

The early years of the Newcastle Medical School

The student perspective

Doug Routley

Newcastle Morning Herald

MEMBERS' ADVOCATE.

TUESDAY, FEB. 4, 1958.

Insurance On University

... statement by Auchmuty should a foundation on interested in the development of the University College try to reconcile its so that the College have maximum support and con- Much of the ques- of University Col- y has been based t. Statements by or, the Minister for and Professor at it was intended castle should ulti-

Independence Still University Goal

There had been no change in direction for Newcastle University College as a result of the Murray Report, Professor J. J. Auchmuty said yesterday.

Professor Auchmuty, who is head of the Arts Department of the University College, addressed Newcastle Rotary Club.

He said the future envisaged for the University College was an increasingly autonomous college, leading to an independent university, which must ultimately include a medical faculty.

Members of the Arts Department looked to the time when they would be responsible for examining students instead of only

function and which marks it out from other teaching organisations — technical colleges, high schools and the like. It is essential that this differentiation in function should always be kept in mind.

"It is a good thing when a university lecturer is a good teacher but it must never become the prime test for appointment, otherwise the university loses its status in the international community, renounces its obligation to research, and takes over functions rightly left to other excellent but less expensive insti-

...tives be responsible, not merely for the teaching but also for the examining in Arts courses so that many of those with us now and who come to us in the future may graduate in the University of New South Wales rather than in the University of New England.

"That change would bring Newcastle University College very much closer to grown-up status than it is at present and would place my colleagues in arts on a par with our colleagues in science, engineering, architecture and technology, who as members of their respective faculties within the

Medical School And University

Establishment of a pre-clinical medical school in Newcastle is supported by the Newcastle University Establishment Group.

The executive of the group has prepared a comprehensive statement on recent announcements on university education in New South Wales.

A summary of the statement was issued last night.

"On the evidence we have," says the executive, "we support without reservation the case put forward publicly by the Lord Mayor (Ald. McDougall) for the location of the proposed new medical school in Newcastle. We regard the location of the medical school as linked with other issues; namely, autonomy for Newcastle University College; its site; the proposed change in name of the University of Technology to the University of New South Wales, and its proposed arts degree.

such an institution 'might place their holders under some disability' (international reputation notwithstanding).

"The committee thought that unless the institution changed in certain ways, then, in effect, the Newcastle College had better get out. The most important fact which the flourish tends to cover up is that the new steps are not inspirations of the committee but goals of the University's administrators for years. If this had not been so the group could hardly have predicted them.

"In estimating the report's conclusions, we think the committee made a reasonable approach but that a clear and convincing case exists in regard to Newcastle, although somebody had to assemble it. We did not have the resources to do so in the time available.

"The committee's satisfaction about the University's

that the committee may have preferred to leave the question of the library until a more permanent body had settled the question of site, though he adds, the committee 'elsewhere shows itself less than keen on the association of University and other students in the same community.'

"This is an extraordinarily devious passage. On the face of it, 'site' does not make sense as an explanation for refusing £250,000 for the library while recommending £400,000 for other buildings. Is the point, perhaps that the buildings agreed to are ones which the Technical College can take over later? In other words, do the building proposals accepted and those rejected imply objection to the Technical College site? Is there the same reason behind the reticence about the identity of the 'other stu-

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Newcastle Trades Hall Council

Trades Hall, Newcastle

ALL REPLIED TO
A. DOWLING, SECRETARY
TRADES HALL, NEWCASTLE
TELEPHONE: B 1102

17th February, 1958

Dr. G. McGeffrey,
Medical Superintendent,
Royal Newcastle Hospital,
Raffles St.,
NEWCASTLE.

Dear Dr. McGeffrey,

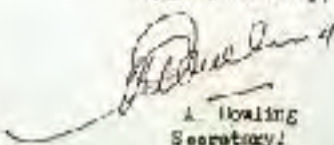
The Newcastle Trades Hall Council recently discussed the proposal to establish in Newcastle a State Medical School and we have given our full support to this proposal and suggested to the Lord Mayor of Newcastle that he convene a public meeting of all interested bodies and citizens to further the campaign in this matter.

