



# The Australian Society for Medical Research NEWSLETTER

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May, 1998

What's in store in the  
May Budget?  
AMRAD Doherty Tour  
Enterprise Bargaining  
Brain Drain Statistics  
ASMR's R&D Policy  
Position  
Will's Review of H&MR  
NSC 1998 - Abstract  
Time!

**THE COST OF NOT KNOWING** -The flag bearers are in position, the infantry drums are beating and the battle lines have been drawn. Medical research has a fight on its hands and everyone needs to know what is at stake:- The application of knowledge. Projected cuts in total funding and lack of an effective R&D taxation policy are reducing this country's scientific defences. No doubt Australia will miss out on another discovery and even the royalties/exports those finding would produce. BUT the big concern, the reason why everyone should be very worried right now, is the threat to knowledge.

Our knowledge base is being undermined and very importantly so is our capacity to use knowledge. It has saved an incalculable number of Australian lives and in very recent times. Cutting edge research is performed by scientists who are in touch. By maintaining our international networks we are in touch with the latest information, before it is published, a process we recognise can take up to 6 months. Often we are in the only informed position to advise other scientists, hospital administrators and the government/community.

How quickly we have forgotten the rapid and world-leading

response the Australian blood bank made to the threats of hepatitis C and HIV-Aids. The outstanding response was due to expert and considered advice given by up to date scientists. Every patient in Australia who receives safe blood products should not thank their lucky stars but the expert knowledge base that Australia has traditionally championed. The list of examples goes on. Yet we don't know what we will face in the future. Another public health disaster could be around the corner and I have faith in my medical research colleagues to know how to respond before anyone else but they will only be able to do so while they have their jobs and remain in Australia. Make no mistake, if we weaken medical research it can be guaranteed that the advice we all receive will be poorer. Poor advice costs more money and sadly often more lives.

A politician recently said, "... scientists are wimps, .. a real pushover". Perhaps we have been naive and previously trusting of our political masters. We recognise that the costs of the attack on our knowledge base goes beyond our own pay packets and the joy we experience in understanding. The cost of not knowing will be a disaster and we are prepared to fight battles for ourselves and the quality of life we have played a substantial role in creating.

*Editor Rob Ramsay*

## Wills Review

The Health and Medical Research Strategic Review was set up in March 1998 by the Federal Minister for Health and Family Services, Dr Michael Wooldridge. The Review's charter is to establish a better understanding of Australia's future health care needs and to evaluate the strategic role that health and medical research should play in successfully accommodating these needs. Integral to this process will be an analysis of the health and medical research community's workforce and the workforce's role in supporting Australia's continuing research capacity.

Chaired by Mr Peter Wills AM, and made up of 13 experts from across the health and medical research fields in Australia and internationally. Already, there has been significant and wide-ranging public interest and assistance, culminating in the lodging of more than 150 submissions on health and medical research.

## Congratulations to -

ASMR congratulates Dr. Jack Best, Chair of NHMRC committee for Strategic Research Development on receiving an AM in the Australia Day Honours. Jack has worked tirelessly for the NHMRC and has been a driving force in the Howard Florey Centenary Celebration "Tall Poppies Program".

Two medical researchers were among 5 Australians who received Clunies Ross Awards this year. They received the award for outstanding commitment and contribution to the application of science and technology and for inspirational scientific leadership.

**Dr Ian Holmes** Assoc Prof of Virology, University of Melbourne, who has championed the use of electron microscopy in identifying and fighting viruses - first with rubella, then with rotavirus; a major killer of children. Through his training of international students he has contributed to the battle against rotavirus around the world.

**Dr Ruth Bishop** AO Senior PRF NHMRC, and Professor, Dept of Paediatrics, U. of Melb., led the team that discovered rotavirus in 1975. Working with the WHO she has made a major contribution to child health worldwide and is now trialing an oral rotavirus vaccine that will help save millions of young children lives.



## Steve Wesseling:-President's Report

Dear Colleague,

The following report is a summary of recent events for your information.

