

President's Report

As the 51st ASMR President, I start by thanking members for their valued interest in Health and Medical Research (HMR). I also take this opportunity to acknowledge the voluntary contributions of numerous past and present ASMR Directors and state committee members, as well as the hard working efforts of our Senior Executive Officer, Cath West, all of whom have dedicated their time and energy to promote HMR in all its aspects and to ensure appropriate and sustained funding for the sector.

In 2011, ASMR celebrated 50 years of public, political and scientific advocacy. Whilst the HMR landscape has changed significantly since the formation of ASMR in 1961, the core mission and principles of the Society remain steadfast. Over the past year, ASMR has been diligent in ensuring our interactions with government are clearly articulated and evidence based. Our recently commissioned Deloitte Access Economics report *Returns on NHMRC funded R&D* is a valuable advocacy tool showing health and economic benefits (benefit cost ratio up to 5:1). In this issue of the ASMR Newsletter, immediate Past President Dr Emma Parkinson-Lawrence summarizes the economic and health benefits of investment in the NHMRC. I commend Dr Parkinson-Lawrence for her leading role in this valuable advocacy tool. The launch of this independent report by Minister Mark Butler, has come at a time when the government is undertaking a review of the HMR sector. This month, the Society will present clearly articulated evidence based submissions to the Government's review process.

Of great concern is Australia's projected total health costs over coming decades, escalating from 9.3% GDP in 2003 to 12.4% GDP in 2033. The increasing health and residential aged care expenditure for our nation is not sustainable and will greatly impact on the future health care of all Australians. The consequences of high health expenditure are all too apparent when we consider the economy and health care affordability in the USA, which currently spends >17% of GDP on health. Importantly, HMR is paramount for slowing the burgeoning health care costs associated with chronic disease and our ageing population. However, the pipeline from research to health benefit takes considerable time, usually 10 to 15 years. Accordingly, now is the time to take effective action against the



Dr. Emma Parkinson-Lawrence hands over the ASMR Presidency to Dr. Paul Dawson at the 50th Annual National Scientific Conference in Cairns

national health crisis projected for Australia's future.

As we approach the health challenges of the coming decades, the Society continues to champion a vision of sustainable HMR funding and workforce. In our recent landmark pre-budget submission to Treasury, ASMR presented a constructive business case for pegging HMR investment in the NHMRC to a percentage of the total annual health expenditure. Current NHMRC investment is approximately 0.8% of the (>\$110 billion) annual health spend. As an evidence-based response for mitigating escalating health costs, the ASMR's specific request to Treasury is to peg NHMRC investment at 1.0% of total health expenditure in 2012, increasing by 0.2% annually to reach 3% in 2022. This strategy will feed directly into treating patients, building knowledge for developing future innovations, and protecting government and community from an economic disaster.

Recently, President-elect (Associate Professor Naomi Rogers) and I presented the case for increased investment into the NHMRC to senior members of The Treasury and the Department of Finance and

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Deregulation. To support our case, ASMR commissioned Deloitte Access Economics to report on the health and economic benefits of increasing NHMRC investment to 3% of the health spend over the coming decade. That report demonstrated substantial savings to the health system, with an estimated \$25.9 billion saving for the period 2012-63 and a return of up to 14.3 cents in the dollar. These extrapolations are very conservative and do not take into account other financial savings, including gains in well being. Accordingly, increased investment of up to 3% of the total health expenditure is a strategy for mitigating the future Australian health and economic challenges.

Our nation is not alone when considering the concerns of health and its associated burgeoning costs. In particular, Canada shares many health and population demographics with Australia, including increased

burden of chronic disease and the unacceptable health outcomes in indigenous communities. Dr Alain Beaudet MD PhD, President of the Canadian Institutes of Health Research (CIHR), is a strong advocate for HMR and strategies for improving health outcomes. I am delighted to announce that Dr Beaudet is this year's ASMR Medallist and will deliver key messages, including the importance of sustainable HMR funding, during the 2012 ASMR Medical Research Week® Medallist Tour.

It is an honour to serve as the 2012 ASMR President and I assure you, that together with the ASMR board of directors, we will serve the membership and the sector with diligence and pride.

Dr Paul Dawson
ASMR President

NHMRC investment saves money and lives — **new evidence from Deloitte Access Economics**



As you are all aware the ASMR is committed to championing the implementation of sustained support for Australia's world class HMR sector with a well researched evidence based case — why? The 2010 Intergenerational Report clearly articulates that Australia is facing unprecedented healthcare costs associated with an ageing population and the escalating burden of chronic disease. The unsustainable, projected increase in health costs for our nation from \$85 billion in 2003 (9.3% GDP) to \$246 billion in 2033 (12.4% GDP), will greatly impact on the future health care of all Australians. Investment in the HMR sector which underpins the whole of health from preventative strategies through to cutting edge therapeutics provides the opportunity to reduce this escalating and devastating economic problem.

