newsletter

October 2015

President's <mark>Report</mark>

asmr

As I nervously await the outcomes of my NHMRC project grants and fellowship applications, I look back over my year as the 54th ASMR President. Despite the challenges and uncertainty our sector has faced this year, I have enjoyed every minute and I am so very grateful to have had this opportunity to represent you and in the process learn so much. A highlight for me was meeting many inspirational health and medical researchers across the country and being able to share many of your success stories in my conversations with key stakeholders, politicians and community members.

This year ASMR's pre-budget political advocacy focused on trying to claw back the loss of intellectual capital the sector has endured over the past 4 years (i.e. static investment into the National Health and Medical Research Council, NHMRC). We requested that the Government commit to the Medical Research Future Fund (MRFF) and increase investment into NHMRC.

'MRFF a step in the right direction, but not a silver bullet for research sector crisis'

On the 13th of August ASMR was very pleased to see that the MRFF Bill passed through the senate. This initiative we have always supported is a step in the right direction and represents a valuable long-term strategy to increase investment into health and medical research in Australia. However, concerns raised in our submission to the Senate inquiry into the MRFF Bill and evidence I gave to the subsequent senate hearing were not addressed in the Bill which was amended prior to passing through the senate. Our key concerns remain and include a lack of detail on the disbursement of the MRFF and the lack of independent expert review in deciding which initiatives should receive support. A transparent competitive process is required ultimately to protect the minister of the day and ensure the MRFF is funding the best quality health and medical research to maximise positive health outcomes for all Australians.

There will be significant delays in the expected returns from the MRFF. Cost cutting measures to support the growth of the fund are currently pending. The government has advised that the MRFF is to fund different but complementary research to that currently supported



by NHMRC. Based on this **the success of the MRFF is heavily reliant on NHMRC investment**, which has been declining in real-terms over the past 4 years.

Current federal investment into NHMRC represents only 0.6% of the total health spend. Should the MRFF reach its predicted growth potential in 2018/19 of \$224M investment into the sector this will still only represent 0.55% of the total health spend. In essence **the status quo in terms of overall investment remains.**

This innovative idea of a MRFF is an opportunity; we don't want it to be a lost opportunity. Research performed under the NHMRC system must underpin the different but complimentary research which is the target of the MRFF. The foundation represented by NHMRC research supports the vision and the survival of our highly skilled workforce and the intellectual capital it represents.

Our continued ask in our advocacy campaign is that the federal government provide an immediate injection of \$300 million to the NHMRC Medical Research Endowment Account (MREA). Many may feel that the MRFF answers government responsibility in terms of investment into the sector. The truth is, investment into NHMRC has been declining in real terms for a number of years, so much so that we are at a critical point, losing expensively trained, highly skilled researchers to an extent that it may take years to recover the loss of valuable intellectual capital.

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This year the sector will have to brace themselves for what is predicted to be the lowest success rates for NHMRC project grants in our history (predicted to be around 10%; notably down from 24.9% in 2011). We will continue our strategic meetings based on evidence with politicians and key stakeholders to inform, to educate and encourage their championship of an immediate investment into NHMRC and to ensure a transparent funding mechanism for the MRFF.

We face a turbulent time in our advocacy campaign with the recent political changes (a new prime minister) and an election year approaching. But, I am optimistic that this may create a window of opportunity for our sector.

I will hand over the presidency baton to Dr Sarah Meachem at ASMR's National Scientific Conference in November. She has a wealth of knowledge and ASMR experience (past-president ASMR) and I have no doubt that she will do a brilliant job. I am extremely proud of all the volunteers across the country that represent ASMR including our state committees and ASMR Board. Thank you for your commitment, passion and hard work!! It really has been a privilege to work with you all. I owe a special thanks to my mentor and past ASMR president Professor Maria Kavallaris and the ASMR advisory group (consisting of past presidents Rob Ramsey, Mark Hewlett, Paul Dawson, Emma Parkinson-Lawrence, Roger Yazbek and Sarah Meachem) for their advice and unwavering support. Last but not least - all of ASMR activities would not be possible without our executive officer Cath West and Priscilla Diment who work around the clock to ensure all ASMR activities run smoothly. Cath you have been my rock throughout the year and I have learnt so much from you — thank you for everything!