The Council also, on reports from the delegates, considered some of the problems which we believe are facing the Royal Newcastle Hospital.

We therefore suggest that a delegation converse either with the Hospital Board or alternatively with yourself as Medical Superintendent to further extend our knowledge of Royal Newcastle Hospital's problems and at the same time to learn by ways and means the support of the trade union movement in this district can be best utilised to assist your hospital.

At such a discussion we may consider the further proposal from the Council that a representative of the Royal Newcastle Hospital address Council delegates.

Yours faithfully,



A. Dowling
Secretary

19 FEB 1958

alth has announced
an Australian Univer-
to be appointed to
the need for new or
schools in Australia
re.

of Newcastle will be
l in the inquiry, and
establishment of a
newcastle will be held
Friday night.

irst of three articles
ic requirements and
hment of a medical

factors about a medical fac-
ulty, such as different salaries
in some places, which
make it academically unpop-
ular.

Secondly, in 1967, the
university had not yet em-
barked upon the teaching
of biological sciences.

Academic opinion held
that it was essential to
have some foundation laid
down in the university on
which ultimately to build
the preclinical years. Ac-
cordingly, the 1967 submis-
sion related the establish-
ment of a department of
biological sciences to the
ultimate creation of a med-
ical faculty.

Unhappily, though the
third report of the Austral-
ian Universities Commis-

University wants a medical school

now suitable for the absorp-
tion of a medical school.

But a successful medical
school requires more than
a university base. It must
have adequate public hos-
pitals, a sufficient supply
of material with which to
work, in this case, the
human population of the
area, and finally, of course,
an outlet for its graduates.

Everyone is aware of the
fact that there is an appar-
ent shortage of medical
practitioners in Australia,
though in reality maldistri-
bution is an ever more seri-
ous problem. If, unexpect-
edly, the overseas Common-
wealth movement of doctors
were to be stopped, Austral-
ia would need not a couple
of new medical schools but
four, or five, or even more,
so heavily are we dependent
on overseas graduates who
have qualified in conditions
acceptable to those medical
councils affiliated to or re-

lation or after preparatory
service in the outback.
Many overseas countries
have conducted inquiries
into medical education and,
in general, the findings have
recommended against mass
production of graduates and

By the Vice-Chancellor
of the University of
Newcastle (Professor
J. J. AUGMUTY).

in favour of faculties lim-
ited to an output of 100 or
so graduates annually.

If 100 is an optimum
figure for graduation, an an-
nual output of 50 is about
the lowest figure at which
a university medical school
is financially and academ-
ically viable.

The size of the school is
as much a factor of popu-
lation as anything else. The
350,000 people of the Hun-

In 1967, the university
submission emphasised the
national reputation of Royal
Newcastle Hospital and its
teaching resources (in co-
operation with universities
in Sydney) have been fur-
ther developed since then.



Developments have also
taken place at Mater Misericordiae Hospital and with

of possibilities of develop-
ment.

Obviously, neither the
Council of the University of
Newcastle nor the university
administration has the ex-
perts available to spell out
in full the financial implica-
tions of a Newcastle medical
school and it is basically for
this reason that it recom-
mended an expert inquiry,
but its general standpoint
was made very clear in the
following Council Resolu-
tions of March, 1969—

● That it be made known
and regularly reaffirmed as
State and Commonwealth
Government levels and to
the State Universities Board
and the Australian Univer-
sities Commission that the
Council of the university
is favourably disposed to the
establishment of a faculty
of medicine.

● That the reference in
the Australian Universities

● That such informal
action as may be possible
be taken at State and Com-
monwealth levels aimed at
keeping this question and
Newcastle's claim to a fac-
ulty of medicine before the
several authorities involved,
with a view to generating
and maintaining a favour-
able climate for its consid-
eration.

With the appointment of
the Committee on Medical
Education of the Australian
Universities Commission,
the time for action has
come and, in addition to
the university representa-
tions to that committee, it
is to be hoped that other
Newcastle authorities, in-
cluding medical experts,
will come forward and give
evidence to or before the
committee.