### **Budget Strategy/Political Campaign**

**Canberra Meetings-** Dr Michael Wooldridge. On the critical issue of NHMRC funding Dr Michael Wooldridge provided a table of figures which projects a shortfall of \$155 million over the next four years. He did not guarantee the \$35 million required to maintain the status quo for this Budget and consistently stated it was still before the ERC (Expenditure Review Committee). Dr Wooldridge and bureaucrats within the department see status quo as a good outcome for H&MR. This is regardless of health/economic benefits or the obvious contrast with the US situation where NIH funding is to increase by 8.4% this year and double over the next five years. Dr Wooldridge is one member of Cabinet and the only voice for H&MR; he is a member of the ERC and is working hard to protect the H&MR community from cuts. He and his department are very aware of our lobbying efforts and we are still optimistic that the outcome will include a small increase in funding.

Martyn Evans (Opposition Science), is very much attuned to the economic benefits of H&MR and was very supportive of our position. Michael Lee (Opposition Health) and Meg Lees (Democrats) are both supportive. However we can expect no commitment from the Opposition until the election policy is announced.

**Strategy.** The campaign strategy advice from Protocol Management Group Pty Ltd., has focused on key people in government meeting with scientists and representatives of the corporate world. The lobbying effort has been noticed in Canberra and while there are no guarantees that funds will not be cut, politicians are aware of the crisis and the arguments being pursued by ASMR. The campaign will continue to expand through visits and letters to MP's, and the involvement of our Associate (Foundation) Membership. Media coverage, which has increased recently (Sydney Morning Herald/The Age/Channel Ten News) will be further pursued. ASMR will be organising lobbying workshops to assist those members who will be visiting politicians.

**GrantNet.** ASMR has continued to negotiate with NHMRC on GrantNet. ASMR asked NHMRC to provide applicants with a hard copy of what actually went to the reviewer; Warwick Anderson has given an assurance that this will happen. In view of the unofficial internal review of NHMRC there is a question mark over the GrantNet system. We continue to contribute to the assessment of GrantNet and other NHMRC activities in the interests of our members.

**Wills Review: A strategic review of medical research in Australia.** ASMR's Peter Schofield and Jason Smythe attended the briefing session, and Matt Gillespie and Rob Ramsay the launch, of the Review. ASMR has made a comprehensive submission to the Review (page 1).

**Enterprise Bargaining.** EB is a major problem to H&M researchers around Australia. ASMR cannot lobby directly as each institution and each group of employees must negotiate their own agreements. ASMR will provide as much information as possible to assist particular groups who may be inadequately represented or isolated. (page 5).

**Medical Research Week.** ASMR is working hard to make this years MRW a very high profile event. ASMR will be telling the community about H&MR. Professor Peter Doherty will be speaking in each state; there is to be a poster competition for school children with the Nobel Laureate presenting prizes to the winners. The Doherty tour and competition are being sponsored by AMRAD (page 4). The media cover will impact on the political campaign.

Thank you for your continuing support.



*Last year's Medical Research Week Expo brought the lab to the public at Melbourne Central. 1998 MRW May 31<sup>st</sup> to June 5<sup>th</sup>*

# Research and Development

The R&D taxation concession reduction from 150% to 125% has weakened the capacity of Australian medical researchers to find partners to join in the commercial development of research discoveries. The current 125% concession is an inadequate incentive to industry and commercial interests to invest in medical R&D compared to the previous 150% taxation concession that resulted in extensive investment. The original Syndicated R & D scheme was even more attractive to investors and served to take empirical discoveries through to commercialisation. Furthermore, the dropping of the percentage level and major changes in the legislation relating to the tax concession created uncertainty and loss of confidence in the investment sector which requires long term strategies to stabilise the long process of discovery through to commercialisation. A commonly held view is that a patented discovery may take 10 years before it is translated into commercial reality. Such ten-year cycles are accepted as standard in Japan and Germany.

There is general agreement that part of the guidelines governing the Syndicated R&D scheme were too flexible and allowed investments by parties without a genuine interest in medical research discoveries on occasion leading to apparent breaches of the spirit of the R&D support scheme. Unfortunately the scheme was open to abuse and needed a tightening of the regulations. However, the ASMR is of the view that the replacement scheme punished those syndicates that were satisfying the aims of the original legislation and soured the relationship between research stake-holders, venture capital and commercial investors. Nonetheless a number of R&D Syndicates in the H&MR field are now in the process of commercialising discoveries.

