the Australian Society for Medical Research

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Newsletters, News and Events

Newsletters

ASMR NEWSLETTER OCTOBER 1996

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President's Report

Possible Changes to Articles of Association

As I foreshadowed in the last Newsletter, the November Annual General Meeting will be considering resolutions which could raise the age limit for Directors of the Society, and extend the terms of Directors to two years. Please read my discussion paper on age and terms of directors (page 5) and the draft resolutions and the method of voting (page 8).

All members will be able to vote, whether they attend in person or by proxy, and on such an important issue it is essential that every member's view is heard. The AGM will also consider a number of non-contentious changes to the Articles which will correct some anomalies. It is cheaper to deal with these issues in a batch. Members will receive by separate mail: notice of these motions in final form, proxy voting forms, and cases for and against the major resolutions.

Budget Analysis

The 1996 Budget was in many respects more positive than expected for health and medical researchers. This was largely due to the way cuts to public spending had taken been flagged as the norm in the Government's overall strategy. In the event, the highest profile components of Commonwealth direct funding of research survived intact, but the research capacity of the university and business sectors is under a cloud.

The Minister for Health, Michael Wooldridge, steered NHMRC funding through the razor gang to deliver a net increase of 2-3 % in real terms. Most importantly, the increase for 1996-7 which was announced in the 1995 Budget was left basically intact ($ 6.2 m), and was supplemented by the two specific promises made during the election: $ 1.0 m for public health research and $ 1.5 m for centres of clinical research excellence. These increases have apparently fulfilled the "matching" requirements for the Wellcome Trust to make an $ 8 m p.a. contribution to Commonwealth health research funding this year.

All other things being equal, it can be anticipated that this year's NHMRC round should be similar to, or at least no worse than, last year's. It's not yet clear how the Wellcome money will be used, but one way or another it must alleviate some of the pressure on grant funds.

However, the changes afoot in the university system threaten these modest gains. The combined effect of the 1 % cut to operating grants and unfunded enterprise bargaining salary increases will undoubtedly increase pressure on academic research time and departmental staff and maintenance, with a further 3.0 % cut to follow next year. With 45 % of Australia's health research investment taking place in the universities, these cuts must increase the burden on competitive grant schemes like NHMRC. One sign to watch for would be an increase in numbers of grant applications received in the 1997 and 1998 rounds. More broadly, the attack on the universities and the increased HECS burdens for science and technology degree students have certainly diminished the likelihood of recruiting the best high school leavers and graduates into research careers.

Business sector investment is also under threat due to the downgrading of the 150 % tax concession to 125 % and the termination of R&D syndication. The latter scheme had attracted a total of $ 250 m into medical research over five years or so, and $ 1 billion across all fields of R&D. A replacement program of grants and loans (START) is being put in place, and its performance will need to be closely monitored. It does not appear to be capable of attracting investment capital on the scale of syndication, and this particular deficiency in private sector support for research still needs fixing. Similarly, the reduction of the tax benefit for performance of R&D is a blow. The evidence suggests that Australia's businesses had still been adapting to the availability of the 150 %, and were slowly ramping up their R&D capacity; this must now be at risk.

On the one hand, the Government feels it has supported Australia's researchers by preserving direct grant funding schemes, and (relatively) CSIRO and university infrastructure funding, in a climate of general cutbacks. This positive attitude needs reinforcement, and we have done so in our recent visits to (among others) the Ministers for Health and Science. However we also pointed out the serious damage that the changes to higher education and industry R&D incentives will set in train. These concerns were echoed in a Nature editorial the same day ("How not to compete with tigers" - 382: 655) which set these low-tax, low-spending, low-incentive policies in contrast with those of our Asia-Pacific neighbours, who are "pumping money" into R&D.

Submission to Mansfield Review of the ABC

ASMR made a forceful submission to the Mansfield enquiry into the role and functions of the ABC. We argued that it was in the national interest that high quality radio, television and internet-based programming about science and health was produced in this country, and that the ABC was the ideal, and probably the only realistic vehicle for those programs.

The full text is available on the ASMR home page, or from head office.

Thanks and best wishes

This being my last report for the Newsletter as President, I would like to take the opportunity to thank all members of the Board for their support, hard work and

good ideas over the last year, and Cath West for many fine contributions to the work of the Society. I look forward to spelling out those achievements in more detail in my Annual Report next month, and for now wish Kieran Scott and the incoming and ongoing directors all the best for a productive 1997.

Graham Mann

Strategic Development for a Medical Research Institute.

In recent years, we have seen an enhanced push by medical researchers into the market place to attract corporate support for a more stable business base for institutes, departments or smaller research groups. One of the key issues that arises from this corporate funding push is the development of an identity for the research group and the inevitable questions of a "what to do we have to offer a corporate business that is unique, and why should they fund our institute/research?"

With this basis, many research groups are now adopting business strategies and this outline provides an insight into a simplified development of a business strategy.

Background

Firstly, I should state, as a disclaimer, that I am not a medical practitioner or researcher, but I am an actuary by profession, a chief executive and a business strategist by trade and an unashamed marketeer.

Several months ago I was asked to join the Board of an institute with a specific charter to develop a strategic plan and to help guide the institute through a programme of strategic development. Here I impart some of the fundamental practices that must be undertaken to establish such a strategic development.

Why have a Strategic Development Program?

The environment for medical research is rapidly changing just as it is for almost every part of the community and particularly for educational and research institutions. Principally, support for research endeavours have been funded by Federal and State Governments, specialist societies and philanthropic organisations. However it is well recognized that there is a defined funding pool of monies to be attracted from these abovementioned organizations and that there is enhanced competition for funds for non-profit activities encompassing research, education or charities. Given this current climate, it is not unforeseeable that Governments can no longer afford to maintain their funding commitments. Additionally, research areas are becoming increasingly competitive and the technology in terms of state-of-the-art equipment to facilitate research is becoming more expensive and absolutely essential to maintain the competitive nature of a research group.