Convocation of the uni-
versity hopes to arouse a
lively public interest in the
matter with its forthcoming
seminar in the main lec-

Medical school news ‘greatest in decades’

NMH 24/8/1973

Comments of “the greatest news in decades,” “a multi-million dollar investment” and “recognition that the city’s institutions have at last come of age” greeted the news that the Karmel Committee had recommended a medical school for Newcastle yesterday.

The Acting Vice-chancellor at the University of Newcastle (Professor Newton-John) said the recommendation meant that at last the university had been recognised as an adult, fully-fledged university capable of running and sustaining such an important faculty.

On a wider level it meant recognition for all the institutions and people involved in running them and making the submissions.

The General Superintendent of Royal Newcastle Hospital (Dr E. Currow) said the recommendation was the greatest news for medicine in the North for decades.

in Newcastle, Dr Currow said.

The President of Newcastle Chamber of Commerce (Mr P. Doyle, jnr) said the Karmel Committee’s recommendation meant that siting of medical schools had been broken away from the “capital city grip.”

“Medical training is being decentralised, something the chamber advocated in its first submission for a Newcastle medical school in 1957-58,” he said.

Mr Doyle said a medical school in the area would lead to an improvement in the standard of community



DR CURROW

The Acting President of Central Northern Medical Association (Dr K. Cocking) said the association hoped the medical school would help relieve the

overseas, played a large role in co-ordinating the submissions from the CNMA and various hospitals with which he is associated,” he said.

“The Karmel Committee’s recommendation is a tribute to his work and that of the other organisations in the Newcastle district which made submissions.”

The Lord Mayor (Ald. McDougall) said last night the news of the recommendation was “wonderful.”

“The possible establishment of a medical school is great news for the people of this region,” he said. “It will make a tremendous difference.”

MEDICAL STUDENTS YEAR 1 — 1978



Anil Aggarwala



Tony Aguado



Douglas Andrews



Kaye Arkinson



Tina Bulley



Les Burnsley



Sarah-Jane Barnard



Betty Berry



Paul Bertolivo



Peter Bissaker



Nicholas Britzke



Davia Burke



Colin Cook



Liz Cunningham



Peter Davoren



Ann De Crespigny

MEDICAL STUDENTS YEAR 1 — 1978



Tim Devlin



Care Donnelly



Lez Doornbos



Ben Ewald



Louis Fendos



Robert Florida



Ann Foster



Stella Fraser



Darryl Cerder



Michael Giksmann



Sally-Anne Greenaway



Fiona Halses



Denats Harrey



Chris Hayes



Sue Hill



Nichola Hoggard

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Peñeda Harkan



Alan Kelleher



Brian Kelly



Marion Magee



Alistair McDonald



Roserory McDowall



Ian McHue



John McQuarrie



Catherine Miller



Ralannon Pollas



Margaret Paxton



Craig Prosser



Bruce Proctor



Cely Ruschke



Mervin Rastliff



Catherine Regan

MEDICAL STUDENTS YEAR 1 — 1978



Virginia Reid



Tina Rolfe



Douglas Routley



Erica Rowley



David Smith



Eromeyn Taper



David Taylor



Tracie Taylor



Lisa Thompson



Geoff Tyler



Anne Wakarusa



Anne Watt



Greg Wilkins



Chris Wilkinson



Ernie Witt



Paul Woodard

NEWCASTLE MEDICAL REVOLUTION

Developments in the Faculty of Medicine at Newcastle University have stimulated world wide interest, according to the Dean, Professor David Maddison.

"People throughout the world are aware that something exciting is happening here in the field of medical education," Professor Maddison said.

"The interest has been evident in the number of overseas enquiries about positions in the faculty".

The university has already appointed Mr Charles Engel, currently the director of the department of audio-visual communication of the British Medical Association in London, as associate professor of medical education.

Dr Rufus Clarke, currently senior lecturer in human morphology at the University of Nottingham, will become the foundation professor of anatomy.

Dr Saxon White, who is senior lecturer in human physiology at Flinders University, SA, will be the foundation professor in human physiology, and Associate Professor Geoffery Kellerman, now associate professor of biochemistry at Monash University, Vic, will be foundation professor of medical biochemistry.

The international interest has been largely generated by the revolutionary ideas of Professor Maddison.