It is abundantly clear that venture capitalists are rare and relatively cautious in Australia, and are now less inclined to invest due to the unpredictable nature of government policy. The ASMR strongly urges reconsideration of the concession level with an aim to reinstate the original 150% incentive with appropriate legislative safe guards to exclude parties without a genuine interest in developing Australian research discoveries. These proposed safe guards could be best formulated by parties currently involved in R&D and would include those who are receiving the 125% concession and the commercial organisations that operate within the Co-operative Research Centres.

The CRCs represent the research operatives with links forged between commercial and academic interests and have developed a business ethos with strong goal orientated product discovery and commercialisation intent. We see the CRCs as bodies best equipped to bring medical research discoveries closer to commercial realisation. Parties to these CRCs may then progress to the next phase of commercialisation and would be the most appropriate and logical beneficiaries of the 150% taxation concession. Finally, the adopting of bipartisan support and the commitment to long term R&D policy is essential to reverse the negative atmosphere created by the 20th August 1996 tax changes. It may also be legislatively possible to relax some of the guidelines governing the START scheme that is seen to favour projects at the end phase of the R&D cycle.

Therefore the recent debate over the value of the CRC system warrants comment. The ASMR strongly supports the concept and current structure of the CRCs. We endorse the out-going AAS President's (Sir Gustav Nossal) comments on this topic who points out that the CRCs are just in their infancy and should be seen as enormously successful in terms of changing the research culture and building trust and alliances between business, academia and government in Australia. Furthermore, any premature changes in their funding would send another destabilising message to business that government policy is unreliable and that there is no long term commitment by government to actually develop Australian medical research discoveries.

## CRCs Saved

### **CRC PROGRAM TO CONTINUE GOVERNMENT PLEDGES SUPPORT**

**The Minister for Industry, Science and Tourism, John Moore, announced that the Government would continue funding the Cooperative Research Centre (CRC) program.**

**The CRC program has been reviewed by Don Mercer and John Stocker. In response to this review, Mr Moore indicated that the Government had adopted key recommendation by stake holders.**

**ASMR along with FASTS applauds the Minister's and the Government's response.**

# AMRAD Peter Doherty National Tour

ASMR is hosting a national tour by Peter Doherty sponsored by AMRAD. The 1996 Nobel Laureate for Medicine will tour Australia as part of the national events of Medical Research Week 1998. He is currently chairman of the immunology department at St. Jude Children's Research Hospital, USA. He shared the Nobel Prize with longtime collaborator Dr. Rolf Zinkernagel for their research that radically advanced the field of cellular immunology.

Prof Doherty will visit all Australian State capital cities to promote Medical Research issues to the media, public and policy makers. The AMRAD poster prize will serve to highlight the history of Australian medical research excellence and encourage the next generation of research scholars to consider a career in medical research. It is very appropriate that Prof. Doherty is acting as the inaugural scientific ambassador for ASMR's National Medical Research Week. His research is clearly outstanding and internationally acclaimed but for the purposes of MRW, the recent public recognition of his work reminds us of the lag time between initial discoveries, confirmation by others and ultimately the incorporation of research findings into our current understanding of disease.

**WA**  
**Friday May 29**  
 2.00pm - 3.00pm AMRAD Poster Prize presentation  
 Evening - WA MRW Dinner at the Burswood Resort Casino. Contact Caryn Elsegood for details  
 ph. 08 9224 0263  
 fax. 08 9224 0246

**QLD**  
**Sunday May 31**  
 1.00 pm Opening of the EXPO at the Science Centre and AMRAD Poster Prize Presentation  
**Monday June 1** 10.00 am Visit to School of Poster Prize winner  
 11.00 am Development Council Launch at the University of Queensland  
*\*The QLD MRW Dinner will be held at Customs House on Thursday June 4th - Contact Peregrine Osborn, ph. (07)3365 4757*

**SA**  
**Friday June 5**  
 2.00 pm AMRAD Poster Prize Presentation  
 Evening-SA MRW Dinner - Gekkos Restaurant  
 Contact Kathy Gatford  
[kgatford@physiol.adelaide.edu.au](mailto:kgatford@physiol.adelaide.edu.au)