In the light of this changing environment, a research unit can just allow itself to be swept along with events (usually driven by other peoples' plans and agendas) or it can recognise the changing environment, make its own plans and work hard to influence events and to achieve its goals. In short, to implement its own strategic plan to ensure the survival, scientific excellence and growth of the research unit.

A strategic programme is not a guarantee but it does provide a pathway and identify the needs to follow that pathway. As General Patton is reported to have

said "If you haven't got a plan you are just a tourist". The medical researchers I have met are far too committed to be classified as tourists and the medical research capabilities of Australia are too much an important part of the intellectual capital of Australia to be allowed to just cruise along.

What is a Strategic Development Program?

In simple terms it is a clear and agreed articulation of the actions which the research unit must take to ensure its long term survival and development.

A strategic development program must start with a clear articulation of the current position of the research unit. This articulation can start with analysis of the research unit's *strengths* and *weaknesses* together with the *opportunities* and *threats* facing it - in business jargon - a SWOT analysis.

The SWOT analysis needs to look at the unit in both research terms and in business terms. It needs to be followed by trying to create a vision of where the unit wants to head and then by a definition of the strategies and actions which would be needed to fulfil that vision (or at least move towards fulfilling it). A common implemented strategy is outlined in the flow diagram.

Starting Analysis

Environment
Strengths
Weaknesses
Opportunities
Threats
Competition
Customers

The Vision for the Future

Research Strategy

Needs
Gaps
Resources
Actions
Milestones

Business Strategy

Needs
Gaps
Resources
Actions
Milestones

The end result of this part of the process should be a clear articulation of the desired direction of the unit and the actions it intends to put into place to get there. This process does not necessarily guarantee success but it does significantly increase the probabilities not in the least because everybody can start to pull in the same direction and may expose some hidden agendas!

In practice even in the initial stages there will be several iterations of the process.

Business constraints may cause a review of research needs or priorities and more detailed exploration of the research strategy is likely to change the business strategy is likely to change the business strategy.

How do you build the Program?

The starting analysis

This needs to be done with the senior research team of the unit and depending on the size of the unit/department or institute and the time available could be done at two or three levels. It may well produce some surprising results.

The environmental analysis and the SWOT (strengths, weaknesses, opportunities and threats) are self explanatory. This encompasses areas of environment, locality, personnel, equipment, intellect, finances and stability versus development.

Competitor analysis is extremely valuable (and in fact is a continuing part of the researchers day to day activities as he or she finds the research positioning that best fits personal skills and opportunities). It is extremely valuable at the business strategy stage to identify your competitors since potential donors will always want to know why it should support an institute or a research programme and what differentiates them from all the others who are also seeking funds.

Customer analysis may sound singularly remote from a research institute but is it? The end customers for most research varies from the next researcher in the chain who will develop the results a step further, to various government or government supported bodies to the pharmaceutical industry. A clear focus on the "customers" might also provide some clear indications of funding sources and the need to direct fund gathering sources.

The Vision

Many researchers shudder at the "vision" thing (and so do many business people). Yet there is no doubt that if a vision exists and is able to be clearly articulated it becomes a very powerful tool. Even the process of trying to articulate a vision and get some measure of acceptance can be valuable because it can highlight quite different value sets amongst key people. The "trick" is to recognise that there may be a succession of iterations before an accepted vision is articulated and that there is no right answer.

The Research Strategy

The research strategy must:

- define the main research direction
- identify any additional research areas needed for greatest effectiveness
- address the mix of commercial and fundamental research
- assess the money, people, technology and other resources required
- set priorities

For instance if high technology is a major contributor to the research effort, then there will be a need to replace that equipment as soon as it loses its technological edge and therefore downgrades the research competitiveness.

The Business Strategy

The term business strategy conjures up a range of perceptions amongst researchers. For some it raises images of catchy slogans and television advertising, for others it is simply fundraising and for others it may be the range of financial issues. I consider it to encompass all elements outside of research which the unit must do to ensure the effectiveness of current operations and to ensure its long term survival. At the core of the business strategy is the underlying notion that there is the capacity to raise the funds to continue and develop its research effort. In today's world this will mean increasing reliance on corporate, charitable and private contributions. Much of the business strategy will be about ensuring that those contributors get "value" for their dollars. Remember that supporting corporate identities want to be associated with winners. Similar to the granting scheme, the greater the record of success correlates with a greater potential for sponsorship.

An Institute will have to think about its relevance and positioning in the research universe. It must think about how to marshal the necessary support resources in an increasingly complex and competitive environment for funds. It must understand the complexities of "marketing" itself both to private donors and to corporate donors and understand the difference between them. Some individual chief executives do this almost intuitively but for the remainder the craft of business management can be learned.

An issue that overlaps with several stages of development and implementation of the business plan is the recognition of the final overall interaction of the research unit, department or institute. This would encompass debate from the researchers and business managers about the value to share resources with other institutes and departments and what is the desirable size of the unit/department/institute to achieve *critical mass.*

Conclusion

A Strategic Development Program is mostly about thoughtful articulation of the assumptions, the needs and the actions to achieve long term survival and success. In its best form it will blend knowledge and needs to recognise that there are no "right" answers and no "guarantees" - *a bit like research!*

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Terms and Ages of ASMR Directors. What are the rules and do they need a change?

Introduction

ASMR belongs to its members, but the management of its activities, business and assets is entrusted by them to a board of Directors of the Society. The overall objects of ASMR, the nature and rights of membership in it, and the rules governing the powers and accountability of the Directors are all set out in the Memorandum and Articles of Association. However, I think it would be fair to say

that this is a document that few members have read since they were put in place in 1968.