Dr Phoebe Philips, ASMR President

The future of the NHMRC



Professor Anne Kelso AO CEO, National Health and Medical Research Council

This is a very tense time of year for medical researchers waiting for the announcement of NHMRC fellowships and grants. I am acutely aware of the importance of these awards to the thousands of people whose salaries, research plans and career ambitions are affected. As everyone reading this Newsletter will know, competition for NHMRC funding is at an all-time high. Those who are successful are truly the best of the best, but a large number of unsuccessful applications have also been assessed as high quality and worthy of funding.

After five months in the role of NHMRC CEO, I have a new appreciation of the extraordinary effort made by members of the health and medical research sector throughout all stages of the funding cycle. While the details vary from scheme to scheme, the process that starts with preparation and submission of applications is followed by selection of assessors, external assessments, applicant rebuttals (or interviews) and, finally, intense meetings of peer review panels to grade applications. Thousands of researchers and other health or industry experts have contributed to the review of more than 5,500 applications received this year.

In meetings with Grant Review Panel (GRP) chairs, community observers and many individual panel members over the last months, I have heard a lot of people talk about the rigour of the current peer review process. Conflicts of interest, both actual and potential, are tightly managed and panel discussions are structured and monitored to ensure that all applications are treated fairly and equitably. Those participating or observing for the first time are struck by the integrity of the GRP process and the effort made by panel members. Knowing this, I was delighted when the Minister of Health, The Hon. Sussan Ley MP, accepted our invitation to see what peer review looks like. The Minister visited NHMRC during week five of the six weeks of Project GRP meetings and observed the discussion of an application by a clinical trials panel. The primary and secondary spokespeople were well prepared and thoroughly professional in presenting the strengths and weaknesses of the application, and this was followed by insightful discussion by panel members. Once we had left the meeting room, the Minister had many questions about the process and the science of the application. Her visit was a great opportunity to explain the essence of peer review more effectively than we could ever do with a dry written description.

Over the last few months, many people have given me extremely useful — sometimes critical but always constructive — feedback on our current funding schemes and ways we can improve application and peer review processes. One of the most effective ways to engage on these issues has been at round-tables and Q&As, such as those I had with researchers at the Centre for Cell Biology in Adelaide and the Peter MacCallum Cancer Centre in Melbourne in August, and at the Translational Research Institute and the QIMR Berghofer Medical Research Institute in Brisbane a few days ago. I do appreciate the open spirit of these discussions and look forward to opportunities for more of them.

The single biggest issue for NHMRC is, of course, how we manage the roughly \$800 million allocated to the Medical Research Endowment Account in the Federal Budget each year. This account is the source of most NHMRC research funding, including Project and

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Program Grants, all our fellowship schemes, Centres of Research Excellence and more. Given the enormous potential for research to address present and future health challenges and faced with strong demand from a highly competitive research sector and increasing costs of research, we must ensure that this precious fund is used wisely. We are planning an over-arching review of our funding schemes in which we will consult widely across the health and medical research sector. I look forward to talking with ASMR Directors and members in detail about the review in the coming months.

Professor Anne Kelso AO CEO, National Health and Medical Research Council

The Athena SWAN Charter

"They've just mentioned Athena SWAN at the council of Vice Chancellors". That was a text message to me from my Vice Chancellor in mid 2014. I had arrived at Charles Sturt University in May 2013 as Dean of Science and gender equity was not at the top of anyone's agenda, never mind them having heard of Athena SWAN. It was a chance conversation with the Lead Scientist of Victoria Leonie Walsh when I found that she had been in the UK and spoken with the Equality Challenge Unit (ECU) that things began to happen.

I had been part of the Cardiff University institutional bid for the Bronze Award. Since 2007 Universities have signed up for the Athena SWAN charter and aim for a certain award level, (bronze, silver or gold) Meeting the charter standard is by submitting a document, produced by a team of academic and professional staff that takes a good amount of planning and honest self-scrutiny. The main parts of the application required a self assessment of the current state of gender equity, and an action plan for the next three years. Each proposal is reviewed by a panel of experts at the ECU and the award is made or otherwise.

