

## President's Report

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I feel extremely privileged and honoured to represent you and the health & medical research (HMR) sector as the 60th ASMR President. I am proud to lead a society that has continued to provide evidence to support its advocacy for all Australian health and medical researchers. For many of us, 2022 has started to look a little more like a time before COVID-19 roared into the world. As we begin to return to open bars, restaurants and sports stadiums, we can reflect with pride on the enormous contributions many in our sector, both at home and globally, have made to navigating through the pandemic. Many lives have been lost and many more changed, but the costs would undoubtedly have been far greater without the input of health and medical researchers. From vaccine development through to public health policies, our sector has saved many lives. In Australia, we have been incredibly fortunate to have a health and medical system and workforce that has informed

Government policy through evidence-based and expert advice to mount effective responses.

Since January 2020, we have witnessed the greatest advertisement in living memory for the value of health and medical research. Lives and economies have been saved through mass vaccination programs. The break-neck speed of effective vaccine development and roll-outs could only be achieved thanks to many years of fundamental research on the properties of mRNA vaccines. In 1987 Robert Malone and Philip Felgner performed the first tentative basic experiments that would lead to the development of mRNA vaccine technologies. For over three decades, many academic labs and companies worked to develop the idea further, struggling to refine it and make it worthwhile. Many of these studies were borne out of curiosity rather than motivated by product or profit, but profits have eventually flowed from this work. Global sales of the products arising from this basic science topped US\$50Billion in 2021,



Associate Professor Tony Kenna

more than 30 years on from the first experiments. To quote a recent Nature article on the subject, "The story illuminates the way that many scientific discoveries become life-changing innovations: with decades of dead ends, rejections and battles over potential profits, but also generosity, curiosity and dogged persistence against scepticism and doubt."

In Australia, we seem to have lost sight of the importance of basic research. In recent years, the Australian Government has increased its investment in translational science and research commercialisation through the Medical Research Future Fund (MRFF). While ASMR welcomes MRFF investments, I feel strongly that it must go hand in glove with fundamental or basic research.

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It is a situation where both are essential and cannot function independently. It is imperative that we continue to seek fundamental knowledge about the nature and behaviour of living systems. It is only from this knowledge that we can hope to enhance health, lengthen life, and reduce illness and disability. Fundamental research fits at the start of any research pipeline and needs to be adequately supported to promote a vibrant and profitable sector. National Health & Medical Research Council (NHMRC) grant programs support fundamental research across the entire HMR sector, and we're simply not investing enough in the NHMRC. Our comparisons with international benchmarks make for bleak reading. In 2021 the USA invested \$178 per person in fundamental research through the National Institutes of Health, Australia invested just \$58 per person through NHMRC and MRFF combined. Despite having one of the most expensive healthcare systems in the world, the USA still invests 1.1% of their total healthcare budget in HMR; we invest just 0.7% in Australia. This level of investment is more than 400% lower than the recommendation from the 2012 McKeon Review to increase investment in HMR to 3% of total health expenditure. We're doing just enough to keep the sector alive but not healthy.

We've got away with investing too little in NHMRC for too long. But we won't get away with it for much longer without serious, long-term impacts on the HMR sector. We're already experiencing some pretty shocking events. Perhaps the most alarming recent statistic is that in the 2021 Ideas Grant round, one-third of all grants peer-rated as Outstanding (score of category 6) were unable to be funded due to inadequate investment in the NHMRC. In 2008, a House of Representatives Standing Committee on Industry, Science and Innovation recommended that science grant funding success rates should be ~40%. Current NHMRC grant success rates are

14.8% (Investigator grants) and 9.9% (Ideas grants). International benchmarks sit at ~25%.

In Australia, our strong response to the pandemic was made possible by our highly-skilled and adaptable workforce and has built on decades of research. But again, the current level of Government investment in the training ground for developing health and medical researchers – the NHMRC – is unsustainable. In the 2021 round of NHMRC Ideas grants, the overall success rate for those less than 10 years post-PhD was a paltry 5.4%. If we are not supporting the training of our emerging leaders, who will maintain the sector in years to come?