Next month, members are going to be asked to decide whether to change the rules relating to the age limit on Directors, and the length of their terms. I would therefore like to outline here:

- how the rules governing election of Directors, thePresident and other office-bearers currently work,
- how they relate to the objects and foundation of the Society, and
- some of the arguments for and against change.

I don't propose here to cover the merits or otherwise of extending directors' terms to two years. This appears to be relatively uncontroversial.

The rules

The full text of ASMR's Articles of Association is available on request from head office or the ASMR home page (*http://www.medstv.unimelb.edu.au/asmr*). Note that what is known these days as the Board of Directors is described in the Articles as the General Committee (of Directors, including the President and President-Elect).

The age limit on Directors derives from the fact that there are three categories of "full" membership: Ordinary, Senior, and Honorary Life members. Ordinary members must be under 40 at the time of joining; at the end of the calendar year in which they turn 40 they become Senior members. Anyone who has turned 40 prior to applying to join ASMR joins as a Senior member.

Other designations are purely administrative (such as "student" members who are Ordinary members receiving a concessional subscription rate on the basis of low income) or represent non-voting affiliates - such as patron/supporting members, and affiliated member societies.

All full members have the same obligations, except that Honorary Life members are exempted from subscriptions or special levies. All full members have the same rights, except that, according to an addition to the Articles adopted in 1978, only Ordinary members (i.e., someone who will be no older than 40 by the end of the year) are eligible to be elected or appointed as a Director.

The President-Elect (Vice-President) replaces the outgoing President at the AGM, then serves as President until the next AGM and, in turn, "retires from office". The President-Elect, Hon. Secretary and Hon. Treasurer are elected by the members of the incoming board of Directors prior to the AGM, and serve in those offices to the next AGM.

It is therefore the age limit on Ordinary membership which implies that no Director will be older than 41, and no President older than 42, by the end of their terms.

The objects and character of ASMR

ASMR was founded some 35 years ago to provide a forum for young medical and science graduates to present their work to their own community of researchers. By the time the Society incorporated in 1967, the main object (as in the Memorandum of Association) was described as: "to promote and foster (sic) medical research in all

its aspects". This broad goal was expanded into some specific objects: notably the stimulation of public interest in medical research, the holding of scientific meetings, and the "encouragement of younger scientists" to undertake medical research.

The Society was founded as a "young Turks'" organisation, intended to challenge the status quo - the "40 year limit" being adopted in 1961 along the (then) lines of the American Federation for Clinical Research. That character is reflected in the distinction between Ordinary members - persons under 40 with "a genuine interest in medical research", and Senior members - those either admitted to membership on the basis of "encouraging younger (people) to undertake medical research", or former Ordinary members.

However the term "Senior member" has recently fallen into disuse as the Society has built and broadened its membership base by recruiting as many health and medical researchers as possible, irrespective of age or seniority - and, I suspect, as former Ordinary members have aged!

This expansion of ASMR's direct representation, coupled with the recent highly successful program of affiliation, has helped make the Society a significant force in research politics in Australia. On the other hand this shift appears not to have harmed the attraction of membership, or of our scientific meetings, to graduate students or other young researchers.

The issue is whether or not changing the basis on which Directors are elected would enhance the Society's ability to meet its objectives while remaining faithful to its charter and history.

Why raise the issue?

So why are these issues being raised at all now, and how will they be settled?

The "40 year age limit" for Directors has been questioned sporadically by individual members, directors, and researchers outside ASMR for many years - and vigorously defended. However it is also quite clear that, in the event of a challenge by any member, Articles limiting the age of directors would have to be removed as age-discriminatory. Note that the Society runs no real legal risk while they are on the books, since removal could be accomplished rapidly if a challenge came.

The Board decided to "test the water" with a discussion paper by Kieran Scott in the March 1996 Newsletter, and written comments received in response to it have been posted on the ASMR home page. More recently, Directors have been sounding members out informally in their home states and the legal issues have been checked with our solicitor, David Price. As we go to press, it is clear that there is enough diversity of opinion among members for the issue to be put to a vote and resolved one way or the other.

The Board has no official view on the merits of the age limit - it is a matter for the Society as a whole. I should also add here that my own term as President won't be affected by any resolutions to change the Articles at the November AGM, and will end on that day.

Arguments

I will highlight some of the main arguments put forward to justify changing, or

retaining the current age limit.

Retaining an age barrier would help preserve the Society's character as supportive of younger researchers and questioning of the status quo. The concern is to avoid too great a disparity of experience and seniority on the Board, which could lead to "establishment" views, or figures, dominating the formulation of policy or strategy.

On the other hand, proponents of removing the limit argue that the Society's objectives require that it be run by experienced and politically powerful individuals. The encouragement and support of younger researchers is more a matter of specific policies to foster research funding, career structures, conference and travel opportunities, than the age of the individuals making those policies.

A middle view argues that experienced and powerful ASMR members can be utilised more effectively in working groups, lobbying and public activities in support of research, but that an essential element of ASMR's official public presence, and its credibility, is its control by active researchers in early or mid-career.

Some have argued that researchers are relatively older now, for the same career stage (Ph.D., back from the postdoc, first academic appointment, etc.), than would have been the case even 15 years ago. The character of the Society would therefore not change if Directors were on average a few years older.

Finally, whatever the rules, the membership can choose to put forward, or elect, whoever it wishes to represent it. The only caution here is that the opportunity for voting for or against Directors only arises when nominations exceed vacancies.

Resolution

Three options have emerged from the debate on the age limit issue:

(i) no change;

(ii) change the Articles to raise the limit to 45;

(iii) change the Articles to remove the limit altogether.

