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President's Report

To begin my final President's Report, I would first of all like to offer my sincerest congratulations to our ASMR members who were successful in obtaining NHMRC Project Grants and Fellowships. The road is often long and tough but we never lose sight of why we chose a career in health and medical research... a passion and dedication to improve the quality of life for all Australians.

In September, The Honourable Mark Butler, Minister for Mental Health and Ageing announced the independent review that will recommend a 10-year strategic plan for Australian Health and Medical Research (HMR). Australia's future health challenges and their associated costs can only be met by a strong, vibrant and agile HMR workforce. The ASMR supports the implementation of new initiatives for developing an optimal environment for conducting sustainable, innovative and world-class HMR in Australia. A stable environment is paramount for a successful HMR sector and we look forward to the findings being announced in August 2012.

Can we ever afford to stop learning? In reality learning never ceases regardless of our age or seniority and I personally think we all need to remember this. As one dear friend told me many years ago "Emma, its all in the preparation" and how true are his words. One of the most important lessons I have learnt is to have an idea and/or plan of what you want to achieve well ahead of time... obvious to all but we often lose sight of this in the hustle and bustle of everyday scientific life. ASMR is committed to helping us "keep on track" by providing continual professional development. This year we have travelled to Brisbane, Adelaide, Melbourne, Sydney and Perth providing information on: Fellowships — what are the benchmarks and how to strategise to be competitive and Complementary Careers in the HMR sector. Facilitated by Dr. Stella Clarke and Professor Moira Clay in Perth this program has provided an opportunity for vibrant and interactive discussion with peers that may not otherwise have been accessible. I would like to thank the organising committee ASMR Director Dr. Juliet Taylor and Dr. Maree Overall, ASN Events, for their efforts in putting this "roadshow" together.



ASMR President Emma Parkinson-Lawrence with Senior Executive Officer Cath West at the ASMR 50th Birthday Celebration

As this Newsletter goes to press, ASMR will be launching another report to add to the stockpile of evidence supporting the case for sustained investment in HMR in this country. Earlier this year we commissioned Deloitte Access Economics to produce an analysis which looks at the links between NHMRC investment, in particular disease groups and improved clinical outcomes. The compelling results and projections contained in this report cannot be ignored by any government facing the economic pressures of the next 40 years. Clearly identified long-term risks to the economy are our ageing population and climate change with escalated spending, particularly in the health sector, as we head towards 2050. ASMR's commitment to strategic, evidence-based advocacy continues.

We now look forward to ASMR's National Scientific Conference, *Indigenous Health: Action on Prevention* in Cairns, November 13–16th.

**Best wishes,
Emma Parkinson-Lawrence
ASMR President**

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The Australian Society for Medical Research

145 Macquarie Street,
Sydney NSW 2000
ACN 000599235 - ABN 18000599235

Catherine West
Snr. Executive Officer

Ph: 02 9256 5450
Fax: 02 9252 0294

Email:
asmr@alwaysonline.net.au
Web: www.asmr.org.au

Newsletter Editor-in-Chief,
Dr Daniel Wallace

Print Post Approved
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Professor John Prins

The Future of Health and Medical Research in Australia

The purpose of undertaking and supporting Health and Medical Research is, of course, to improve health! For this to effectively occur there needs to be constant two-way dialogue and communication between those undertaking the research (scientists) and those responsible for the population's health (clinicians). In this context a clinician might be involved in any of a range of activities from public health through disease prevention, diagnosis and management. It might be argued that the most effective mechanism for this to occur is if the researcher and the clinician are actually the same individual — the clinician-scientist or academic-clinician. There is a large literature supporting this concept, and also that it is an "endangered species". Reasons given for the endangerment highlight the clinician-scientist path as one of "most resistance" with a prolonged training program, the need to deal constantly with at least two institutional masters and ongoing conflict/competition between the scientific and clinical aspects of one's career and activities. An added complexity little addressed in the literature is the difficulty inherent in trying to do both jobs to a high standard. From a clinical perspective, less time devoted to clinical work means less clinical experience — a foundation of quality practice. From the scientific perspective, time restriction reduces capacity to remain "current" in terms of the literature and techniques. A practical manifestation of this situation is that in both disciplines, track record may not be truly judged "subject to opportunity". Further, performance metrics as currently used penalise clinician-scientists because there is little formal means of recognition of impact on clinical care delivery or impact on health.