**NSW**  
**Wednesday June 3**  
 10.00 am AMRAD Poster Prize Presentation, Press Interviews  
 7.00 pm Public Lecture at the Town Hall and cocktail reception. Contact Kathryn Quinn ph (02) 9385 1002

**VIC**  
**Thursday June 4**  
 12.00 pm AMRAD Poster Prize Presentation  
 7.00 pm VIC MRW Dinner, Grand Hyatt Ballroom. AMRAD Award for Medical Journalism Presentation.  
 Contact Maree Overall ph. (03) 5983 2400 fax. (03) 5983 2223  
[mo@asnevents.net.au](mailto:mo@asnevents.net.au)

**TAS**  
**Tuesday June 2**  
 10.00 am AMRAD Poster Prize Presentation  
 12.30 pm Luncheon Address, Regency Long Room, Hadleys Hotel  
 Contact Greg Woods, ph. (03) 6226 4832  
 2.00 pm Press Interviews

## Howard Florey Centenary Celebrations

In 1998 throughout Australia events will be held to commemorate the 100th anniversary of Florey's birth. The aims are to promote recognition of Florey as a great Australian Scientist, to increase interest in the study of science in primary and secondary schools, and to celebrate Australia's achievements in biomedical and scientific research.

Events will be held in Melbourne, Canberra and Adelaide. A synopsis of events and an overview of The Florey Education Program can be found at [www.tallpoppies.net.au/florey](http://www.tallpoppies.net.au/florey). Highlights will feature a Melbourne symposium on September 18 on penicillin and antibiotic resistance with Peter Doherty to host a public forum and one in Adelaide on September 23rd and 24th. The inaugural Florey Medal will be presented on Sept 24th at a Gala Dinner in Adelaide. There will be a video link with Oxford to contact Norman Heatley, the remaining member of the Florey team.

## Enterprise Bargaining and Medical Research: "who's going to pay the piper"

Enterprise bargaining agreements represents a significant concern to the majority of ASMR members, and medical researchers throughout the country. Thirty-seven agreements are essentially in place with other still subject to negotiation and staged implementation. The adverse impacts on the medical research community are already evident and the situation is likely to get worse in the foreseeable future. In response to this concern, the current Board of ASMR has convened a subcommittee to examine the issues and problems associated with implementing enterprise bargaining agreements. Many of the problems associated with enterprise bargaining were identified by ASMR members who replied to a series of questions circulated by Kieran Scott last year. The two main issues appear to be (i) inadequate representation of selected groups of medical researchers in the process of enterprise bargaining, and (ii) inadequate provision of funds by research granting agencies to cover the costs associated with the new agreements.

Inadequate representation of certain groups of medical researchers in EB is, by the very nature of the process, an inherent problem and difficult for the Society to directly address. For example, medical researchers working within Universities, Hospitals, independent research institutes, government laboratories, and various other not-for-profit organisations will most likely be subject to different EB agreements that have been, or are being negotiated by a variety of Unions or Work Enterprise Units. Therefore, although researchers in different institutions and organisations may have similar training, experience, and responsibilities, representation will obviously not always be equitable and differences in the terms and conditions of employment associated with new agreements will continue to perpetuate problems for researchers attempting to maintain parity for themselves and their staff. One obvious group affected by this situation is the NHMRC research fellows, one of the few examples where medical researchers were able to exercise mobility from one institution to another.

Nonetheless, the issue of inadequate representation in EB and the problems associated with parity are not unique to medical researchers. What is unique is the absolute dependence of many principal investigators and associated research staff on granting agencies for salary and research support. Although NHMRC research grants fund a significant proportion of the medical research projects performed within Universities and independent research institutions for example, there is no provision within a grant to accommodate salary increases mandated through EB. As a consequence, grant holders are often required to abide by a negotiated agreement and provide salary increases without additional income from the NHMRC to cover the expense. If the Institute or University is unable to supplement the researcher,