Changing the Articles of Association requires the passing of a special resolution by 3:1 majority, with 28 days' notice, at an Annual General Meeting. The next AGM is to be held at the National Scientific Conference at the Gold Coast on Tuesday, November 26. Because of the importance of these issues, members not able to attend the AGM in person will be invited to vote by proxy.

The draft resolutions which will be put to the AGM are detailed on the following pages. Members will receive a separate mailing by October 29 with final versions of the resolution(s), cases for and against, and details of how to vote. Please note that only financial members are entitled to vote, so check with Cath West if you are unsure of your status.

Thank you to all who have contributed to the development of debate on this important issue. I look forward to a clear expression of the Society's wishes next month.

Graham Mann

President

ANNUAL GENERAL MEETING 1996

Tuesday November 26 - ANA Hotel, Gold Coast

NOTICE OF SPECIAL RESOLUTIONS TO CHANGE ARTICLES OF ASSOCIATION OF THE AUSTRALIAN SOCIETY FOR MEDICAL RESEARCH

For the reasons discussed in the preceding pages, the 1996 Annual General Meeting will consider several proposals to change the rules of the Society which limit the age at which members can be elected to the Board of Directors, and how long they can serve in that capacity. This notice sets out the precise changes those proposals would make. The current Articles are available from the ASMR home page (http://www.medstv.unimelb.edu.au/asmr), or from head office.

PLEASE

- **read** the Newsletter feature, which sets out the background to these proposals;
- **note** that all members will be able to vote, whether or not they can attend the AGM, using proxy forms;
- **watch** for the separate mailing (due by October 29 at the latest) which (if you are a financial member) will contain full details of all the resolutions, some cases for and against, and instructions on how to vote;
- **vote** - no articles will change unless three quarters of the members who vote (either in person or by proxy) support the resolution. However, it is highly desirable that the vote reflect all members' views.

SPECIAL RESOLUTIONS TO ALTER THE AGE LIMIT ON DIRECTORS

Special Resolution 1 would remove the "40 year" age limit on holding Ordinary membership, and abolish the category of Senior membership. If it is passed (by a 75 % majority) all Senior members would become Ordinary members at the end of the AGM and election to the Board of Directors would then be open to all members, regardless of age, starting in 1997.

1. Article 2(i)(a) - delete and substitute in lieu thereof the following new Article 2(i)(a):

"Ordinary members shall have demonstrated a genuine interest in health and medical research".

Article 2(ii)(a) and (b) - delete and substitute in lieu thereof the following words:

"All senior members of the Society as at 26 November 1996 shall become ordinary members".

If Special Resolution 1 fails, then **Special Resolution 2** will be put. If it is passed (by a 75 % majority), Special Resolution 2 would change the currrent "40 year" age limit on holding Ordinary membership to 45 (see Newsletter article for precise details).

All members currently between the ages of 40 and 45 would be transferred to Ordinary membership, becoming eligible for election to the Board as of the 1997 round.

2. (to be put only in the event that Resolution 1 is not passed).

Article 2(i)(a) - delete the words and figures "forty (40)" and substitute in lieu thereof the words and figures "forty-five (45)".

Insert the following new Article 2(ii)(c):

"All senior members of the Society eligible to hold ordinary membership pursuant to Article 2(i)(a) above shall be ordinary members".

If neither of these resolutions achieves a 75 % majority, the status quo remains in place.

SPECIAL RESOLUTION TO INCREASE THE TERMS OF DIRECTORS

The changes to the Articles in **Special Resolution 3** would, if passed by a 75 % majority, increase the term of Directors from one to two years. The one year terms of the President, President-Elect, Secretary and Treasurer would be unaffected. The first directors to serve two year terms would be those elected in 1997.

3. Article 23(a) - add the words:

"Directors shall be elected for a term of two years and shall hold office (subject to Article 28) until the conclusion of the Annual General Meeting in the second year following their election".

Articles 23(f) and 23 (g) - to each add the following words:

"Directors so appointed shall hold office only until the conclusion of the next Annual General Meeting, but shall be eligible for re-election".

Article 28 - by deleting the words "so long as the vacating director would have retained the same had no vacancy occurred" and substitute in lieu thereof:

"until the conclusion of the next Annual General Meeting, but shall be eligible for re-election".

OTHER RESOLUTIONS

The opportunity will also be taken to correct a number of anomalies in the Articles, on the recommendation of our solicitors. Full details will be included in the mailing. In the interests of simplicity, proxy voting will not be available for the vote on this resolution, and the issue will be decided by the members at the AGM - however, a 75 % majority is still required.

Special Resolution 4 will amend Articles affecting:

- the number of directors - to bring the Articles into line with the current number, eleven;
- subscriptions - to clarify that subscriptions are paid in advance (the current

situation), and that members become unfinancial six months after subscriptions fall due (again, the current situation);
- the time at the AGM at which the new Board takes over - to change it to the end of the meeting.

Thank you for your time in considering these issues. I look forward to your contribution to settling them by your vote.
Graham Mann
President

Australian Genome Research Facility

Molecular biology was once considered a technology for speciality groups. However the rapid development of, and the reliance on, molecular characterisation of nucleic acid species has made this technology available to most researchers. In development with this principal, Australia is now in the formative stages of developing its own Genome Research Facility. Professor John Mattick addresses what the Facility will offer. Prof. Mattick has been invited to deliver the AWT Edwards Oration at the ASMR National Scientific Meeting at the Gold Coast in November.

Genome research is the information superhighway of biology and medicine. It comprises the large-scale mapping and DNA sequencing of the human and other genomes, including those of viruses and bacteria. It includes the construction of detailed maps as a framework for the identification of genes involved in inherited diseases, cancer and common traits, as well as the definition of all proteins encoded in the genome. It also includes the definition of genetic differences between individuals and populations, as a means of exploring human diversity and human history. Ultimately the characterisation of the human genome and its phenotypic expression, and those of our pathogens, will provide a progressively rational basis for understanding human health and disease.