In 2011 the ASMR commissioned a new report by Deloitte Access Economics to examine the returns on NHMRC funded research and development. The study estimated the economic benefit returned between 2040–2050 as a result of NHMRC investment in health R&D between 2000–2010 across the five diseases: cardiovascular disease (CVD, including stroke); cancer; sudden infant death syndrome (SIDS); asthma; and muscular dystrophy (MD), which collectively form approximately 40% of the burden of disease in Australia. The report estimated gains of \$6 billion linked to increases in well being and \$1.6 billion to commercialisation. Moreover, for the first time the report projected the remuneration of HMR to the health care system.

An estimated total saving of \$966 million to our health system was reported. This included the avoidance of direct health expenditure costs due to less people using the health care system. Direct gains also included costs avoided due to reduced expenditure on hospital services, nursing homes, out-of-hospital general practitioner and specialist medical services, imaging and pathology, prescribed and over-the-counter pharmaceuticals, allied health services and 'other' health care system costs (such as ambulance, aids and appliances and health administration). In addition to avoiding direct health system costs, an increase in wellbeing provides additional benefits to the economy and society by avoiding associated indirect costs, which included productivity gains from the avoidance of premature mortality and morbidity; avoided carer costs, aids and home modification costs; as well as taxation revenue forgone and welfare and disability payments.

While the discovery and implementation of new therapies from HMR will undoubtedly contribute to this increased spend our new report importantly suggests that Health R&D has the potential to slow the burgeoning health expenditure trajectory. Investing in Australian HMR is an investment in the future healthcare needs of the nation.

The report was launched on October 31st 2011 by the Honourable Mark Butler, Minister for Mental Health and Ageing at Parliament House in Canberra.

Dr Emma Parkinson-Lawrence
ASMR Immediate Past President

ASMR Medallist 2012

We are delighted to announce that this year's ASMR Medical Research Week® Medallist is Dr. Alain Beaudet, M.D., Ph.D. President of the Canadian Institutes of Health Research (CIHR).

As President, Dr. Beaudet acts both as Chair of the Governing Council and Chief Executive Officer of CIHR. Before joining CIHR in July 2008, Dr. Beaudet was the President and Chief Executive Officer of the Fonds de la recherche en santé du Québec (FRSQ), a position held since 2004.

Among his many accomplishments, Dr. Beaudet built a distinguished career at the world-renowned Montreal Neurological Institute (MNI). He headed the MNI's functional neuroanatomy laboratory, pursuing basic research into the action mechanisms and role of neuropeptides in the central nervous system, the control of intracellular receptor trafficking and its involvement in neuron signalling and new pain therapies. From 1985 to 1992, Dr. Beaudet was associate director (research) at the MNI. He has also taught in McGill University's Neurology-Neurosurgery and Anatomy-Cell Biology departments.

Dr. Beaudet has written more than 175 original articles and some 40 monographs and book chapters. Dr. Beaudet has received numerous grants and distinctions, including the Killam postdoctoral fellowship, grants from the Medical Research Council (MRC), CIHR and FRSQ, and the Murray L. Barr Junior Scientist Award.

In September 2004, Dr. Beaudet was awarded the Prix Adrien-Pouliot by the Association francophone pour le savoir (Acfas). He served as president of the Canadian Association for Neuroscience from 1995 to 1997 and has sat on many peer review committees, both in Canada (FRSQ, MRC) and elsewhere (National Institutes of Health, Human Frontier Science Program). In 2007, France bestowed the Order of Academic Palms distinguished Officer's award to him and he was made Doctor honoris causa of Université Pierre et Marie Curie.

Dr. Beaudet earned a medical degree and a PhD in neuroscience from the Université de Montréal. He did postdoctoral training at the Centre d'études nucléaires in Saclay, France and the University of Zurich's Brain Research Institute in Switzerland.