Different ways to promote the communication and collaboration between scientists and clinicians are in place, and under active discussion, world-wide. One organisational structure is to combine the research and clinical care in the same organisation in an effort to "guarantee" the translation of research into practice. The Mayo Clinic is the oft-quoted example. In this model the mission of the organisation is to provide health care and teach and undertake research, with all given an equal weighting. Staff members are employed on "tracks" that are characterised by a proportional mix of activities, with tailored performance metrics.

An alternative way forward is to formalise alliances between organisations which have some overlap in their purpose. An example here is a clinical school within a hospital — a longstanding arrangement throughout the world that "works" only if both organisations recognise the advantages and accept the concessions. This model is under international threat due to rising health care costs and demands pressuring the "uneconomic" short-term impact of teaching and research. In simple terms teaching and/or research increase the cost of health care.

The full extension of such an alliance is to formalise the collaboration between research, health care and educational institutions as occurs in Academic Health Science Centres. The NHMRC is currently addressing this model. The concept here is to co-locate scientists, clinicians and educators in order to foster collaboration, promote efficiencies and improve translation. In most Academic Health Science Centres the co-location is geographical, providing efficiencies. The difficulty here is governance. Despite any number of high-level agreements, if the missions of partnering organisations are different, then problems arise with inevitable competition for funding in the setting of enormous clinical pressures.

In the final analysis all three models can succeed and fail. The secret of success of any collaboration is communication and for this to occur clinicians must learn some science and scientists must learn some clinical. As Health and Medical researchers, this is our responsibility, as it is to facilitate interdisciplinary communication through promoting alliances between institutions; creating better clinician-scientist career paths; improving use of "clinical" metrics; and by putting more health into (clinical) science curricula and more science into health care curricula.

Professor John Prins
CEO and Director,
Mater Medical Research Institute
Professor of Endocrinology,
University of Queensland
Senior Staff Endocrinologist,
Princess Alexandra Hospital
Brisbane, Australia

■ ASMR Mentoring Program

The ASMR invites members who are 2–12 years postdoctoral to participate in the ASMR Mentoring Program. Applications are accepted all year round and the program is free to ASMR members.

For additional information and application forms please visit www.asmr.org.au/Mentor.html

Indigenous Health Research

As we look forward to the ASMR 50th National Scientific Conference, Indigenous Health: Action on Prevention, we asked the 2011 Firkin Orator Professor Sir Mason Durie for his views on Indigenous Health Research.

Approaches to Indigenous Health Research

There are several ways in which indigenous health research can be considered. One way is to identify the implications for indigenous peoples that arise from generic research programmes across a range of health concerns. In that approach it is possible to conclude that health gains for indigenous peoples are possible from almost all health research initiatives. Despite cultural, historic and geographic differences, human health is essentially a factor of being human.

But there are also research activities and approaches to research that are more directly related to indigenous peoples insofar as they require engagement with indigenous peoples, or are enhanced by indigenous knowledge; or involve indigenous researchers. These three aspects — indigenous engagement, indigenous knowledge, and indigenous researchers — suggest three distinct pathways that have the potential to improve health outcomes for indigenous populations by focusing activities to increase the effectiveness of health research.

Engagement of Indigenous Peoples in Research

Having been subjected to often unrewarding experiences as passive respondents of research without ever seeing the results or feeling any positive impacts from research, indigenous communities are increasingly adamant that they should be involved as research partners rather than research subjects. Indigenous research partnerships between researchers and indigenous populations have two distinct dimensions

— partnerships with individual participants and partnerships with indigenous communities. Participation that involves individual indigenous participants without recognising wider community affiliations and indigenous leadership runs the risk of generating misinformation and alienating key players. Recruitment is more likely to be rewarding and successful when it has community endorsement. In this respect, indigenous health research cannot be separated from research that has wider implications and wider impact; the research will be more relevant if it aligns with other programmes and other research interests. Preliminary discussion with community or tribal leaders will increase the likelihood of more enthusiastic participation and the construction of research protocols that are more pertinent to community or tribal development.