Our population is ageing, and our climate is changing. I don't know what the final consequences of these changes will be, but I'd wager that both will impact the health of many Australians. We know, for example, that as we age, our likelihood of developing chronic health conditions increases, most dramatically over the age of 65. According to the Treasury 2021 Intergenerational Report, by 2060, the 65–84 year old age group will account for almost 20% of our population, while 1 in 20 Australians will be over 85 years old, and there will be more people aged over 85 than under five years old. What health challenges will we need to tackle then? And how will we manage to do so with Sovereign capabilities if we don't invest in more basic research now?

As we approach the May 21st Federal Election, the ASMR continues to advocate strongly on behalf of our members and affiliates for adequate and sustainable support of the health and medical research sector to empower research for a healthy and equitable Australia. The ASMR pre-election position focuses on three central points:

1. An immediate doubling of investment in the NHMRC to curb the current contraction of the sector and support a workforce that feels

unappreciated despite heroic efforts through the COVID-19 pandemic.

2. A long term and sustainable investment model for HMR represents 3% of total health expenditure in Australia. This investment model will ensure that the health and medical research workforce is always positioned to address the future health challenges that Australia is facing. This model has been supported by more than 20 years of independent modelling from Deloitte Access Economics, published in reports commissioned by the ASMR, and will deliver significant health and economic returns whilst providing workforce security.
3. Protecting honesty, integrity and transparency in all aspects of HMR funding. Deciding the merits of one research pursuit relative to another is a matter of judgement and debate; it requires a broad range of expertise, the absence of bias and adherence to consistent and transparent processes. It is not a task that should rest with a single person, and it should not be subject to political or personal bias.

We are calling on our members to contact candidates in their local electorates to support the HMR sector and to secure the future health and well-being of all Australians. The 2022 election represents an opportunity to ensure that politicians from all sides know that by empowering research we will achieve a healthy and equitable Australia.

## Australia Day Honours

The ASMR would like to congratulate all the Prominent Medical Researchers who were recognised for their contribution in this year's Australia Day Honours.

## 2022 ASMR Medalist

The 2022 ASMR Medalist has been named as Winthrop **Professor Fiona Wood**. Professor Wood is a Plastic & Reconstructive Surgeon specialising in the field of burn care, trauma and scar reconstruction. She is well known for her trail-blazing work on the innovative 'spray-on skin' technique (Recell), which greatly reduces permanent scarring in burns victims. She began collaborating with medical scientist Marie Stoner in 1993, working to create the revolutionary spray-on solution of skin cells used so successfully in the wake of the Bali bombings.

Professor Wood is an extraordinary human being and scientist who continues her research and teaching. She is Director of the Burns Service of Western Australia, a Consultant Plastic Surgeon at Fiona Stanley Hospital (previously at Royal Perth Hospital) and Princess Margaret Hospital for Children, co-founder of the first skin cell laboratory in WA, Winthrop Professor in the School

of Surgery at The University of Western Australia, and co-founder of the Fiona Wood Foundation (formerly The McComb Foundation), Western Australian Citizen of the Year 2005 and Australian of the Year 2005. Professor Wood is also the proud mother of six children. She possesses a talent for communicating her excitement and passion for the discovery science and its benefits to the community.

Being an enthusiastic champion of collaboration in research, Professor Wood recognises that bringing expertise together is the key to better patient outcomes, greater innovation in treatment, and the translation of research into bedside treatment. We believe her talk will be a timely reminder of the value of basic research, which feeds the pipeline to innovation and translation to best patient outcomes. She has said, *"Medicine is very different today than it was 100 years ago, resulting in continually pushing boundaries and improving current practices."*

*Every day is just the beginning, an opportunity to discover something new and ask new questions".*

Please join us at an ASMR Medical Research Week® Gala Event to hear Professor Wood speak about her inspiring work.

Save the date ASMR Medical Research Week® Gala dinner.

Your chance to hear from our Medalist

- **Perth** June 1st
- **Brisbane** June 3rd
- **Adelaide** June 6th
- **Sydney** June 7th
- **National Press Club, Canberra** June 8th
- **Melbourne** June 9th
- **Hobart** June 10th



Professor Fiona Wood

## ASMR Medical Research Week®

ASMR Medical Research Week® and the ASMR Medallist Tour are flagship events of the Society. These events allow the public to acknowledge the work of health and medical researchers and opportunities for researchers to engage with members of the non-scientific community (including politicians), informing and educating about how their research will change health care.