At the time I was head of the School of Optometry and Vision Sciences and my school was seen as having a good gender balance in terms of staffing, and on that rather slender proviso, we were encouraged to apply for the divisional Silver Award. The process was revealing. Looking through the thinly veiled gender balance revealed some home truths about gender bias that we thought could be corrected. For example, all school decision making meetings were moved to occur between 10 am and 3.30 pm. The dates were also set well in advance and adhered to. This meant that people with carer responsibilities could maximise opportunity to attend meetings and also plan in advance if they had to make arrangements. We also had a tapered return to work scheme above the statutory requirements and also I personally guaranteed that staff on maternity and paternity leave would return to the same teaching duties rather then being lumbered with new unwanted teaching from others. We received the Silver award in 2010.

In Australia my contacts in Victoria led to a presentation to the Veski group which put me in touch with the

Academy. My connections between ECU in the UK and the academy meant I presented at the SAGE forum in November. That's when the real traction started. At the meeting it was agreed to adopt the UK Athena SWAN charter and modify it for an Australian context. The main differences to the UK being that we have affirmative action legislation and there is also a need to contextualise the all important work on recognition of intersectionality especially for indigenous staff and students.



Professor Tim Wess

Part of the expectation for Athena SWAN is the sharing of good practice, and I have now given presentations in three states and made a good network with people thinking progressively about this piece. I always enjoy being challenged by people who want to tell me what I'm thinking before I open my mouth. In the UK the statement was "you are simply implementing affirmative action", to which I could reassure them that this would be illegal. Here that's not the case, and I need to reconsider the opportunities that could be deployed to fast track to an equitable framework. However, it's the culture that needs to be changed; people need to be mindful, recognise their biases and work out how to respond to these.

I'm heartened that Athena SWAN has come to Australia and we are making it our own. Thirty-two higher education and research institutes are in the pilot study. It's almost more interesting to see who isn't... Most universities in the UK are now on the journey, to gaining the charter, the world hasn't ended, and the effects of a supportive culture for employees and students is beginning to be felt. Upon leaving Cardiff, my replacement head of school is female — the first in 75 years.

Professor Tim Wess

Notice of the Annual General Meeting of The Australian Society for Medical Research

All members are invited to attend the Annual General Meeting of the Society to be held on the 16th of November 2015 at The Stamford Plaza Hotel, Adelaide, commencing at 12:30pm and concluding at 1:45pm

Dr Daniel Johnstone Honorary Secretary, ASMR



Abuse of women: do you give a damn?



Professor Jennifer L Martin

Former US President Jimmy Carter said in a TED talk earlier this year (June 2015) that the number one abuse of human rights in the world today is the abuse of women and girls. Women the world over are treated as secondary, inferior to men. Abuse of women in the developing world includes female genital mutilation, honour killings, and women being sold into sexual slavery. In the first world, abuse of women manifests itself in different ways: domestic violence, sexual assault, street harassment, discrimination, and unequal pay for the same work. President Carter said that one of the basic causes of abuse of women is that "...in general, men don't give a damn...The average man might say he's against the abuse of women but quietly accepts the privileged position he occupies ... (this includes)... the *majority of men who control the university system...*"

On the plus side, gender equity was achieved at undergraduate levels in Australian universities in the 1980s. On the negative, thirty years on, women have hardly made a dint in senior levels: less than one in five professors are women. This loss of talent over those years, this silent brain drain, means we are missing out on diversity, innovation and productivity. We need to find what is wrong with the system and fix it. Urgently.

Enter Science in Australia Gender Equity (SAGE). SAGE is running a pilot of the Athena Swan Charter in Australia. I am proud to be a member of the SAGE committee running the pilot, and overjoyed that 32 institutions from around the country signed up to participate. They will self-assess, identify how they are doing well and where they are failing to support the progression of women in science, technology, engineering, mathematics and medicine (STEMM). The 32 institutions will collect and analyse their data, and develop and implement an action plan to find and fix the pinch points where women leave. One thing is clear. The changes needed to implement such action plans, will only succeed if driven from the very top. Academic leaders will have to walk the walk, as well as talk the talk. Change is needed in the processes we use to appoint, recruit, promote, and evaluate our human capital. We need cultural change, organisational change; we need to remove the invisible barriers that block women's progress; and we need to value what women do and how they do it. We need to support and encourage men to take flexible work options and parental leave, as often as and for as long as women do, without stigma. We need to be transparent about and address pay inequity. We need to set targets with teeth, and reward gender equity successes.