Indigenous Knowledge in Research

The incorporation of indigenous perspectives, world views, and traditional beliefs into research design and research activities recognises that indigenous peoples view health as a product of relationships with the land, with community and with family — relationships that encompass spiritual, emotional, social and economic aspects. That view is not dissimilar from a public health perspective but unlike epidemiological approaches, does not emphasise the impact of mediating agents such as viruses or plasma lipids. Instead the primary determinant is the relationship itself. Research that disregards a relational view of health may lack credibility because it is seen to draw conclusions that are based on an analysis of component parts, rather than focusing on the nature of external relationships.



Professor Sir Mason Durie,
2011 Firkin Orator

ASMR 50th National Scientific Conference

INDIGENOUS HEALTH: ACTION on Prevention

Cairns Convention Centre, Cairns, Queensland • November 13th – 16th

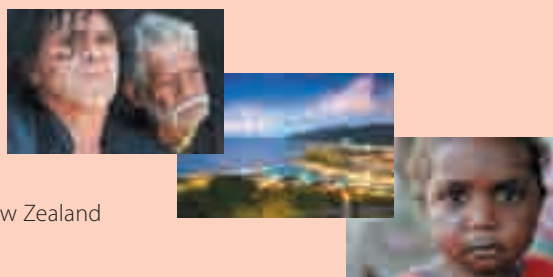
Sessions to include:

- Primary and preventative health care
- Mental and psychosocial health
- Maternal and child health
- Infectious disease
- Amplifiers of chronic disease

2011 Firkin Orator: Sir Mason Durie
Massey University, New Zealand

2011 Edwards Orator: Dr Sandra Eades
Baker IDI, Australia

To submit your abstract and register please visit: www.asmr-nsc.org.au



Conferences

Australasian Society for Stem Cell Research (ASSCR) 4th Annual Meeting

“Stem Cells on the Mountain”

23–25 October 2011

Leura, Blue Mountains, NSW

www.asscr.asnevents.com.au

4th New Directions in Leukaemia Research Meeting

25–28 March 2012

Novotel Twin Waters, Sunshine Coast, Queensland

www.ndlrconference.com

Scientific analysis and indigenous synthesis each has its own integrity, derived from distinct systems of knowledge. Importantly one perspective cannot be adequately understood by using criteria that are relevant to the other. But when placed alongside each other, value can be added to both. Research at the interface (between science and indigenous knowledge) has the advantage of drawing on two sets of knowledge and two types of understanding. It can lead to creativity and innovation and may more accurately reflect the dual worlds where indigenous peoples live.

Indigenous Researchers

Although indigenous researchers are not necessarily always knowledgeable about indigenous methods or indigenous world views, they are more likely than other researchers to be aware of the worlds in which their people live and the types of research that will encourage engagement and address meaningful questions. Building research capability among indigenous peoples is recognised in several countries as a priority for improving indigenous health. Training in qualitative and quantitative methods, research ethics, and research design are critical considerations but training in indigenous world views is also an important requirement. Whether or not there is existing

expertise in those areas, indigenous communities will expect indigenous researchers to be competent in both spheres, to have credibility with other researchers as well as with indigenous communities.

The double expectation is a burden to some indigenous researchers who may elect to opt out of one or the other. But increasingly there has been support for researchers who span both domains and there has been an increase in the methodologies where interface research might be practised.

A further expectation of indigenous health researchers is that they will not only be skilled practitioners in a chosen field of research but will also be able to contribute more generally to the cultural, economic and social development of indigenous communities. Far from being unreasonable, that expectation is consistent with an inter-sectoral and inter-disciplinary approach where good health is part of a world view based around holistic and integrated development.