This annual event occurs in the first whole week of June. It features several events: the ASMR medalist tour, public outreach events (including cinema events, meet a scientist dinners and community lectures),

career events for high school and tertiary students, schools visits, an online schools quiz, scientific meetings and professional development programmes for medical researchers held across the country, with the range of events continuing to grow every year.

Each year the Society awards the ASMR Medal to an eminent stakeholder in the international medical research community for achievements in raising awareness. The ASMR medalists tour Australia, addressing audiences at dinners across the country and the National Press Club in Canberra. The ASMR Medal is presented at the National Press Club event.

The tour promotes debate and discussion amongst scientists, politicians and the public and attracts strong media interest.

Since 1998, a list of eminent scientists have generously shared their science, vision, and insights, inspiring, sometimes challenging and always informing, not only the health and medical research community but also the community.

# ASMR Awards

## ASMR Research Awards

The awards support a postgraduate student member of the ASMR nearing completion of their studies, or a recently graduated (three years maximum) postdoctoral member to undertake a short period of research in a laboratory outside of Australia (\$5,000) or in a distal laboratory (\$2,000) within Australia. Applicants for these awards must have maintained ASMR membership for more than 12 months prior to applying.

For more information, see:

<https://asmr.org.au/research-awards>

## Campion-Ma-Playoust Award

The Campion Ma Playoust Memorial Award was instituted by a motion of the Annual General Meeting of the Society in December 1975. It is presented for the best contribution for an oral and/or poster

presentation at the National Scientific Meeting by a student member or a member under thirty years of age at the time of the Meeting.

In 2021, the winner of the Campion-Ma-Playoust Award was **Jack Chan**.

Jack is a third-year PhD candidate undertaking research at the Peter MacCallum Cancer Centre with Beavis and Darcy Laboratories. Jack is part of a research group that aims to enhance chimeric antigen receptor (CAR) T cell therapy for the treatment of solid tumours. CAR T cells are a specialised adoptive cellular immunotherapy that involves genetically modifying a patient's T cells to express a CAR that directly recognises a specified tumour antigen. The CAR enables T cells to directly kill tumour cells. The CAR is derived from the antigen recognition region of an antibody and signalling domains of a T cell receptor. CAR T cells have been quite effective in treating some blood cancers.

However, several challenges remain in treating solid tumours, including poor CAR T cell persistence.

Jack's project focuses on addressing the issue of CAR T cell persistence by overexpressing transcriptional regulators associated with the development of memory T cells that individuals will often maintain for life following infection. This aims to give CAR T cells characteristics of less differentiated T cell subsets, including prolonged persistence, polyfunctionality and anti-tumour efficacy.

Jack has a keen appreciation for science communication and loves to engage professional and general audiences in various formats, including video and audio. In Jack's spare time, you can find him creating short videos for research adjacent departments at PeterMac and running a small podcast called the 'Pear Review Club' with his colleagues Bonnie Zhang and Vicky Tan.



Jack Chan

## Need to renew your ASMR membership?

Scan this QR code or follow this link:

<https://asmr.org.au/membership/how-to-join/>



## Upcoming ASMR Professional Development Webinars

- 28th May 2022: Engaging with Industry
- 30th June 2022: How to write cover letters and job applications
- 28th July 2022: Mentoring and developing independence
- 25th August 2022: Pathways to translation

Registration for all ASMR Professional Development Webinars is FREE for ASMR members

We have reached out to both Labor and Liberal parties to provide a statement on their Health and Medical Research plans in Australia. Even though we reached out to the Liberal party was given several opportunities to provide their vision for the future of health and medical research in Australia, they did not contribute. Hon Mark Butler MP from the Australian Labor party provided the statement below.

# Australian Labor Party's Plans for the Health and Medical Research Sector in Australia

— Mark Butler MP  
Shadow Minister for Health and Ageing

The pandemic has reminded all of us about the importance of health and medical research. From the early adaption of social distancing to the lifesaving vaccines and treatments; without the years of medical research that have gone into vaccines, mRNA technology, antivirals, and advances in epidemiology informing pandemic management, the devastating impacts of the pandemic, from death tolls to the economic effects, would have been much worse.