The Human Genome Organisation and the major funding agencies in the US and Europe have recognised that an understanding of the human genome is dependent on the intellectual and technological scaffolding that will be provided by studying key genomes across the phylogenetic spectrum. Thus the human genome project includes characterisation of the genomes of model organisms such as the yeast *Saccharomyces cerevisiae*, the nematode worm *Caenorhabditis elegans* and the fly *Drosophila melanogaster*, which provide important insights into the basic mechanisms involved in eukaryotic cell biology and in multicellular differentiation and development, most of which have been conserved across evolutionary history. The yeast genome (12Mb) has now been completely sequenced and that of *C. elegans* is over half completed (55Mb). The sequencing of a number of bacterial genomes including *Haemophilus influenzae, Mycoplasma genitalium, Methanococcus jannaschii, Helicobacter pylori, Escherichia coli, Bacillus subtilis* and (many) others is providing insights into basic prokaryotic biology and into the details of important human pathogens. This process will continue and very rapidly accelerate over the next several years. Comparative genome analysis and the conservation of chromosomal structure in vertebrate models (such as the zebrafish, pufferfish and chicken) and among mammalian species (cow, sheep, pig, rat, baboon and especially mouse) is also providing a framework for rapid characterisation of the human genome using chromosomal synteny and homology cloning. The genomes of at least 50 and probably well over one hundred different species are currently being mapped and/or sequenced in different parts of the world and ultimately this

will extend to all organisms of practical or scientific value. Reiterative sequencing (or related technologies) will be also used to characterise variation within species, most notably human, as a means of identifying the causes of normal and abnormal phenotypic variation.

Genome research now dominates international investment in biomedical science and technology. The US government has committed $US3 billion to the Human Genome Project, with comparable amounts being allocated by the European Community and Japan. This level of investment is being matched and in fact exceeded by private corporations, including the world's largest pharmaceutical companies such as Roche, SmithKline Beecham and Glaxo-Wellcome, as well as an entirely new generation of biotechnology companies such as Sequana, Myriad Genetics, Incyte and Human Genome Sciences, whose share prices have outperformed the entire biotechnology sector and even outstripped Internet companies. It was recently reported in *Science* (June 21, 1996) that "genetic data are becoming the major driving force in drug discovery and that by the turn of the century DNA data banks will be the source of most, if not all, new drug targets".

It is now quite obvious that the focal point of contemporary medical research lies at the intersection of clinical genetics and genome mapping. The availability of polymorphic markers across the genome provides a framework for genome scanning of structured pedigrees, such as families and broader community medicine resources such as the Australian Twin Registry, to identify genes involved in particular inherited diseases and in more common diseases such as asthma, anxiety, hypertension, heart disease, stroke, cancer, susceptibility to viral and parasitic infection, among many others. These are simply indicative categories, and in reality the whole of human genetic variation is now open to detailed analysis. The identification of primary and secondary genes affecting predisposition to the whole range of factors in human health will allow the progressive development of not only a new generation of pharmaceuticals but also of a suite of genetic diagnostics and prognostics, aided by the rapid development of technology in this area, which will shift the emphasis from disease treatment to disease prevention, with, sooner or later, a corresponding revolution in healthcare delivery and healthcare economics.

The Australian Genome Research Facility

Australia has been relatively slow to become involved in genome research, partly because it reverses the normal research paradigm and partly because of the lack of suitable facilities. However, we do have a number of advantages in this area, particularly our strong clinical genetics and medical research base.

Moreover, the infrastructure for large-scale genotyping and DNA sequencing will soon be established in Australia and be available for broad use. The Federal Government has provided a capital grant of $10m to set up a major national facility, the Australian Genome Research Facility, which will be based at the University of Queensland and at the Walter and Eliza Hall Institute for Medical Research / Royal Melbourne Hospital.

The AGRF will be the first generic genome facility in the world. It will also be the only large facility capable of high-throughput genetic analysis and DNA sequencing outside of North America, Europe and Japan. The latter are restricted to particular projects and are not generally accessible by researchers outside of their host organisations or consortia. In contrast the AGRF will concentrate on providing

high quality and highly efficient DNA sequencing and genotyping services to a broad range of public and private organisations, including medical research institutes, hospitals and pharmaceutical companies, for gene discovery and for the development of new products and services in human medicine, as well as other sectors of biological research.

The AGRF will be managed by an independent Board which will represent stakeholders and users. An interim Board has been established to oversee the planning process and the formation of the Facility's management and operating structures. A draft Business Plan is currently in preparation, as part of which input and advice is being sought from potential users. It is planned to have the facility operational by early 1997.

The facility will levy charges to cover salaries, reagents, maintenance and the depreciation of its equipment base, to allow upgrading and replacement on a 2-3 year cycle, in view of the rapid development of this area. Services will be offered at cost to Australian research organisations, either on the basis of subscription (which will entitle the subscriber to a certain level of access and guaranteed turnaround time) or as a fee-for-service, subject to availability and a price premium. Detailed costing has not been completed, but at this stage it is anticipated that subscriptions will be offered in units of around $5,000 per annum, which will entitle the subscriber to 1,000 sequencing or 10,000 genotyping analyses, with a similar charge for reagent costs. This translates to approximately $10 per sequence analysis or multiplexed genotyping analysis, including reagents and salaries of operators. However, a range of different protocols will need to be developed and will be costed differently, depending on the degree of customization.