Professor Sir Mason Durie
Professor of Māori Research and Development & Assistant Vice-Chancellor (Māori & Pasifika), Massey University, New Zealand

The ASMR celebrates 50 years



Her Excellency Professor Marie Bashir AC CVO, Governor of New South Wales spoke at the ASMR 50th Birthday Celebration

The ASMR marked its 50th Birthday by holding a reception at the Observatory Hotel, Sydney on 12th August. This marked 50 years almost to the day since the first meeting of ASMR Directors in 1961. We were honoured to be in the company of Her Excellency Professor Marie Bashir ACCVO, Governor of New South Wales, and her husband Sir Nicholas Shehadie. Her Excellency spoke most warmly about the Society, and underlined her support for medical research and the achievements of the ASMR in its first 50 years. She has kindly provided the following extract from her speech on the night to share with all our members.



ASMR Presidents Mark Hulett, Alison Butt, Rob Ramsay, Maria Kavallaris, Emma Parkinson-Lawrence, Nick Hunt, Peter Schofield, Kieran Scott and Levon Khachigian with ASMR Senior Executive Officer Cath West

“There is no doubt that your society represents an outstanding group of professionals whose commitment and diligence have made a significant impact through your advocacy — public, political and scientific — in diverse ways, thereby influencing the output and excellence of medical research in Australia. The productivity of Australian researchers in the medical domain and the reputation of Australian medical researchers continues to grow, increasingly engaging international admiration as well as the genuine interest and philanthropic support of the wider community. Another important development has been the extensive collaboration in medical research underway between Australian researchers and international colleagues across the world. In my visits to China I see evidence of this and before long we hope to be engaging with medical colleagues in Mongolia. I would like to thank you all most warmly for the very valuable contribution you are making. It is indeed a privilege to ask you to join me in a toast to the society, a toast to the 50 years of achievement and the future of the ASMR.”

Her Excellency Professor Marie Bashir AC CVO, Governor of New South Wales

Dinner with a scientist: Advances in Coeliac Disease Research

On Tuesday night 16th August, North Carlton Café strip, Rathdowne Village, was buzzing with the excitement of National Science Week. To celebrate, the Australian Society for Medical Research (ASMR) in partnership with Re-Science and the Coeliac Society of Victoria, had invited world-renowned Coeliac Disease researchers from the Walter and Eliza Hall Institute (WEHI) to have dinner with members of the community. Overwhelming public interest in the event meant that Black Ruby Restaurant was filled to capacity on the evening. Proprietors John and Kate put on a spectacular 100% gluten free three-course meal that had guests raving about the bread and pastry. There will be many coming back for more of the fabulous lemon tart.

Seated at communal tables, people from many walks of life were drawn together by a common interest in Coeliac Disease. Rousing discussions about the challenges of living on a gluten free diet were had all around the room. As the night warmed up, strangers became friends whilst swapping war stories, recipes, and restaurant tips. During the entre, Researchers and Gastroenterologists Dr Bob Anderson and Dr

Jason Tye-Din entertained the gathering with discussion about current diagnostic standards and treatment for Coeliac Disease. Later in the evening, they shared information about ongoing clinical trials for their Coeliac Disease Vaccine NexVax2, tales of their research efforts, and dreams of new treatments for the condition in the future. Several guests at the dinner had participated in early stages of the research and were eager to hear how work was progressing. Throughout the night, Dr Melinda Hardy and Dr Noe Ontiveros Apodaca (researchers from WEHI) along with Dr Anderson and Dr Tye-Din mingled with the crowd and answered many questions about their research from enthusiastic dinner guests.

Thanks to Re-Science for sponsoring the event, and to Black Ruby Restaurant, Live Free Gluten Free, Vitarium, Go Natural, and Springhill Farm for donations of gifts for the dinner guests. A great (and educational) night was had by all. We certainly hope that in the spirit of National Science Week many imaginations were ignited by this event!