**Range of salary increases 6-18%: average around 11%: 37 agreements**

**-Note that some EB agreements include salary packaging, performance bonuses, long service leave changes for new employees, parental leave, and a review of SSAU eligibility criteria. Very few agreements can be directly compared which is in part the whole idea of EB. Many of the arrangements expire next year and further condition improvements may be linked to productivity targets and be influenced by suggestions made in the West report. What is clear however is that employment security, work loads and conditions have been off-set by pay increases. Expect further cuts in university staff levels, an attack on uniform superannuation (eg SSAU) and little recognition of the role of good teaching and international standard research as being used in productivity measures.**

which is more often than not the case, the options are limited. Frequently, the only option for many researchers in this situation is to draw funds from maintenance budgets with a concomitant impact on productivity, or employ research assistants on reduced term contracts, and some have had to consider terminating the contracts of research staff to free-up additional funds. The significance of this erosive problem cannot be overstated. If granting agencies such as the NHMRC do not provide additional funds to cover the increased expenses associated with enterprise bargaining agreements the future of our medical research community will be severely undermined.

The ASMR is responding to the situation by highlighting this issue within its strategy to increase the funding base of the NHMRC. Pivotal to the success of this strategy will be the Societies co-ordination of a national campaign to lobby Government for increased expenditure on medical research to be included within the Health budget. As a member of ASMR, your input into the campaign to redress the problems of funding EB will be invaluable. Comments, questions, or specific examples of problems encountered can be directed to the subcommittee through the National office of ASMR, and where appropriate will be addressed in future editions of the newsletter. For those interested in updates on the state-by-state negotiations being co-ordinated by the NTEU their website can be accessed on <http://www.edunions.labor.net.au/nteu/rights/ebagree/ebupdates/ebupdates.html> or for more general information on EB access <http://www.ctel.com.au/clients/ombudsman/enter.htm>

*Jason Smythe*

### **Australia and New Zealand Biomedical Directory**

Following the success of the published Australia and New Zealand Biomedical Directory (1993), which summarised then current biomedical research activity, Eli Lilly Australia are pleased to announce its next version, using the power of the world wide web. Eli Lilly Australia invite you and your colleagues to be part of this initiative.

By entering a summary of your current research projects and interests via the Lilly Australia website (<http://www.lilly.com.au>), your work will have worldwide scientific exposure. This is a unique networking and information exchange opportunity for Australia and New Zealand research community. Visit the site to explore the 1993 data, to see how the search engine operates, and how your data will be displayed. This website is provided at no cost to the user and has no "banners" or product advertising.

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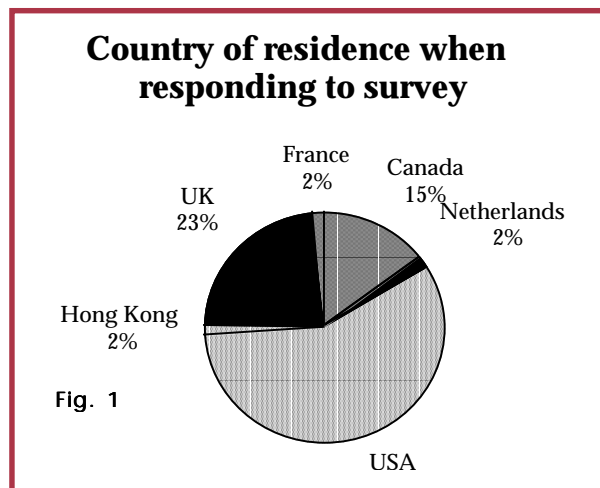
# Brain Drain - Why They Don't Come Back

## Survey of Australian Biomedical Researchers working abroad: Preliminary Analyses of Responses

In 1995 and 1996 ASMR sent out a questionnaire to groups of Australian Biomedical researchers working abroad. The survey was organised and coordinated by Dr Janet Keast. The aim of this initial survey was to gain information on various aspects of the perceived "brain drain" of the brightest and best biomedical researchers to overseas laboratories. Most of the currently available information on the Brain Drain is anecdotal. ASMR hopes that this survey will provide some real data on the positions that Australians hold overseas, comparative employment and research conditions and the reasons why researchers leave Australia and then fail to return in the short to medium term. The completed survey returned by the initial group of Australian biomedical researchers working abroad will allow us to redesign some of the questions and possibly ask other more specific questions in a future survey.

**Who responded?** Figure 1 shows that most of the respondents were from North America. 73% had gained their highest degree qualification before leaving Australia suggesting that many of the researchers that go overseas have completed the most expensive part of their training in Australia, yet Australia does not benefit from the investment in their training.