I write this on a day when yet again I've seen a list of speakers tabled for a future academic event, with not a single woman suggested. In a discipline that boasts more than 50% women. My head aches from banging it against this particular brick wall. As I write, I am still shocked at the level of discrimination, bullying, and sexual harassment reported by the Royal College of Surgeons, with the perpetrators for the most part being senior surgeons and surgical consultants. Yet I shouldn't be surprised. Women in academia have similar experiences – and when they occur, perpetrators are often protected; victims leave or stay silent. This week in Australia, three women were murdered by partners or ex-partners in domestic violence incidents. These events may seem unrelated, but at their core is the same underlying toxic theme. Abuse of women. We as a society do not value women as much as we value men

The question is, what will **you** do about it?

Do **you** give a damn?

Professor Jennifer L Martin



Congratulations to One of Australia's Most Influential Women — Professor Maria Kavallaris

ASMR congratulates Past President and life-time ASMR member, **Professor Maria Kavallaris**, who has been named one of *The Australian Financial Review* and Westpac's **100 Women of Influence for 2015**. Professor Kavallaris is being acknowledged for her internationally recognised research on cancer biology; for her public and political advocacy work on behalf of medical research community; and for her inspiring leadership as Director of the Australian Centre for NanoMedicine at UNSW Australia.



Go with your strengths!

There are few starker reminders of the passing of time than the realisation that the undergraduate students at uni these days are wearing the same clothes you wore in the '90s, but that they are now considered "retro". Fresh faced 18 years old sporting Doc Martins made me reflect on the fact that I finished my PhD over 10 years ago, and am now firmly a Mid Career Researcher — how on earth did that happen?

Over the years I have witnessed nearly all of my friends and colleagues from my PhD days disappear from research for a multitude of reasons, and I feel incredibly fortunate to have survived this long, and to be in a position where I truly love my job.

However, before you all roll your eyes, let me assure you this has not been smooth sailing and I have had to scramble and fight my way to get here. Mostly it's been fantastic, but at times incredibly stressful and hard. There is no handbook for carving out your own career path in medical research! I have made heaps of mistakes, but also grabbed opportunities and made the most of them.

Frankly, I was a pretty terrible undergraduate student for the first few years of uni. I found the vast majority of my lecturers and lectures tedious and could see no real-world application of what I was learning. It wasn't until third year when I started to take specialist courses in medical science such as bacteriology and virology that my interest in medical research emerged. I went on to do Honours in a virology lab located in a hospital and was invigorated by the environment and dreams of flying into remote locations to research outbreaks of emerging infectious diseases! I *loved* it, and didn't think twice about signing up for a PhD project on viruses and cancer.

To the horror of my supervisor, by the end of my PhD I was far more interested in cancer than viruses, and headed off to the University of Toronto for a post-doc in cancer cell signalling. This then lead to a second post-doc at Lund University in Sweden. During this time, I successfully applied for an NHMRC CJ Martin Fellowship which allowed me to continue my research for a few more years in Sweden. Eventually Australia called me back and I timed my return to the opening of the Lowy Cancer Research Centre at UNSW. Remarkably the NHMRC project grant I had written in Sweden was successful, and I was able to set up my lab with a degree of independence at an early career stage. So far, so good. I was firmly on the research pathway.

However, within a couple of years I realised how incredibly tough the next stage in a research career is. After my initial NHMRC success I was shocked when my next grants and fellowship applications were resoundingly unsuccessful. I loved research and was excited by my projects, but I started to realise that sticking to the pure research path was going to be very hard going. I saw my incredibly stressed colleagues and realised that in a research fellow career you can never truly feel secure. Amazingly dedicated and passionate people with worthwhile and important projects were not getting funded.

I'd also begun to realise that I really enjoyed teaching and was actually surprisingly good at it! I began making enquiries and pestered friends and colleagues for teaching opportunities. I enrolled in university teaching courses and consciously worked on improving my teaching knowledge and skills, based on the premise that putting effort into your strengths and things you love will enable you to truly excel, while concentrating all your efforts on your weaknesses will likely result in you being average to good at best.