But as you all know, the benefits of medical research are far greater than those we've seen through the pandemic. Medical research alleviates chronic diseases, leads to better acute disease treatments, creates longer and more fulfilling lives, and delivers immense societal and economic benefits.

When I was Minister for Mental Health, I oversaw the National Health and Medical Research Council. Working with the NHMRC, I saw firsthand how genomic research goes hand in hand with Alzheimer's research. Our increasing knowledge about what might cause Alzheimer's is directly informed by mapping the human genome.

When we were last in Government, I announced a strategic review of medical research in this country – the first in 13 years. I understand the power of strategic well-funded research, and I know Australian medical research and our research centres across the country are among the best in the world.

Labor is committed to supporting and growing our health and medical research. We will invest in health and medical research and its translation into better clinical practice and treatments to ensure

Australia's entire health system is prepared for current and future challenges.

We will support the National Health and Medical Research Council and the Medical Research Future Fund with a stronger focus on quality, independence, and integrity in research funding decisions. Labor will enhance Australia's reputation as a world leader in high quality, innovative medical and health research and development. Labor will support research led by First Nations people to improve healthcare outcomes.

Australia's strong health and medical research fraternity will be supported by an Albanese Labor Government.

Labor is the party of healthcare, and part of that is supporting the research that means we can have the best healthcare system in the world.



Mark Butler MP

**ASMR is not aligned with any political party.**

Articles were sought from both major parties but at the time of publication, nothing had been received from the Liberal/Coalition.

## 2022 Federal Election

Let your local electoral candidates know the value of health and medical research to the future of Australia

Take one minute to complete ASMR's template email

You don't have to be an ASMR member to participate, we want support from across the whole sector at this important time so please share with family, friends and colleagues

<https://asmr.org.au/2022-federal-electoral-candidates-letter/>



# Gender Equity and Challenges for Women in Health and Medical Research

Contributed by Dr Melina Georgousakis  
 Founder — Franklin Women  
 ([www.franklinwomen.com.au](http://www.franklinwomen.com.au))

As the founder of a social enterprise that acts to improve the representation of women working across the health and medical research sector, you would be surprised to know that not many years ago, the terms gender equity, diversity and inclusion were unfamiliar to me.

When I started Franklin Women back in 2014, I was an early career researcher at the Children's Hospital Westmead, navigating my recent transition from a lab-based post-doc to a public health policy role. I was busy learning a new field of research, writing papers and thinking about whether I would have a future career in research. Anything outside of this didn't make it on my radar, especially things as complex as the systems and culture of the health and medical research sector!

Little did I know that by starting Franklin Women in an effort to create a support network that I needed in my own career, I would have started on a journey of learning which has meant that I now have become very familiar with gender equity and broader concepts of diversity and inclusion. But I often reflect on how we make diversity and inclusion relevant to everyone in our sector and encourage everyone in our workforce, irrespective of their gender, to go on their own learning journey.

One of the great things that have happened in the last few years is that there has been a seismic shift within the Australian science sector towards

addressing systematic bias and creating a more inclusive culture. This has been led by peak bodies such as the Australian Academy of Science, and funding bodies, including the NHMRC, resulted in the establishment of Science and Gender Equity Australia (SAGE) and, of course, complemented through grassroots movements like Franklin Women, Women in Science Australia and Queers in Science.

While the collective impact of such bodies and groups (along with so many individuals championing and driving change daily) in shifting policies and practice has been significant, there is still a large proportion of our sector who are still like me back when I started Franklin Women – trying so hard to do their science and or just stay afloat in their careers, that they haven't taken the opportunity to engage with, or even understand, the push to achieve gender equity.

So, why does it matter?

Well, the simple answer should just be equity. You only have to look at the recent analyses of NHMRC investigator grant data by gender to realise the current system is not equitable. Some in our sector benefit from it more than others. This is not an environment that any of us should want to work within, irrespective of whether you are its benefactor!

But the other answer particularly relates to those who may not immediately resonate with the equity argument. A diverse and inclusive sector benefits the quality of our science and its impact on communities we try to help through our research.