DNA sequencing will be carried out in Brisbane, and DNA genotyping / mutation detection in Melbourne. Large organisations and/or groups with large projects may take out multiple subscriptions, whereas small users may join together to take out a single subscription. The subscription figure is designed to be large enough to allow convenient account monitoring, but small enough to be within reach of individual research groups who wish to undertake large-scale sequencing or genotyping projects. Using the Facility, it will be technically and financially feasible for research groups to undertake large-scale projects in genomic / cDNA sequencing and in genome scanning to identify loci affecting inherited diseases and complex traits. The AGRF will also serve as the base for the development of large-scale genotyping and mutation detection services. The facility will be robotically driven and have a minimum capability of 2,000 sequencing and 20,000 genotyping analyses per day.

The Facility will accept samples either as purified DNA (or blood samples) for genotyping, and as purified DNA or primary clones for DNA sequencing. The major variable in the quality of data obtained in DNA sequencing and genotyping is the quality of template preparation. The Facility will have the capacity for automated colony picking and template preparation, which has the dual advantage of enabling high throughput and high quality standardised preparations. Samples will be received by post or courier, and then be barcoded and routed into an appropriate processing and analytical stream. Confidentiality will be maintained. Since the Facility will only offer subscriptions within its capacity, it will be able to offer rapid turnaround, usually within 48 hours. Data will be returned by email and/or by other routes as specified by the subscriber, and will remain the property of the subscriber, although the Facility will hold back-up on CD for safety. It is expected that data analysis beyond the initial processing will be carried out by the

subscribing group using their own in-house facilities in conjunction with bioinformatic services such as ANGIS.

AGRF will also offer a range of other services for genomic research, including large-scale oligonucleotide synthesis and the storage and distribution of reference clone libraries. The AGRF will maintain a number of popular libraries, which will circumvent the problems of importing such libraries or clones from overseas. An automated colony picking and replicating service will also be available for the construction of high density gridded libraries as research resources.

Further information about the facility and its services may be obtained from its Web site (http://www.agrf.org.au), by email (agrf@cmcb.uq.edu.au) or by fax (07 3365 4388).

Forthcoming Meetings in Genome Research

Two of the leading figures in human genome research, Eric Lander from the Whitehead Institute in Boston, and Craig Venter from the Institute for Genome Research in Washington, have accepted invitations to attend the forthcoming Lorne Genome Conference (February 17-21, 1997). Their presentations at this year's Human Genome Meeting in Heidelberg were both *tours de force*, and provided stunning insights into the power and potential of genome research. Their attendance at the Lorne conference will be a great opportunity for Australian biomedical researchers to gain exposure to the leading edge of this field. Further information about the 1997 Lorne Genome Conference and registration forms may be obtained from Dr Rick Sturm (*email*: r.sturm@cmcb.uq.edu.au).

We are also pleased to announce that the 1999 Human Genome Meeting will be held in Brisbane. This meeting is clearly now the major forum for the intellectual and technological development of genome science and for reporting progress in understanding the human genome. We hope that you will be there as participants and contributors.

John S. Mattick
Director, Centre for Molecular and Cellular Biology,
The University of Queensland, Brisbane, Queensland 4072

National Scientific Conference 1996

Venue: ANA Hotel Gold Coast.

Room Charges: $125 per room

$150 share triple

Travel: Regular Flights to Brisbane / Gold Coast with bus transfers to Hotel

Firkin Oration: Professor Ralph Bradshaw

AWT Edwards: Professor John Mattick,

Symposia: Apoptosis, Signal Transduction and the Cell Cycle, Mapping Human Genome Disorders, Photobiology and Skin Cancer, The Brain and Psychiatric

Disorders, Cytokines, Fibrogenesis and Liver Injury, Advances in Vaccine Technology

The scientific programme has now been finalised and includes a splendid array of national and international plenary speakers, symposia, The Great Debate as well as free communication and poster sessions (see the homepage for details). The venue for the conference is the splendid ANA Hotel which in addition to it's excellent conference facilities and comfortable accommodation is located in the beautiful coastal resort of Surfers Paradise. The ANA Hotel has offered the organisers very competitive rates for accommodation during the conference and as all the social functions will be held in the hotel it clearly makes sense to take advantage of this offer and reserve your accommodation sooner rather than later. The local organising committee looks forward to seeing you all on the Gold Coast in November.

Some of the plenary speakers and international contributors to symposia are:

Professor John Mattick, Professor Ralph Bradshaw, Professor Douglas Green, Professor Peter Herrlich, Professor Elspeth McLachlan, Professor Axel Gressner and Professor Jurg Ott.

Further Information can be obtained from the homepage or by contacting Dr Paul Bates, Faculty of Science and Technology, Griffith University, NATHAN, 4111, Ph. 07 3875 5358, Fax 07 3875 7656, Email P.Bates@sct.gu.edu.au

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Importing laboratory rats and mice

Importation of laboratory animals is outwardly quite a straightforward process but can prove to be irksome on some occasions.

The procedure is as follows:

Before doing anything, make sure an approved quarantine area is available.

1. Decide on what mice you want and what to do with them i.e., do you want to use the imported mice for research, do you want them retained for permanent supply, do you just want them for 6 months. This will have an impact on who is going to keep the animals.

2. Source of animals.

You may know where they are available but if not ask an animal supplier or use the following:

(a) Survey of Laboratory Animals and Tumour Cell Lines Maintained in Australia and New Zealand 8th Ed. ANZCCART, 1996.

(b) International Index of Laboratory Animals 6th Ed., Michael F.W. Festing, 1993.

(c) The Jackson Laboratory Fax: 0015 1 207 2883398

URL:http://www.jax.org
email: Rosalie Farley at rsf@jax.org

Carol Linder, Technical Services at cc1@jax.org

(d) Charles River Laboratories Fax: 0015 1 508 658 7132
URL:http://www.criver.com

3. When you know where and when you can get the animals then apply for an Import Permit from AQIS. The form is entitled "Application for Permission to Import, Laboratory Animals/Animals for Scientific Purposes/Insects and Arthropods". It is available from your state AQIS office. The form is sent to Department of Primary Industries and Energy, Australian Quarantine and Inspection Service, GPO Box 858, Canberra ACT 2601. Phone 06 272 5385, Fax: 06 272 3110.