This gamble paid off and I was fortunate to secure a tenure-track combined research and teaching position. For the first time in my career I felt a degree of security regarding my position, and was astounded to realise that there was in fact a role where I could do both research and teaching equally. Without the burden and pressure of fellowship applications my research program took off, I got some more grants, and I was able to develop and launch some exciting and innovative educational projects. With one hat, I now lead a small research team investigating ovarian cancer, and with my second hat I teach a few hundred undergraduate UNSW students about cancer pathology and genetics, and over 12,000 students globally in a free online course about personalised medicine. It is a fantastic combination, and I am lucky that I have been able to weave together the research and teaching components of my job.

So while I may not be flying in to save the day in the latest Ebola outbreak as I dreamt all those years ago, I do get to spend my days researching a chronically understudied and important disease, and inspiring and motivating the next generation of medical researchers (and critiquing their fashion choices)!

Dr Caroline Ford



Dr Caroline Ford



Mentorship, sponsorship or both?



Dr Nikola Bowden

ASMR Mentoring Program

The ASMR Mentoring Program is open to all ASMR members who are Early Career Researchers or 5–12 years post-doc, and offers an opportunity to be matched with a Career Development Mentor.

For more information and to apply, please visit www.asmr.org.au/ Mentor.html As an early career researcher there is one piece of advice you hear from successful researchers, you will also hear it at every career development workshop you attend — find yourself a mentor.

I vividly remember attending my first ASMR career development day where a stream of successful researchers and scientists from many different areas of industry, education and research all said the same thing "you need a mentor, maybe even many mentors".

How do you find a mentor? Who is the right person to be your mentor? I had come to realise my supervisor at the time was not my mentor, he was my boss had a vested interest in what I did, he had good intentions when he gave advice but ultimately I was the only person that could control what was best for me and my career — I had to find a mentor.

I organised a meeting with the Director of my Institute and asked if she would be my mentor, she said she was too busy but would I give some feedback on a EMCR program she wanted to setup. We had a really nice chat and she thanked me for the feedback. I then went on for a few more years not really thinking any further about finding a mentor, I was too busy writing grants, sitting on committees and attending events. I became interested in advocacy for ECRs and frequently attended national meetings and workshops, through these activities I kept in close contact with the Director and the Deputy Vice-Chancellor (Research) at my University.

It was during one of the workshops that once again the topic of mentors came up. During the ensuing discussion, I realised... I had a lot of mentors. Every conversation I had with our Director had an element of advice, the DVC-R had encouraged me to back myself and accept a prestigious fellowship, my peers had offered advice on grant and fellowship writing. Other researchers I had met at conferences were my mentors in fields of research that were new to me. I had mentors, I just did not realise it. I thought I had it all figured out. Then, during a discussion with some superstar mid-career researchers each of them revealed that it was not just mentors that got them through the rough times, it was sponsors.

The definition of a mentor is an experienced and trusted adviser, they can give you sage advice but cannot help you advance your career — that is up to you. A sponsor is someone that will support, promote and back you, they will put your name forward for prizes, awards, committees. A sponsor makes sure you are involved in things that will progress your career. Most of my mentors are also my sponsors.

Having a sponsor can and does advance your career, but is very different to nepotism. Sponsorship relies on you be willing to work hard to keep achieving the high standard that got your sponsor's attention in the first place. If a sponsor goes out on a limb and puts your name forward, you do not want to let them down. There is no doubt having mentors is vital for success and happiness in any career, but if you hit the jackpot of a mentor and sponsor you are on the road to success.

There is quite a lot of literature discussing mentorship vs sponsorship. It seems that both are critical for a successful career in any field. As a medical researcher, you probably already have mentors and sponsors without even realising it. I hit the jackpot that day I met with my Institute Director. Even though she told me she was too busy, she became a fantastic mentor and sponsor and is a big part of how I got to where I am today.

Dr Nikola Bowden





The importance of scientific communication

As scientists, we are guided in the art of communication with our peers in many different forms; however, we are rarely formally trained how to talk about our work with members of the public. Despite this, it is vitally important that we are able to interact with the public and the media, in order to provide insight and updates on the work we are carrying out.