Rachel Burt
ASMR Director



Drs Jason Tye-Din and Bob Anderson spoke to the gathering about current research into coeliac disease



Guests at Black Ruby Restaurant enjoyed a fabulous gluten free three-course meal in the company of coeliac disease researchers

Ivan Poon — Winner of the 2010 International Research Award



Dr Ivan Poon, winner of the ASMR International Research Award

The immune system plays a vital role in distinguishing foreign pathogens from normal healthy tissues. In recent years, we have also begun to appreciate that it is equally important

for the immune system to discriminate healthy cells from dying cells (e.g. apoptotic cells) during the course of tissue remodelling and tissue injury. The prompt removal of dying cells avoids the release of intracellular molecules from dying cells that may damage neighbouring healthy cells. To achieve this, apoptotic cells release 'find-me' signals to recruit phagocytes (e.g. macrophage) to the site of cell death and aid dying cell clearance via the process of phagocytosis.

involved in the clearance of dying cells, in particular the role of extracellular matrix degradative enzymes in facilitating phagocyte migration towards the site of cell death. Thanks to the support from the ASMR International Research Award, I was able to visit Professor Ravichandran's laboratory to learn a number of *in vitro* and *in vivo* techniques, and subsequently transfer these skills back to La Trobe University to address various scientific questions using mice deficient in the heparan sulfate degrading enzyme, heparanase, at Dr. Mark Hulett's laboratory. These studies will hopefully identify how dysregulation of dying cell removal can influence induction of autoimmunity and chronic inflammation. I am extremely grateful to ASMR for providing this wonderful opportunity for early career scientists to establish collaboration with leading scientists overseas.

Recently, Professor Kodi Ravichandran's laboratory at the Center for Cell Clearance, University of Virginia, has demonstrated that the release of nucleotides (e.g. ATP) by apoptotic cells can function as a key 'find-me' signal to induce chemotaxis of phagocytes using a variety of *in vitro* and *in vivo* approaches. The focus of my current research is to identify novel molecular components

Ivan Poon,
NHMRC CJ Martin Biomedical Fellow
La Trobe Institute of Molecular Science
La Trobe University

Some quick facts from ASMR's Planning the Health and Medical Research Workforce 2010–2019

Summary of findings

The ASMR survey data represent all staff in Medical Research Institutes and University Departments — 39,037 total staff, with 23,411 reported as research staff and 15,203 of the total staff holding a PhD.

In 2009, 58% of the health and medical research workforce was female and 42% male. The largest cohort was 30–39 years of age and female followed by the 40–49 year old male cohort.

Over the decade from 2009 to 2019, it was estimated that about 6,250 members of the health and medical research workforce over the age of 40 years in 2009 would leave the workforce by 2019, with the bulk of these leaving between the ages of 50–69 years of age. It was estimated that 35% of females and 49% of males aged 40–49 years in 2009 would be retired by the age of 50–59 years, with 85% of women and 70% of men aged 50–59 years in 2009 also projected to retire over the next 10 years.

Of the 6,250 members of the health and medical research workforce over the age of 40 years who would leave the workforce by 2019, about 4,000 would have held a PhD.

Replacing these PhD qualified staff would cost about \$570 million in 2009 dollars (excluding the cost of scholarships and supervision).

If Australia were to maintain its current *PhD qualified persons in the health and medical research workforce: working population* ratio to 2019, another 1,700 persons with a PhD and willing to work in the health and medical research workforce would need to graduate to maintain the current workforce at a cost of about \$240 million in 2009 dollars.

To reach comparable levels of PhD completions per 100,000 in the workforce, Australia would require about 5,700 additional health and medical research related PhD graduates to be comparable with US levels, about 22,800 to be comparable with German levels and about 38,000 to be comparable with Switzerland.

