributes are embedded in the curricula and assessment.

Postgraduate programs

There is increasing recognition that many public health issues are global in their dimensions (e.g. SARS; bird flu; climate change) and require new and sophisticated capabilities for effective responses.

Consequently, there is a critical need to develop public health and health management practitioners who understand and can manage global health risks. It is vital that the postgraduate programs in the School identify and embed the requisite capabilities for fostering graduates who can respond to emerging health risks.

In response to this environment, the Instructional Development team at the School secured funding from a Faculty Learning and Teaching grant to develop and embed a set of contextualised graduate capabilities for the two postgraduate programs, Master of Public Health (MPH) and Master of Health Management (MHM). A process was developed to provide a framework for academic staff to collaborate across courses, to share perspectives on teaching and learning strategies and to identify overlaps and synergies. The process also provided a frame of reference to identify to what extent each of the courses within the program sought to promote the qualities needed in the field of public health and health management, and at the same time strengthen links with the Commonwealth and industry bodies.

Sophie di Corpo, Lecturer and Instructional Designer at SPHCM, says: “We are still working on embedding the capabilities as we develop new courses and review others. We are also working on the development of online scenarios to assist in this process.”

Online learning in postgraduate programs

Funding from the Faculty Learning and Teaching grant has provided the School with an opportunity to redesign the online environment to better meet the needs of current and future students in the postgraduate programs, as well as provide support to staff on how to enhance the overall quality of flexible delivery of courses. The Instructional Development team has to date:

- Collected and analysed feedback from teaching staff and students using the online environment through focus groups and interviews.
- Held a forum for teaching staff to share ideas around using the online environment.

Sophie di Corpo says: “We are still working on collecting and analysing additional data with student focus groups in 2008 and we continue to identify strengths, challenges and gaps in teaching and learning in the online environment. We are also developing online components to support new courses and the support materials and resources for teaching staff.”

Graduate capabilities for the MHM

The Health Management program fosters in our students the following suite of graduate capabilities:

The applied knowledge and skills to:
- Utilise information for decision making in health service delivery
- Interpret the dynamics of the healthcare system and policy context
- Lead and manage within their own organisational context
- Strategically plan and manage resources for health service delivery
- Manage risk and quality in health service delivery

The interactional abilities to:
- Communicate across a range of health service contexts
- Work within and contribute to local, national and international communities
- Enhance the capacity for collaborative and multidisciplinary teamwork

The personal attributes to:
- Apply analytical and critical thinking for creative problem solving
- Commit to ethical practice and social responsibility
- Engage in lifelong learning and reflective practice
Virtual Patient Project

A group of academics and students drawn from across the Faculty, including Dr Chris Hughes and Dr Peter Harris from the School, are investigating the development and use of student authored virtual patients in the undergraduate medicine program. Michelle Imison is supporting this research as a project officer. Students in Phase 3 of the program are being recruited to identify patient cases and then to develop these as virtual patients which highlight the decisions made and the information that is needed to support the diagnosis and management of common conditions addressed in the second phase of the program. The virtual patients are being produced by the students using a software package called Labyrinth which was developed at the College of Medicine and Veterinary Medicine at the University of Edinburgh.

The first pilot in this project has now finished, resulting in the production of 8 web-based virtual patient cases. These cases are now being reviewed by clinicians before final editing. More cases will then be developed in a second pilot, while this first set of cases is being trialled with students in Phase 2 of the program. The project will result in the development of a number of virtual patients for student use, and the process of developing virtual patients may eventually be made available to Phase 3 students as an assessable activity. The research associated with this project is looking at the impact of the cases, and the process of authoring them, on the development of clinical reasoning in both the Phase 3 student authors and the Phase 2 student readers.

Improving Public Health

Professor Don Nutbeam, Provost and Deputy Vice Chancellor of the University of Sydney, has been appointed to Chair the Public Health Research Advisory Committee to review the ways in which NHMRC can marshal its funding to most effectively contribute to improved public health in Australia. The review will be informally known as the Nutbeam Review.

The Review involves two stages. The first stage involves consultation with public health researchers and users of public health information, and will lead to the development of a draft report by mid July 2008. The second stage will involve further targeted consultation and preparation of a final report in September 2008, which is expected to be released publicly shortly thereafter.