Alain Beaudet
ASMR Medallist 2012

Conferences

GeneMappers 2012

26–29 August 2012

Sheraton Mirage,
Port Douglas
Queensland

<http://genemappers.org>

Ride the Wave of Collaboration: Industry, Institutions, Individuals

19–21 September
2012

Surfers Paradise
Marriot Resort & Spa

<http://www.arms2012.org.au>

17th International Congress of the World Muscle Society

9–13 October 2012

Perth Convention
Exhibition Centre

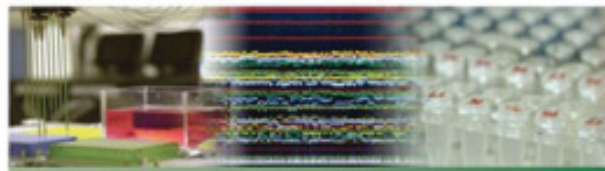
<http://wms2012.com>

The JBI National Australian Conference on Evidence-based Clinical Leadership, 'Transforming Clinical Leaders to Reform Healthcare'

13–14 August 2012

Mercure Grosvenor
Hotel, Adelaide

[www.joannabriggs.edu.au/
Events](http://www.joannabriggs.edu.au/Events)



6th Australian Health and Medical Research Congress

25th – 28th November 2012,
Adelaide Convention Centre

**“Promoting new, multidisciplinary approaches
to health and medical research”**

Congress welcomes our 2012 partners:

Australian Society for Medical Research	Australasian Pancreatic Club
Molecular and Experimental Pathology Society of Australasia	ProbeNet
Australian Colon Cancer Group	Transplantation Society of Australia & New Zealand
Australian Society for Stem Cell Research	Australasian Sleep Association Inc.
Australian and New Zealand Bone & Mineral Society	Australasian Society for HIV Medicine
National Association of Research Fellows of NHMRC	Endocrine Society of Australia
Australian Vascular Biology Society	
Society for Reproductive Biology	

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50th ASMR National Scientific Conference: **Indigenous Health: ACTION on Prevention!**

The 50th annual National Scientific Conference of the Australian Society for Medical Research was held in tropical Cairns from the 13th–16th November 2011. The theme, Indigenous Health: ACTION on Prevention highlighted the direct action being undertaken by health and medical researchers, as well as allied health professionals, to improve long term health outcomes for Indigenous Australians. In a welcoming environment, researchers and post-graduate students from around Australia gave outstanding presentations, detailing the pro-active research they have been undertaking in partnership with Indigenous people.

The inexcusable health outcomes for Indigenous Australians are already well documented and the session themes reflected the current health problems most affecting Indigenous people. Each session was headlined by an invited speaker, giving outstanding presentations on topics including maternal and child health, infectious disease, chronic disease, primary healthcare, mental and psychosocial health. The aim of the ASMR National Scientific Conference is not only to bring together senior researchers, but to provide an opportunity for young researchers to present their work in a welcoming, non-threatening environment. This was certainly achieved, with several networking opportunities allowing researchers to meet and build up collaborations, especially the conference dinner, and the inaugural ASMR family BBQ, which was held by the picturesque Cairns lagoon.

The 2012 Edwards and Firkin orations were presented by Professor Robyn McDermott (University of South Australia) and Professor Sir Mason Durie (Massey University, New Zealand) respectively. Their presentations aligned with key themes to emerge throughout the conference. Professor McDermott gave a spirited discussion of the implications of misdirected research

funds, highlighting the importance of better investment in health and health determinants for Indigenous people, where small changes can make big differences. Sir Mason used specific case studies from his experiences with Maori health, to present the importance of a holistic approach when designing research around Indigenous health in Australia. He emphasised three main factors that, in New Zealand, helped to transform Maori health: engagement with Indigenous people, cultural awareness and acceptance of Indigenous knowledge and traditions and the involvement of Indigenous researchers. The holistic approach was a recurrent theme, with clear steps forward being made in Australia to improve research methods, and subsequently health outcomes for Indigenous people.

The Champion-Ma-Playoust Memorial award for the best contribution by a student member or member less than thirty years of age was won by India Bohanna from James Cook University, Cairns. India gave an excellent presentation, outlining her research to establish reliable and validated research methods to measure mental health in remote indigenous communities and the impact of cannabis use.

The 50th ASMR NSC was a constructive and dynamic forum, which reiterated the unacceptable state of Indigenous health in Australia; however, put the spotlight on positive health outcomes being achieved through evidence based interventions, novel study designs and holistic methodologies. I would like to thank the program committee, chaired by Professor Kerin O’dea, for all their efforts, the support of all our sponsors, the ASMR board and ASN events for their efforts in putting together what was a hugely successful conference.