**Why do researchers go overseas?** It is apparent that the main reasons that biomedical researchers leave Australia

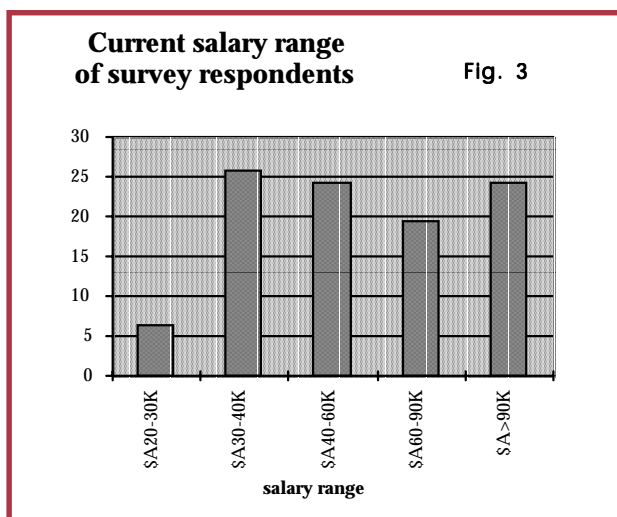


are to gain experience and learn new techniques Figure 2. However, once they have a position overseas many find that the research environment and conditions are much better than those in Australia. **73.4% of the survey respondents felt that their current salaries were better than or equivalent to Australian positions.** The salary ranges of respondents are shown in Figure 3. 51.7% were in short term positions (3 year funding cycle) and 44.8% were in tenure/tenure track positions, 3.5% were industry funded positions.



Almost half of the respondents had left Australia within the last five years (48.4%) the remaining half were evenly split between within the last 5-10 years and more than 10 years ago. Initially 80.7% left Australia with the plan to return. Even after working overseas for several years 72.6% would still like to return if they could get a suitable job. 56% would like to return to full time research positions in Australia and 42% want to return to academic positions. Unfortunately 66% said that they will remain overseas for some time yet as they feel that they are unlikely to get equivalent job security and career prospects in Australia.

Many commented that the relatively small size of the Australian research community and the distance from Australia to other OECD countries inhibited the ability to develop collaborations and maintain cutting edge technologies. In addition, it was noted that it is very difficult for researchers in Australia to fund short term travel to overseas laboratories and conferences. These short term trips that lessen the relative isolation of Australian researchers and foster international collaborations are often funded by individuals.



**Some comments from respondents**

*“ I am a Professor at age 40 which would never happen in Australia. In the USA I have experienced far greater opportunities to grow scientifically. I am still an Australian citizen and would return if a comparable position was available for family considerations. However, I see no positions willing to pay me a comparable salary, support my research and travel, and foster my growth. I can do what I do in the USA in Australia if I had the resources”*

*“I think Australian Biomedical research is in major trouble. There is no doubt that the exodus of the brightest and the best from Australia (and there is no doubt that they rank with the best in the world) will continue unless the governments and industry realises the long term consequences of underfunding Australian research”*