When one talks of diversity, it is capturing the idea that those sitting around the table (or lab bench) bring a range of experiences, perspectives and contributions because of their differences, whether these differences be gender, sexuality, cultural background, lived life/professional experiences etc

Though one rarely speaks of diversity without discussing inclusion, it enables diversity around the table. The term inclusion captures an environment where people feel they can fully bring their unique qualities, perspectives and attributes to work. There is no point in having a diverse team if the people in it don't feel they are welcome to participate.

As scientists, we work with evidence. The evidence strongly demonstrates that having diverse and inclusive teams leads to more effective problem solving, innovative approaches to questions at hand, and healthier and happier teams. It also means we are doing work reflective of the communities we are trying to help. The impact of the poor representation of women in leadership positions in our sector is a perfect example of this, as for so long, women's health has been seen as a 'niche' area that now is massively under-represented in research projects funding and ultimately health innovations.

So the next time there is an opportunity to learn more about gender equity activity or diversity and inclusion initiative, it might just be the time to join in. If not, just because you want to play a role in creating a more equitable workforce and because I truly believe that learning these skills will be essential among our future sector leaders.



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 twitter: @FranklinWomen

# Research Integrity and Peer Review — A Brief Overview

Contributed by John Finlay-Jones,  
Emeritus Professor,  
Flinders University and Edith Cowan University  
Former President, ASMR (1990!)  
Member of the Australian Research  
Integrity Committee

## Background

Recent concerns expressed about the Ministerial “veto” of ARC grants recommended to support peer-reviewed applications deemed highly competitive for funding (see, e.g. <https://theconversation.com/as-the-senate-discusses-research-and-ministerial-vetoes-heres-one-idea-for-an-independent-accountable-grant-scheme-179078>) have led to calls on government to be more transparent and evidence-based when overseeing the allocation of public funds for research. At the same time, we as researchers must uphold the highest standards of integrity in our research activities and our participation in peer review processes.

## The Australian Code

*The Australian Code for the Responsible Conduct of Research* (“the Code”) (2018), jointly developed by the National Health and Medical Research Council, the Australian Research Council and Universities Australia, “articulates the broad principles and responsibilities that underpin the responsible conduct of Australian research”.

Peer review, defined in the Code as “the impartial and independent assessment of research by others working in the same or a related field”, is an essential part of the assessment of research proposals and

grant applications, draft publications, research theses, and research performance by individuals, teams and institutions.

In the 2019 publication *Peer review: A Guide Supporting the Australian Code for the Responsible Conduct of Research* (ISBN 978-1-86496-037-2) (‘the Guide’), the responsibilities of Institutions and Researchers are documented.

Institutional responsibilities include support for peer review and the provision of appropriate training for researchers. Researcher responsibilities include participation in peer review “in a way that is fair, rigorous and timely and maintains the confidentiality of the content”.

The Guide provides helpful detail on the “must” and “must not” expectations of peer reviewers with respect to maintaining integrity in the process. Researchers must disclose and manage actual, potential, and perceived conflicts of interest, avoid interference in the peer review process, mentor trainees in peer review, and engage in relevant training in responsible research conduct. Finally, researchers must accept that it is a breach of the Code if they fail to conduct peer review responsibly and fairly; take advantage of knowledge obtained through peer review processes; disclose the content or outcome of peer review processes, or fail to disclose relevant interests.

## Priorities in Peer Review

Broadly speaking, peer review aims to provide an unbiased and honest assessment of the quality and originality of a grant application (or a manuscript

submitted for publication, or related exercises such as providing independent assessments of CVs etc., for appointment/promotion processes). There are, therefore, two major issues for researchers:

1. participating in peer review exercises with integrity (e.g., maintaining confidentiality, not stealing ideas, data, etc.) and
2. using the peer review process to identify unoriginal or flawed arguments, or research misconduct (e.g., calling out plagiarism, fraud).

What are the failings of the peer review system?

The importance of integrity in peer review is perhaps exemplified by examining what can go wrong in the process:

Failure to recognise a lack of originality (or overt plagiarism). The ready availability of searchable scientific literature databases provides some opportunity to check for the originality of ideas. Resources such as CopyLeaks (<https://copyleaks.com/>) and the student-oriented Turnitin (<https://www.turnitin.com/>), and similar resources, provide support with respect to detecting text duplication between manuscripts and published work. However, it’s a time-consuming exercise in the absence of firsthand information or direct experience.