Dr Roger Yazbek
ASMR Director — NSC 2011 Convenor



Professor Sir Mason Durie, NSC 2011 Firkin Orator with wife Lady Arohia Durie and ASMR Immediate Past President Emma Parkinson-Lawrence



Dr. India Bohanna receives the Champion Ma Playoust Memorial Award from current ASMR President Paul Dawson



Professor Robyn McDermott, NSC 2011 Edwards Orator with ASMR Immediate Past President Emma Parkinson-Lawrence

Indigenous Researchers lead the way

We asked two early career Indigenous Researchers their motivations for getting into Indigenous Health Research, the challenges and hopes for the future.

What is your background and what inspired you get into medical research?

Yvette: I am from the Njikenra and Yawuru Nations of West Kimberley, WA. My involvement with Indigenous health began over twenty years ago. Over the last 8 years, I obtained technical health research skills in completing a Master of Public Health, a Graduate Certificate of Research and I am currently doing a PhD. I see my role as a facilitator of change and the research skills I'm learning can be used to facilitate 'real' change in health statistics in my community. My family and colleagues have been, and are always, pivotal in my aspirations to venture into health research.

Sean: I joined the health workforce in the mid-1990s first as a Health Worker in my home community of Mer Island in the Torres Strait and then studying nursing at James Cook University, which had commenced this as a new course in the Torres Strait. This was a great opportunity for me, as I did not have to leave my home to study for a health professional qualification.

I have an interest in Diabetes care, which was inspired by working with Indigenous Australians, working in the Public Health sector and the previous work Professor Robyn McDermott had implemented. In 2010 I was awarded a scholarship to complete an honours project in preparation for PhD studies in diabetes care under the supervision of Professor Robyn McDermott. She has inspired me through her words of wisdom, knowledge and passion to improve the health of Indigenous Australians; this has formed the foundation in which I would like to complete a research degree especially in my area of interest — later working on other research projects to improve diabetes care nationally and internationally.

What do you think are the major challenges of conducting indigenous health research today?

Yvette: There are 3 major challenges that I think we face in Indigenous health research today. The first is how can we extend what is known from previous (and mostly descriptive) research studies about mortality and morbidity in Indigenous Australia. The second is how can the Australian research community partner with Indigenous peoples in collaborative relationships committed to effecting real change for communities? Finally, there is a pressing need for intervention research in the Indigenous health field.

Sean: The major challenges of conducting Indigenous health research are recruiting Indigenous health professionals to conduct health research and supporting



Sean Taylor (far right) with staff from the Injinoo Primary Health Care Centre

them through the process. Many Indigenous health professionals are recruited to a project with a major work load, however, they have limited support to overcome the barriers that they may face. Indigenous health professionals that work in Indigenous health research also carry the burden that if something goes wrong within the research, they are the first to be blamed, a common problem faced by all.

What do you think the future holds for Indigenous health research and the health of Indigenous people?

Yvette: The future holds herculean challenges that will need to be overcome before change in the health status of Indigenous Australia can occur. There are important opportunities for learning in terms of a) — increasing the number and capacity of the Indigenous health workforce across disciplines such as medicine, health workers, biomedical science and public health research; and b) improving access

Yvette Roe (left) with fellow PhD student Catherine Chamberlain at the NSC in Cairns



to medications that have proven to be effective; and c) designing self-management programs that better address the needs of Indigenous Australians with chronic disease.

Sean: I honestly think that Indigenous health research has improved over the years. Indigenous health research is a challenge in itself. If any health professional working in Indigenous health research has the frame of mind to improve, teach, learn, understand and engage in those who they research, the health of Indigenous people will improve and produce better outcomes, funding for Indigenous health research will increase. It is not only the work of Indigenous health researchers, but all health professionals to have one mind to close the gap of Indigenous and non-Indigenous Australians in a cultural and appropriate manner.

If you could do just one thing to assist Indigenous researchers in the translation of research findings into positive health outcomes, what would that one thing be?

Yvette: To assist other Indigenous researchers, I would mentor and promote critical thinking across all areas of research. I would also encourage researchers to seek support from a diverse range of people that can provide professional (career), personal and cultural support.

Sean: One thing that I would assist Indigenous researchers in the translation of research findings into positive outcomes, would be to encourage them to undergo a professional doctorate and take control of their research data and interpret it in a way that can change policy that will better Indigenous Australian health outcomes.

How can we best encourage Indigenous Australians to become health and medical researchers?

Yvette: It is important to recognise that Indigenous Australians have numerous skills to offer the research community such as life experience, cultural knowledge and brokerage, corporate knowledge on the impact of health programs and a personal investment into improving health outcomes. The Australian research community needs to apply the principle that, "we want expert Indigenous Australian researchers, not just experts on Indigenous Australians".