The Committee is seeking participation from public health researchers and users of public health information in this first stage of the review process. Input can be made via direct written submission against the Review’s Terms of Reference to the NHMRC secretariat via email to Nutbeam.Review@NHMRC.gov.au or by mail. As time is limited, written submissions are requested by 30 June 2008.

Upcoming SPHCM Seminars

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<th>Title</th>
<th>Date</th>
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<th>Presenter</th>
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<tr>
<td>Mathematical models of pandemic influenza</td>
<td>11 June 2008, 12.00 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>Dr James Wood</td>
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<td>Pandemic preparedness – evidence gaps, policy and practice</td>
<td>18 June 2008, 12.00 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>A/Professor Mary-Louise McLaws</td>
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<td>Sexual health of NSW prisoners</td>
<td>25 June 2008, 12.00 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>A/Professor Juliet Richters</td>
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<td>Current issues in Clinical Governance</td>
<td>9 July 2008, 12.00 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>Professor Jeffrey Braithwaite</td>
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<td>Health economic evaluation of vaccines</td>
<td>23 July 2008, 12.00 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>Dr Anthony Newall</td>
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<td>Making better decisions: mistakes, biases, irrational effects, and inspired genius</td>
<td>30 July 2008, 12 noon</td>
<td>Room 305, Level 3, Samuels Building, UNSW</td>
<td>Dr Rod O’Connor</td>
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Inaugural Peter McDonald Scholarship

Dr Helen Byakwaga, who is currently being supervised by leading HIV researchers based at UNSW’s National Centre in HIV Epidemiology and Clinical Research (NCHCCR), has been given the inaugural Peter McDonald scholarship to continue her studies in Australia. She was presented with a certificate at a recent event, attended by the High Commissioner for Uganda, Dr James Lukabyo. Dr Byakwaga’s PhD will focus on why some people respond well to treatment for HIV, while others do not. Until recently, Professor Peter McDonald was the chair of the NCHCCR scientific advisory committee.

Dr Byakwaga has been touched by the problem personally – and professionally. She has already treated HIV patients for several years in the capital, Kampala, but wanted to become more involved in research to help improve policy and ultimately, care in her country.

“The main reason I was interested in HIV is because it’s such a big problem in Uganda. I have been affected because people close to me have died,” says Dr Byakwaga.

“That was my initial interest, but then I realised that access to treatment is poor and there’s not enough research in sub-Saharan Africa. Research is important in providing information for effective practices in these countries where there are several other infections in the population and resources are limited.”

Help for HIV victims back home - Dr Helen Byakwaga

Intensive course on Health, Development and Human Rights

The Initiative for Health and Human Rights (IHHR) which is based at the School of Public Health and Community Medicine is holding its second intensive course on Health, Development and Human Rights between 8-12 December. The Course Director is Professor Daniel Tarantola, Professor of Health and Human Rights at the University of New South Wales. Course guest lecturers will include Associate Professor Sofia Gruskin, Director of the Program on International Health and Human Rights at the Harvard School of Public Health (USA). Academics from the University of New South Wales Faculties of Law, Medicine and Arts and Social Sciences together with other institutions will create the course faculty.

Daniel Tarantola says: “Amongst our 2007 course participants a diverse range of professional backgrounds was represented, including youth work, law, social research, international development, public health, UN policy development, HIV/AIDS program management, general medical practice, architecture and indigenous policy. This course is particularly suited to staff from the United Nations, inter-governmental and other non-governmental agencies. Fluency in the English language is required and places are strictly limited in this course to 80.”

Course application instructions and the Expression of Interest form can all be found and downloaded from the IHHR website: www.ihhr.unsw.edu.au/initiative/courses.html. This website also provides regular course updates, including confirmation of speakers and the course schedule. To subscribe to IHHR email news updates send an email to ihhr@unsw.edu.au.

Let’s hear from you

We would like to keep in touch with former staff and students of the School. Please send your contributions to the editor, Kevin Forde:
k.forde@unsw.edu.au

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Opinions expressed in the articles do not necessarily reflect the views of the University of New South Wales. Information was correct at the time of publication but is liable to change. Please visit the School website for the latest information:
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