He is determined to reduce formal teaching within the faculty.

"The idea of trying to stuff knowledge into people's heads has been overdone," he said.

"Intelligent people have the ability to learn for themselves.

"We will set definite goals and provide ample assistance, but the achievement of those goals must rest primarily with the students".

Professor Maddison is also determined to break down the gap between clinical and scientific medicine, which will involve an early exposure of students to patients and the public generally.

New concept for training of students

• By Mandy Oakham.

"The appointment of Dr Tony Vinson — he's the director of the Bureau of Crime Statistics in the Attorney-General's Department — as professor of behavioural science, is an indication that we regard people as not just cells, tissues and organs," he said.

The professor is determined to prevent the isolation of academic life from the realities of the outside world.

He plans to integrate studies and developments within the university with community health programs.

"We are an institution supported by society and, therefore, have an obligation to improve the quality of health care available to that society," he said.

"We should be endeavouring to build a constant series of bridges between the school and the community".

The professor wants medical students to be "visible and involved" in the community.

All those appointed to the staff of the faculty are to be given outside positions of responsibility as advisers to the Health Commission.

"The whole region should benefit from the medical school," Professor Maddison said.

He spent three months last year travelling through Israel, Denmark, Holland, Britain and Canada looking for faculty staff, as well as studying building designs and talking with leaders in the field of medical education.

He would like to see a no-department faculty of medicine at the university.



★ Professor Maddison

"People should work to interests rather than labels, which they can do when there is no breaking down into physical departments," he said.

"The system will be more difficult to administer but the alternative is a conservative medical school and that's what we don't want".

The first intake of 60 students will be made in 1978 and competition for the small number of places will inevitably be fierce.

Enquiries about positions have already been received from intending students in Asia.

Professor Maddison's revolutionary ideas are obviously attractive to both those who would be taught and those who will teach.



**FACULTY OF MEDICINE
HANDBOOK 1978**



**THE UNIVERSITY OF NEWCASTLE
NEW SOUTH WALES 2308**

Phases of the course

- 1 Introduction. Term 1
- 2 Problems of the adult.. Term 2 :Interruption of psychosocial functioning
:Interruption of the Limbs
.. Term 3.....Planned but no detail given
- 3 Problems of growth and aging
- 4 Integrated Practice
- Electives 1 and 2

The problems:

- :Lack of senior students to ask and who could warn of pitfalls
- :A new innovative curriculum that was unproven
- :Graduating in 1983 without a med school reputation

The benefits:

- :High staff morale
- :High level of staff enthusiasm
- :Conviction to make it work
- :Small scale meant personalised attention
- :Success would result from a collaborative venture between staff and students

DEAN'S INTRODUCTION

On behalf of all the staff of the Faculty of Medicine I welcome you most warmly to the University of Newcastle. I hope and believe that you are now at the commencement of five of the most stimulating, exciting and productive years of your life.

Any entrant to any medical school faces a big challenge, for there can be few if any educational experiences more challenging than a medical course, and few if any lives more exciting and rewarding than a life spent in the practice of medicine. You won't really need me to point out to you that being a member of the first class of students in a new medical school will bring its own special opportunities and problems!

The problems are obvious: the absence of senior students to "show you the ropes" and warn you of certain special pitfalls that the staff haven't recognised; your involvement in a brand new, highly innovative curriculum which has not yet proved itself, and to which some adjustments will almost certainly need to be made as we go along; the absence at this stage of detailed planning (even though there are firm and sensible proposals) for the last two years of the course; the underlying anxiety inherent in knowing that, in 1983, you will be the first bunch of graduates from a programme which has not yet established its reputation, a reputation which will in fact be substantially determined by the quality of your own performance as newly qualified doctors.

But in your thinking about what lies ahead, the admitted difficulties should not be allowed to overshadow the special advantages of the situation in which you now find yourself. Above all, you are joining an enterprise which possesses an exceptionally high morale (which is certainly not the case in all medical schools today), where all members of staff are seized with a high level of enthusiasm and conviction concerning the importance of what we are about to undertake, and where the small scale of the operation at this stage means that you will be receiving more personalised, more intensely committed attention than will ever be possible again. We recognise that it is immensely important to you that you should succeed — be assured that it is immensely important to us too!