Planning the Health and Medical Research Workforce 2010–2019

Prepared for The Australian Society for Medical Research by Dr Deborah Schofield

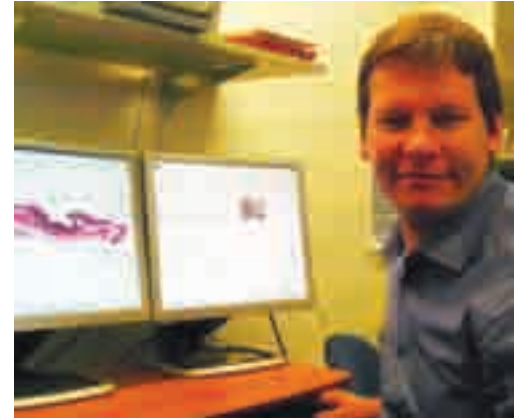
■ **ASMR Annual General Meeting**
All ASMR members are invited to attend the AGM on Tuesday 15th November, commencing at 10.45am
Cairns Convention Centre, Cairns Qld

Justin Lees — Winner of the 2010 Domestic Research Award

The progression to metastatic cancer is a leading cause of mortality. During this stealthy process cancer cells migrate through surrounding tissue and form deadly ectopic tumours. My post-doctoral research, within the Focal Adhesion Biology group of Children's Cancer Research Unit at the Kids Research Institute (Westmead), is aimed at inhibiting cell migration and ultimately developing an anti-metastatic therapy.

Our preliminary results have shown that by overexpressing the tropomyosin isoform Tm5NM1 we can stabilise the actin cytoskeleton leading to significant inhibition of cell migration within 3D cell culture models. Conversely, knocking out the same tropomyosin isoform increases cell migration speed. Thus we aimed to determine the relevance of these novel *in vitro* findings *in vivo*. Professor Allison Cowin, at the Women's and Children's Health Research Institute in Adelaide is a leading expert in models of sub-cutaneous wound healing in mice. A collaboration was therefore initiated between my post-doctoral supervisor Associate Professor Geraldine O'Neill and Professor Cowin, leading to the opportunity for me to travel to Adelaide and conduct wound healing assays on Tm5NM1 knockout and transgenic mice. The project also involved a third group of researchers from laboratories at UNSW. Professor Peter Gunning, Professor Edna Hardeman and Dr. Anthony Kee had made Tm5NM1 knockout and transgenic mice and supplied the mice for *in vivo* wound healing experiments.

The ASMR domestic research award, which I received in 2010, was invaluable in supporting my travel to Adelaide to conduct the *in vivo* assays and in supporting this national collaboration. From my perspective the project was educational, enjoyable and productive. It was great to witness how several groups and many people can co-ordinate to ensure that a project of this nature is completed. Whether it was the communication between animal house managers, the training I received in new techniques, the shared analysis of data or co-ordinated discussion on multi-recipient emails, what was always apparent was the inherently helpful nature of scientists. Importantly, the data we have generated confirm some of our original hypotheses and represent the first time that the effect of tropomyosins has been examined *in vivo* during physiological cell migration. The data are currently being put together for a manuscript to be submitted in the near future. I sincerely thank the ASMR for providing this research prize.



Dr Justin Lees,
winner of the ASMR Domestic Research Award

Justin Lees
Children's Cancer Research Unit
Kids Research Institute, Westmead



6th Australian Health and Medical Research Congress

Adelaide Convention Centre
November 25–29, 2012

Incorporating the **ASMR National Scientific Conference:**
"A Healthy Start to Life — Placental and Development Biology"

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Contact details from www.asmr.org.au/Statebranch.html

Did you know ASMR is now on Facebook?



To keep up with all the latest information and updates on ASMR events, awards and activities join the ASMR Facebook page!

There is a direct link to the Facebook page on the ASMR homepage (www.asmr.org.au).

Remember to recommend the page to your friends and colleagues that might also be interested.

For more information, or to promote an ASMR event, please contact the page administrator,

Dr Roger Yazbek (roger.yazbek@unisa.edu.au)

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The Royal Australian and New Zealand College of Psychiatrists
The Royal Australasian College of Physicians
The Royal Australian College of General Practitioners
The Royal College of Pathologists of Australasia
The Society for Reproductive Biology
Thoracic Society of Australia and New Zealand
Transplantation Society of Australia and New Zealand
Western Australia Biomedical Research Institute

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