Failure to identify flaws in study design, the appropriate application of technology, and errors in data analysis or interpretation. Several studies have shown that peer review fails to detect many errors deliberately introduced into a draft manuscript,



John Finlay-Jones

highlighting the problem but not finding an entirely satisfactory solution (see, e.g. Schroter et al. (2008) *J R Soc Med*, 101, 507–514).

Failure to detect deliberate fraud. Whilst the flaws referred to above may not be deliberate, there is evidence of deliberate fraud (including plagiarism) found in published papers. This occurrence in manuscripts rejected for publication (or in grant applications, etc.) is hard to quantify. Still, the extensive information on websites such as Retraction Watch (<https://retractionwatch.com/>) provides evidence of the extent of inadvertent or deliberate errors resulting in, ultimately, retraction of publications. This website provides a link to the work done by Australia's Jennifer Byrne and colleagues on exposing flawed methodology in publications (<https://retractionwatch.com/2021/03/01/what-happened-when-a-group-of-sleuths-flagged-more-than-30-papers-with-errors/>).

Duplication of figures or images (again, "inadvertent" or deliberate) in published material could be argued to be a result of inadequate peer review but is being more readily recognised (see, e.g., the work of Elizabeth Bik and image manipulation: <https://www.nature.com/articles/d41586-020-01363-z>).

Theft of original ideas or data. How widespread this is has been hard to quantify. One quirk from several decades ago, when it was fashionable to publish full gene sequences in typically prestigious journals, was that it was suggested that authors introduced deliberate errors into the gene sequences that comprised the main focus of the manuscript submitted for publication to mitigate against the possibility that peer reviewers would steal and patent the data. Once the manuscript was accepted, the authors would correct the errors prior to publication. As intimated above, the extent of the alleged practice is unknown.

Bias. This influence on peer review might be exemplified by a reviewer being (inappropriately) hostile to a particular hypothesis or by a predisposition to gender or institutional bias. More than a decade ago, in my experience as a DVC Research, the latter was exemplified by an ARC assessor using words like "excellent researcher and novel proposal, but the researcher and the work should be done at a better University" in their assessment. (The consequences for the assessor, having been reported to the ARC, were unknown, but the grant was not awarded).

Susceptibility to manipulation. One example not infrequently cited as a researcher (or group) providing journal editors with false email addresses for suggested reviewers, resulting in the researchers themselves being approached and then preparing and submitting favourable referee reports.

Inappropriate delegation of the role. It is cited as a failure in integrity if a person approached to provide a peer review delegates that task to a more junior person but fails to ensure either adequate training or guidance in the exercise. Appropriate mentoring, as well as institutional training programs, should avert the problem.

Failure to address potential/actual conflict of interest. Conflict of interest extends beyond personal and professional associations with those being reviewed but has been argued to include political, ideological or religious conflicts. Granting bodies typically have guidance on what comprises a conflict of interest and how to manage it.

What can be done about breaches of the Code in peer review? Whilst it might vary with the nature of a perceived breach, institutions, granting bodies, and publishers will typically have guidance on managing alleged breaches of the Code, including those related to peer review.

## Resources

Some background information on peer review in the NHMRC system

(<https://www.nhmrc.gov.au/funding/peer-review/>),

including training modules for peer review (<https://www.nhmrc.gov.au/funding/new-grant-program/peer-review/training-modules-peer-reviewers>).

Several resources for research integrity (<https://www.nhmrc.gov.au/research-policy/research-integrity>),

including *The Australian Code for the Responsible Conduct of Research*

(<https://www.nhmrc.gov.au/about-us/publications/australian-code-responsible-conduct-research-2018>),

NHMRC Guide to Peer Review

('Peer-Review-Guide.pdf')

(<https://www.nhmrc.gov.au/file/14502/download?token=3ipiDqWk>)

## Affiliate Members

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Royal Australian College of General Practitioners  
Royal College of Pathologists of Australasia  
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Society of Mental Health Research  
Society for Reproductive Biology  
Thoracic Society of Australia and New Zealand  
Transplantation Society of Australia and New Zealand  
University of Queensland Diamantina Institute  
Westmead Institute for Medical Research

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