Sean: In my opinion the best way to encourage Indigenous Australians to become health and medical researchers is offer post graduate qualifications that can lead to a PhD. I believe that if Indigenous researchers conduct research for their own studies, great outcomes will be achieved and the researchers themselves will take pride and acknowledge all those involved that have supported them reaching their goal.

National Scientific Conference 2012



A SMR have planned a fantastic National Scientific Meeting for 2012 to be held as part of the AH&MRC from November 25th–28th at the Adelaide Convention Centre. This year's theme is 'A healthy start to life', focussing on the latest research in placental biology. Sessions will cover early placental development, implantation and trophoblast invasion, sleep and pregnancy, vascular adaptations to pregnancy, placental epigenetics, the immune response to pregnancy and placental transport. We are pleased to announce that the Firkin orator for 2012 will be Professor Colin Sibley, Professor of Child Health and Physiology, The University of Manchester. Professor Sibley will deliver a plenary lecture at Congress on his work into maternal and fetal health.

The Edwards orator for the meeting is Prof Sarah Robertson from the University of Adelaide, internationally known for her work on reproductive immunology focussing on the impact of the maternal immune response on success and quality of embryo implantation, placental development and reproductive outcomes. There will be lots of opportunities for students and early career researchers to present orals and posters with the Champion Ma Playoust Award for the most outstanding presentation by a young investigator. Mark the date in your diary and visit the AH&MRC website for more details: <http://www.ahmrccongress.org.au>

Dr Rosemary Keogh
ASMR Director — NSC 2012 Convenor

Call for proposals

2013 National Scientific Conference Theme

ASMR members are invited to submit suggestions for a potential theme for the 2013 ASMR National Scientific Conference (NSC).

Please e-mail suggestions to asmr@alwaysonline.net.au

Professional development around Australia

As part of our continued commitment to supporting careers in the Health and Medical Research (HMR) sector, the ASMR once again held workshops for researchers in the critical stage of their research careers, 5–12 years postdoctoral. In late October and early November 2011, nearly 200 researchers throughout Australia attended professional development days held in Brisbane, Adelaide, Melbourne, Sydney and Perth. In response to feedback from previous events, we commenced with a session focused on fellowships, hearing from recent NH&MRC and ARC fellows and members of the review panels on the benchmarks required and strategies to be successful. Indeed, as a result of the highly competitive nature of HMR funding, evidence suggests many researchers are now pursuing alternative careers. However, we do not want to lose these highly skilled and trained researchers from our sector, therefore in the afternoon session attendees heard from researchers that have now moved sideways in their careers. These included those in management, intellectual law, science outreach, business development, commercialisation and government. It was fitting that our facilitators for the workshops, Dr Stella Clark and Professor Moira Clay (Perth) have both made moves away from the lab bench to successful careers in management and beyond.

Throughout Australia, highly engaging speakers discussed their current and previous roles in our research sector. Many attendees were motivated by the first session to “get those papers out” while others commented that they hadn’t realised that they could be competitive in the fellowship schemes. Others were interested to learn of other sources of people and research support. Overall, the tips that all attendees received from both the NH&MRC and ARC Fellows and the panel members were invaluable. Many were also encouraged to hear that in many cases they did not need to significantly re-train to find that new career. A number of speakers did comment that their new careers also had their ups and downs! Together, these sessions highlighted the importance of mentoring in both career and personal development. With many researchers still lacking a mentor in either a formal or informal capacity, we would urge all members to join the ASMR program with mentoring for both early and mid-career researchers available.

The ASMR would like to thank all speakers and of course Stella and Moira for making each of the days a great success. In addition, I personally



ARC Future Fellow,
Dr. Grant Dewson (WEHI)
 and NHMRC Career Development Fellow,
Dr. Tania de Koning-Ward
 (Deakin University) hand out advice to
 early and mid-career researchers
 at the Melbourne Professional
 Development Day

would like to thank my fellow Director, Dr Louise Dunn and Sophie Symeou for facilitating and coordinating the Sydney event at very late notice due to travel difficulties.

In 2012, the ASMR will continue to support its members with professional development activities. We hope to see you all at workshops during the Australian Health & Medical Research Congress in Adelaide in late November.

Dr Juliet Taylor
 ASMR Director — Research Careers

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
<http://www.asmr.org.au/Mentor.html>



The 2012 ASMR Board. Back row: Kristen Nowak, Paul Dawson, Juliet Taylor, Amanda Philp, Louise Dunn, Steven Polyak. Front row: Cath West, Naomi Rogers, Roger Yazbek, Daniel Wallace, Rachel Burt and Rosemary Keogh

ASMR Directors 2012

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

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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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