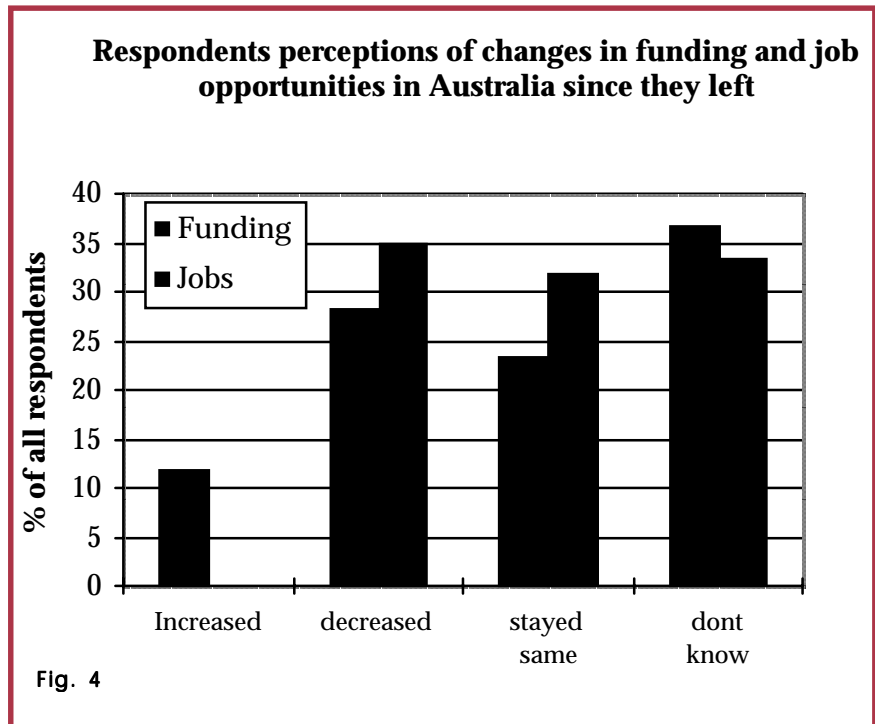
*“I would like to return to Australia from the USA, but am unlikely to do so because; i) my salary would drop 2-3 fold. ii) getting research grants in Australia is more difficult than it was. iii) Access (funds) for international meetings is difficult. iv) consumables for research are more expensive”*

**Respondents perception of the current Australian research environment**

79% of the survey respondents try to keep up to date with the Australian research environment. Figure 4 shows that most respondents believe the funding situation and career opportunities in Australia have declined since they left the country.

**It is apparent from this survey that most Australian researchers that are working abroad are not optimistic about either the future of the Australian Biomedical research effort or of their chances of maintaining a career should they return to Australia.**

*Judy Halliday*



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(08) 9332 5033  
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email: [www.iinet.net.au/~arcwa](http://www.iinet.net.au/~arcwa)

**Conference - Recent Advances In Breast Cancer**  
**Thursday 9th July 1998, Copeland Theatre, University of Melbourne**

kConFab is holding a one-day conference of interest to all health professionals working in the area of breast cancer, at the clinical and research level. Topics include breast cancer biology and genetics, epidemiology and associated risk factors, clinical and surgical management and the psychosocial impact on families with breast cancer.

International Speakers: Paul Meltzer, NIH, USA "Amplification of a Nuclear Receptor Coactivator in Breast Cancer" Joe Hacia, NIH, USA "Mutational Analysis of Hereditary Breast Cancer Genes using High Density Oligonucleotide Arrays" Neil Risch, Stanford University Medical Centre, USA "Strategies for Linkage and other Genetic Analyses in Breast Cancer" National Speakers: Jane Armes, John Hopper, Phyllis Butow, James Kollis, Sue Davis, Evan Simpson, Graham Giles, Joe Sambrook, Tim Ellis, Deon Venter

Sponsors: NOVARTIS Pharmaceuticals, KIRBY division of Schering-Plough,  
Enquiries: Heather Thorne Ph: 03 9656 1542 h.thorne@pmci.unimelb.edu.au

**Affiliate Member Organizations**

*Association of Australian Medical Research Institutes*  
*Australasian Association of Clinical Biochemists*  
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*Australian Society for Reproductive Biology*  
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*Endocrine Society of Australia*  
*Fertility Society of Australia*  
*Gastroenterological Society of Australia*  
*Haematology Society of Australia*  
*High Blood Pressure Research Council of Australia*  
*Human Genetics Society of Australasia*  
*National Association of Research Fellows*  
*Paediatric Research Society of Australia*  
*Perinatal Society of ANZ*  
*Thoracic Society of Australia and New Zealand*  
*Transplantation Society of Australia and New Zealand*  
*Australian Atherosclerosis Society*

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*Australian Kidney Foundation*  
*National Heart Foundation of Aust*  
*Ntnl. Multiple Sclerosis Society*  
*Muscular Dystrophy Assoc of S A Inc*  
*Comm Hlth & Anti-Tuberculosis Assoc*  
*Australian Cystic Fibrosis Assoc*  
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Jan 28 1998 to April 20 1998

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Miss Francene Letchford  
Miss Raelene Lim

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Mr Andrew Sakko  
Dr E Teo

**Queensland**

Dr N Ketheesan

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