The goal of scientific communication should be to decrease the gap between the scientific community and the general public, to accomplish two important aims: 1) To understand the real scientific results reported in the media and the truth behind scientific miscommunications; 2) To improve the proportion of the population who understand the precarious nature of careers in scientific research and grasp the serious implications of funding cuts for the sector.

Unfortunately, we have all experienced reading a news article in the media where the snappy sound bite has resulted in an over simplified and often inaccurate report of the scientific story. I have been a victim of this myself, where our study that found the immune response to viral infections could be manipulated by sex hormones was reported in worldwide headlines such as "Believe it: man flu is real" (*Sydney Morning Herald*), "Man flu really does exist" (*The Telegraph*, UK) and "Man flu DOES exist" (*The Daily Mail*, UK). This interpretation and the headlines took us by surprise and were a very inaccurate representation of our study!

The way that scientific research is reported in the public forum has sadly been compounded by the significant decreases in scientifically trained editors within media outlets and in the number of newspapers/online news sites with dedicated science sections. It is therefore more critical than ever that we are adept at talking to the media, creating well-crafted media releases and accurately promote our work to members of the public.

The public are drivers for political policy changes and are key to supporting consistent and generous Government funding and charitable donations to all areas of scientific research. The way in which they receive and interpret the work of scientists is crucial to a strong public interest in research findings. There are many ways in which we can actively seek to interact with the public. Universities, research institutes, schools, charity organisations and fundraising events often have volunteer opportunities for public engagement, which can vary from the very formal to the more casual.

As a result of the current NHMRC funding crisis and a greater reliance on charitable organisations for smaller project funding, there has never been a more important time to be willing to talk about your own work to the people who have helped fund it. Giving your time to talk to patients, school children, supporters and the general public is not only greatly appreciated by them, but can also be personally highly rewarding and give new meaning to the reasons we work so hard in our areas of interest.

Social media is also an effective way to increase the appreciation of scientific research and highlight your own work in a way that you fully control. There are many different platforms that you can choose to showcase your work and the work of others. For example, there is a very active scientific community on Twitter, scientists can approach web-based sites such as *The Conversation* (*http://theconversation.com/au*) with story ideas, or you could maintain a blog site discussing recent findings. With the right marketing Social media items can be cross promoted by public forums, resulting in a wide reach within the community.

Some resources to get you started:

Inspiring Australia, an Australian Government initiative, has wide range of links to resources *http://inspiringaustralia.net.au/toolkit/*

Reading sites such as **Nature Blogs** are good for writing inspiration and style tips: http://blogs.nature.com/ and http://blogs.nature.com/naturejobs/

An Introduction to Social Media for Scientists:

Bik and Goldstein, *PlosBiol* 2013 Apr; 11(4): e1001535 *http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3635859/*

Science Communication to the General Public:

Brownell et al, J Undergrad Neurosci Educ. 2013; 12(1): E6–E10 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3852879/

Antonia Pritchard



Antonia Pritchard

Innovation Week 2015 Monday November

30 to Friday 4th December 2015 Innovation Week 2015 is an exciting new initiative led by the Australian Science & Innovation Forum (ASIF) in partnership with the Academy of Technological Sciences & Engineering (ATSE). For more information

please visit http://www.innovatio nweek2015.org



www.asmr-nsc.org.au



54th National Scientific Conference 15–18th November 2015, Stamford Plaza, Adelaide

Bugs, Bowels & Beyond

Innovations in Digestive Health and Disease Research

Our exciting program brings together leading international and Australian scientists, clinicians and health professionals with a wide-ranging focus on diseases affecting the digestive tract.

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Weizmann Institute of Science, Israel Our exciting program brings together leading international and Australian scientists, clinicians and health professionals with a wide-ranging focus on diseases affecting the digestive tract.



EDWARDS ORATION Professor Nicholas Talley

University of Newcastle

Professor Talley is an icon of Australian research with over 1,000 publications. His tean investigates the molecular basis and treatment of Irritable Bowel Syndrome (IBS) and gastritis.