When filling out the form make sure that you make allowance for more animals than you first think of because you may decide before the import that you need more; determine exactly where the animals will be held because that will appear on the permit; clearly indicate whether the animals are transgenic/knockouts and provide as much information as possible; allow enough time for the importation because the permit is valid only for 6 months.

If the animals are genetically manipulated the application will be sent by AQIS to GMAC for approval.

4. When the permit arrives it will consist of two parts: the Permit to Import Animals (2 pages) and Conditions for the Importation of Laboratory Rats and Mice (2 pages). All pages have to be sent to the exporter: Faxed copies are acceptable.

5. The actual importation has proven to be more difficult of late because of most international airlines policy of not carrying animals for research. Qantas have a definite policy of not knowingly carrying animals for research. However, this has been challenged and it is illegal for Qantas to refuse to carry freight (i.e., animals) to their home ports. We have found that commercial suppliers of laboratory animals have a good track record for getting their animals transported but we have had some disasters when animals have been exported from institutions whose prime aim is research and not supply. For this reason we have utilised a specialist in transport in perishables, World Courier, and they have proven to be very efficient. They provide a door-to-door service and although their costs are higher than when you do it yourself they save a lot of hassles and the animals arrive in good shape (not stuck at Jakarta for 24 hours).

6. On arrival at the port of entry the animals are cleared by customs and AQIS. The costs of clearance depend on when they arrive, if it's on a weekend the costs being higher. For ease of clearance it is essential that the exporter has clearly followed the health requirements, and in particular the reference to being free from Hantaan virus. It is easier to use a customs clearance agent to handle both customs and quarantine but this will add to the cost.

7. After clearing quarantine animals are transported and held in a quarantine room approved and "licensed" by AQIS. The rules for release of animals and their progeny are being reviewed at the time of writing. The current rules are very restrictive. It is hoped that the new rules will allow release of imported animals and their progeny if they can be shown to be free of Hantaan virus, lymphocytic choriomeningitis virus and ectromelia virus either by reference to the source colony or by direct testing or use of sentinel animals in the imported group of animals.

If you require information on sources of animals, importation costs please do not hesitate to call your animal supplier. There is definitely no obligation.

David Pass
Director, Animal Resources Centre

Research Careers Subcommittee Report

A data base has now been established to review the responses to the "Brain Drain" questionnaire that was circulated in 1995. Judy Halliday is currently analysing the data which has been collected from 64 expatriate Australian researchers, mostly working in the USA, UK and Canada, with few replies from other countries.

There has been only a minor response to the discussion paper on "Appointment of research assistants to positions on NHMRC project grants", which has been available on the ASMR home page, with a summarised version published in the April issue of the ASMR Newsletter. The low level response may be due, in part, to the release in June by the office of the NHMRC of a document titled "1997 NHMRC Project Grants-changes to the method of calculating budgets and subsequent administration". The document indicates that grant holders will have more autonomy to manage their grants, which may overcome some of the problems highlighted in the ASMR's discussion paper on research assistants. Comments from members on each of the documents are still sought.

Peter O'Loughlin and Judy Halliday

FINANCE REPORT

There has been a fantastic response so far to the renewal notices which went out to members of the Society in May. Each year there are a certain number of people who forget to renew, however, so please get that form back in if you have overlooked it! The financial outlook for the ASMR for 1996/7 is quite healthy, and will be further improved as the membership base of the Society increases. Our aim for the next year is to increase the number of regular members by 5%, and to increase the number of Supporting members by 10. Supporting members are companies with an interest in, and commitment to, health and medical research in Australia. As supporting members, these companies receive discounts for advertising and for display space at the National Scientific Conference. The companies currently in this category are listed elsewhere in this newsletter; if you have any suggestions of additional companies which could be interested in supporting the ASMR please contact the Treasurer, Julie Mercer, at the address listed on the back page. Increasing the Society's income and ensuring a secure financial basis allows the board to consider new initiatives or ways of operating for the future.

Julie Mercer

MEMBERSHIP

Membership continues to remain at record levels. In addition we have recruited a large number of new student members who will be attending the National Scientific Meeting. However we still need more new members, we need

encouragement at ASMR state meetings, state scientific meetings and at an institution level.

We also need easy access to membership forms for new members. A number of new members have utilised the membership forms placed inside the newsletter, please don't throw them away, give them to any potential new members. We also have forms available by Email, so if you need a membership form just email me: mislw@flinders.edu.au, or contact Cath West at head office.

In addition to our regular members the society also has a number of other categories of membership including supporting members. ASMR has developed corporate support for the society by inviting companies to become "Supporting Members". Supporting members contribute to the running costs of the society and in return are acknowledged in the National Conference Proceedings Book, are offered a 15% reduction in advertising rates in the newsletter and are given an opportunities to participate in many of the society's activities. This category of membership has remain static over the past 1-2 years. Supporting members are important for the financial stability of the society, members who know of any companies that may be interested in becoming supporting members should contact one of the ASMR directors in their state.