The nature of our programme is such that, as you already know, we see your educational progress as resulting from a truly collaborative venture between staff and student, so that we all share a collective responsibility for your own educational growth and for the growth and development of the Faculty of Medicine as a whole. We cannot, whatever the size of our own commitment, run a successful programme without your own personal involvement, collaboration and constructive criticism. We are convinced that we can make this the most stimulating and rewarding medical education programme in Australia — providing that we can bring each of you to share our own enthusiasm.

I commend to you an old Danish proverb: "The person who is afraid of asking is afraid of learning."

David Maddison,
Dean.

NH 4.11.1981

Professor Maddison dead

THE DEAN of Newcastle University's Medical School, Professor David Maddison, died suddenly early yesterday morning from a suspected heart attack.

Professor Maddison, who was 54, had won an international reputation as a psychiatrist and medical educator and was the foundation dean of the faculty. He came to Newcastle in 1975 from Sydney where he was Dean of Medicine at Sydney University.

In Newcastle he undertook the task of establishing a community-oriented medical school, the only

one of its kind in Australia.

The first students are due to graduate at the end of next year.

Newcastle University's Vice-Chancellor, Professor D. George, who is in London, said in a statement issued by the university that he was deeply grieved to hear of Professor Maddison's death.

'The Newcastle Medical School was David Maddison's creation in the real sense of the word,' he said. 'The tragedy is that he will not be here to enjoy the world-wide recognition it has achieved.'

'But he had drawn to him many people of like mind and be-

cause of that his dream will go on.'

The Acting Vice-Chancellor, Professor K. Dutton, said yesterday that Professor Maddison had contributed immeasurably to the university's international reputation.

Professor G. Kellerman, who has become Acting Dean of the Faculty, said the staff and students of Newcastle Medical School owed their influence as a force for progress to his efforts.

'David Maddison had a new vision of medical education,' he said.

The Professor of Community Medicine, Professor S. Leeder,

said Professor Maddison had the ability to relate to a wide variety of personalities.

Professor Maddison was chairman of directors of Newcastle Newspapers Pty Ltd.

Professor Maddison is survived by his wife, Mary, and children Jill, Charles and Sarah.

Professor Maddison will be cremated after a private family service on Friday. A memorial ceremony will be held in the Great Hall of the Newcastle University at a date to be fixed.

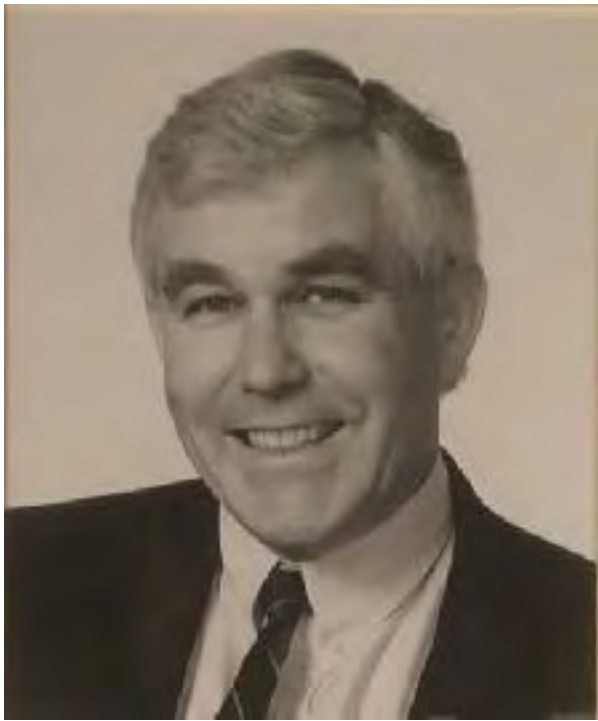




Characteristics important for a Newcastle medical student

- Self confidence
- Motivation to become a doctor
- Perseverance
- Ability to support and encourage /empathy
- Tolerance of ambiguity / uncertainty





Unless explicitly attributed, the opinions expressed in this email are those of





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c.....



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1983
GRADUATION