HIGHLIGHTED THEMES

Gastrointestinal Microbiome Gastrointestinal Cancer Pancreatic and Liver Diseases Gut Motility and Endocrinology Inflammation and Immunity Neurogastroenterology Food and Nutrition

Oral presentation opportunities for Early Career Researchers



Dr **Trevor Lockett** Food and Nutrition

INVITED SPEAKERS



Professor Mark Morrison Gut Microbiome



Associate Professor Vicki Whitehall Colon Cancer



Dr **llse Rooman** Pancreatic Cancer



Associate Professor Damien Keating Gut Motility



Associate Professor Phil Sutton Mucosal Immunity



Associate Professor Amanda Page Neurogastroenterology







Dr Sarah Meachem leads a research team at the Hudson Institute for Medical Research. She has extensive leadership and advocacy experience including as Associate Director of the Children Cancer Institute Australia (NSW), Senior Leader at NHMRC and past President of ASMR.



Laura Yazbeck is a Registered Psychologist specialising in working with individuals, teams and organisations to help them reach their full potential. In this workshop she will describe evidence-based strategies to help you to utilise and market your unique strengths.

Sell yourself on paper Creating a winning CV

Sell yourself in person Nail that job interview

Gain the academics and recruiters perspective on what creates a winning CV

What does your CV say about you?

What are interviewers really looking for?

Network with peers and research leaders for face-to-face careers advice and guidance

Informal, friendly, relaxed



The Science Exchange, 55 Exchange Place, Adelaide 8:30am-12:30pm Tuesday 17th November



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

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ANZAC Research Institute Australasian College for Emergency Medicine Australasian College of Dermatologists Australasian Faculty of Occupational and Environmental Medicine Australasian Gene Therapy Society Inc Australasian Neuroscience Society Inc. Australasian Sleep Association Australasian Society of Clinical Immunology and Allergy Australasian Society for HIV Medicine Inc Australasian Society for Immunology Australasian Society for Infectious Diseases Australasian Society of Clinical and Experimental Pharmacologists and Toxicologists Australian and New Zealand Association of Neurologists Australian and New Zealand Bone & Mineral Society Australian and New Zealand College of Anaesthetists Australian and New Zealand **Obesity Society** Australian and New Zealand Orthopaedic Research Society Australian and New Zealand Society for Blood Transfusion Australian and New Zealand Society for Cell & Developmental Biology Inc Australian and New Zealand Society of Nephrology Australian Atherosclerosis Society Australian College of Nursing Australian Diabetes Society Australian Medical Students' Association Ltd Australian Physiological Society Australian Rheumatology Association Australian Society for Biochemistry and Molecular Biology Inc Australian Society for Parasitology Australian Vascular Biology Society Baker IDI Heart & Diabetes Institute Bionics Institute of Australia Brain and Psychological Sciences Research Group Burnet Institute Cardiac Society of Australia and New Zealand Children's Cancer Institute Australia Children's Medical Research Institute Deeble Institute for Health Policy Research Ear Science Institute Australia Endocrine Society of Australia Eskitis Institute Fertility Society of Australia Haematology Society of Australia and New Zealand Health Innovations Research Institute (HIRi) High Blood Pressure Research Council of Australia Human Genetics Society of Australasia

Hudson Institute of Medical Research Institute of Health and Biomedical Innovation Institute of Mind & Behavioural Sciences Kolling Institute of Medical Research Lions Eye Institute Limited Mater Medical Research Institute National Association of Research Fellows Nutrition Society of Australia Inc. Opthalmic Research Institute of Australia Paramedics Australasia Perinatal Society of Australia and New Zealand Queensland Eye Institute & Prevent Blindness Foundation Research Centre for Clinical & Community Practice Innovation Royal ANZ College of Obstetricians and Gynaecologists Royal Australasian College of Surgeons Royal Australian and New Zealand College of Radiologists Royal Australian and New Zealand College of Psychiatrists Royal Australasian College of Physicians Royal Australian College of General Practitioners Royal College of Pathologists of Australasia Society for Free Radical Research (Australasia) Society for Reproductive Biology Society of Mental Health Research Thoracic Society of Australia and New Zealand Transplantation Society of Australia and New Zealand University of Queensland — Diamantina Institute Westmead Millennium Institute for Medical Research Women's & Children's Health Research Institute **ASMR Associate Members** Arthritis Australia Australian Red Cross Blood Service

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