Steve Wesselingh

NEW MEMBERS OF ASMR

NSW

Mr Chee-Kai Chan
Ms Lynda Dickson
Mr Wei Yu Fu
Dr Antony Harding
Dr Charles Hayes
Dr Glenn Marshall
Ms Katrina Groot Obbink
Dr Anne Peaston
Miss Rosemary Santangelo
Dr Tim Scottv
Dr Jenny Shannon
Dr Hai-Ping Sun
Ms C Y Xiao

QLD

Professor Peter Andrews
Dr Joanne Banyer
Ms Lois Cavanagh
Dr Denis Crane
Ms Christine East
Mrs Barbara Fletcher
Mr John Gehrmann
Dr David George
Ms Paige Hilditch
Mr Paul Hodges

Dr Bernd Kalinna
Mr David Kershaw
Mr Dennis Mok
Ms Helen Naug
Ms Marie Pantaleon
Mr Paul Rohde
Dr Scott Rowlinson
Mrs Margaret Scott
Miss Karin Sitte
Mrs Christine Wylie
Mr Bruce Wyse
Mr Xijing Zhou

SA

Miss Claudine Bonder
Miss Tania Crotti
Mr Kristian Downing
Ms S Garnaut
Mr M Jackson
Dr Edward Johnstone
Mr Kurt Lushington
Miss Alison Moore
Miss N Rogers
Dr David Saint
Mr L Spargo
Dr K Tremellen
Ms Miao Yan

WA

Ms Elizabeth Freitas
Ms Wen Shuz Yeow

VIC

Ms Kathleen Brasher
Ms Kristina Bucak
Dr M R Ghassemifar
Dr Joan Heath
Ms Ruth Hertan
Miss Andrea Kyriacou
Mr Joe Marinaro
Dr Moira O'Bryan
Ms Maxine Orre
Dr Rick Pearson
Dr Walter Thomas

PUBLIC RELATIONS

It is clear that to promote medical research adequately in the community takes a great deal of energy and time. Over the last year we have often considered the possibility of employing a public relations officer and the Board will decide at the

next meeting whether we will proceed with this or not. The long and short-term advantages from pursuing this option will well be worth the effort that will need to go into raising funds for such a position.

The most important task for us in the near future will be the publicising of our forthcoming National Scientific Conference. In recent years we have been delighted with the interest shown by all facets of the media and we hope this will be maintained this year. Information will be sent shortly to media representatives from all States and we will be working hard to ensure that some of the topics to be discussed by our local and international speakers will grab their attention.

Finally, we are continuing to try and strengthen our links with the broader community. In particular, we are currently working to enhance our interactions with various Foundations and patient support groups, and also to encourage them to become members of ASMR. We look forward to this opportunity to increase communications with these important groups and if you could help us, by ensuring that community organisations active in your field of research are on ASMR's mailing list or by inviting them to consider membership, it would be very greatly appreciated. Just contact me or others on the ASMR Board or PR subcommittee if you would like us to assist in any way.

Janet Keast

ASMR HOME PAGE

The homepage should be considered as a rapid response medium. Currently three newsletters are produced annually, but the homepage can be updated on a daily basis. I would encourage support from you to submit articles, notification of forthcoming meetings or items that our members should be aware of for inclusion on the homepage. The homepage now has links to our supporting and affiliated members homepages. The home page currently covers the goals and general information about ASMR, a detailed listing of ASMR directors, a calendar of forthcoming events, a discussion paper on research assistants, previous newsletters and results of an opinion poll relating to attitudes to health and medical research in Australia, articles on animal welfare and transportation, 1996 Budget report and extensive information about the forthcoming NSC. Any further additions to the home page or notification of material for inclusion on the home page, please advise Matthew Gillespie (email: m.gillespie@medicine.unimelb.edu.au).

The home page can be accessed via the following address:
http://www.medstv.unimelb.edu.au/ASMR

Supporting Members of ASMR

AMRAD Pharmacia Biotech
Biota Holdings Limited
Bristol-Myers, Squibb Pharmaceuticals Pty. Ltd.
CSL Biosciences
CSL Limited
Eli Lilly Australia Pty. Ltd.
Glaxo Wellcome Australia
Johnson & Johnson Research Pty. Ltd.
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Roche Products Pty.Ltd.
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World Courier Australia Pty Ltd.

Affiliate Members of ASMR

Association of Australian Medical Research Institutes
Australasian Association of Clinical Biochemists
Australasian Menopause Society
Australasian Society for HIV Medicine Inc.
Australasian Society for Infectious Diseases
Australasian Society for Free Radical Research
Australasian Society for the Study of Hypertension in Pregnancy
Australasian Society for Blood Transfusion
Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists
Australasian Society of Clinical Immunology & Allergy
Australian & New Zealand Society of Nephrology
Australian and New Zealand Bone and Mineral Society
Australian and New Zealand Society for Cell Biology
Australian Association of Neurologists
Australian Diabetes Society
Australian Perinatal Society
Australian Physiological and Pharmacological Society
Australian Rheumatology Association
Australian Society for Biochemistry and Molecular Biology
Australian Society for Immunology
Australian Society for Psychiatric Research
Australian Society for Reproductive Biology
Australian Society for the Study of Obesity
Cardiac Society of Australia and New Zealand
Clinical Oncological Society of Australia
Endocrine Society of Australia
Fertility Society of Australia
Gastroenterological Society of Australia
High Blood Pressure Research Council of Australia
Human Genetics Society of Australasia
Paediatric Research Society of Australia
Thoracic Society of Australia and New Zealand
Transplantation Society of Australia and New Zealand

Calendar of Forthcoming Events

35th Annual ASMR National Scientific Conference, November 24-27, 1996, Gold Coast, Qld Contact Dr. Paul Bates ph 07-3875 5358, fax 07-3875 7656, email P.Bates@sct.gu.edu.au

9th Annual Lorne Cancer Conference, February 13-16, 1997, Lorne, Vic. Contact Dr. John Zalcberg ph 03-9496 2852, fax 03-9496 2095, email jacqui@austin.unimelb.edu.au, homepage: http://www.ludwig.edu.au/lorne

Lorne Genome Conference, February 17-21, 1997, Lorne, Vic. Contact Dr. Rick Sturm, email r.sturm@cmcb.uq.edu.au,

Further information relating to these meetings can be obtained from the ASMR homepage:
http://www.medstv.unimelb.edu.au/ASMR

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go back